



HYDE PARK SOURCE

Safeguarding Children, Young Peoples and Adults at Risk Policy

This organisation is committed to safeguarding and promoting the welfare of children, young people and adults at risk. The staff at Hyde Park Source recognise the responsibility of all staff, visitors, volunteers to safeguarding everyone at HPS.

Hyde Park Source (HPS) recognises its responsibility to safeguard and promote the welfare of children and young people at risk. All staff, volunteers, visitors and beneficiaries need to be aware of the possibility of abuse occurring. It is the responsibility of us all to put the welfare of others first and to recognise behaviours that can put them at risk.

We aim to create a safe and respectful environment for learning and play within which people can thrive, be free of neglect and abuse. HPS can achieve this aim and practice in a safe way for everyone involved when clear guidance is provided and followed.

This policy applies to the children and young people that we work with and is relevant to all members of HPS. It draws upon the following Legislation, Policy and Guidance underpins this policy and procedures.

The following **legislation underpins this policy and procedures.**

- Working Together to Safeguard Children 2023
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- The Care Act 2014 [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)
- Keeping Children Safe in Education 2023
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- What to do if you're worried a child is being abused (Dept. for Education 2015)
[What to do if you re worried a child is being abused.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/424242/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)
- The Childrens Act 1989
<https://www.legislation.gov.uk/ukpga/1989/41/contents>
- Safer Recruitment Leeds LSCP [Safer Recruitment | Leeds Safeguarding Children Partnership \(leadsscp.org.uk\)](https://www.leadsscp.org.uk)
- The Mental Health Capacity Act 2005 [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

Working Together to Safeguarding Children 2023 States that bringing together new and existing guidance to emphasise that successful outcomes for children depend on strong multi-agency partnership working across the whole system of help, support and protection including effective work from all agencies with parents, carers, and families. This includes principles for working with parents and carers to centre the importance of building positive, trusting, and co-operative relationships to deliver tailored support to families, and expectations for multi-agency working that apply to all individuals, agencies and organisations working with children and their families, across a range of roles and activities.

The Care act states that organisations should work in partnership. This includes HPS. We must cooperate with the relevant local authority to protect children and young people. We follow the guidance and procedure from our **Leeds Local Safeguarding Partnership Boards**

Leeds LSCP [Homepage | Leeds Safeguarding Children Partnership \(leadsscp.org.uk\)](https://www.leadsscp.org.uk)

Links to Other HPS Policies and Procedures

This policy is to be read in conjunction with the Leeds local Safeguarding Children Board procedures. This policy and procedure links and should be followed alongside the following HPS policies:

- [Recruitment](#)
- [Lone Worker](#)
- [Volunteer](#)
- [Data Protection](#)
- [Staff Behaviour](#)

These guidelines are to be followed and used by all paid staff, volunteers, beneficiaries and visitors. We will make the guidelines available to the parents and carers of the children and young people to whom we offer a service. Through the guidelines, we will endeavour to ensure that:

- That People are listened to, valued and respected.
- That all members of HPS are aware of the need to be alert to the signs of abuse and know what to do with their concerns.
- That all paid staff and support volunteers are subject to rigorous recruitment procedures. More information on this is provided later in this document.
- That all paid staff and support volunteers are given appropriate support and training.
- We recognise that no single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

Safeguarding and promoting the welfare of children is defined as

- protecting children from maltreatment
- preventing the impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care,
- taking action to enable all children to have the best outcomes.

Children includes everyone under the age of 18.

The Designated Safeguarding Lead (DSL)- Named person(s) for Safeguarding

- Name of the Designated Safeguarding Lead: Behla Hutchinson
- Name of Deputy Designated Safeguarding Lead: Kelly Ramsden
- Telephone number: 0113 245 8863
- Mobile Number: 07565 883762
- Email: behla@hydeparksource.org

You can also contact the Chair of the Management Committee, should you feel unable to speak to staff.

chair@hydeparksource.org

If you would like to speak to someone who is independent to Hyde Park Source please contact -

Chris Ensor - Skelton landline number **0113 243 0815** and c.ensor@tcv.org.uk

The Role of the DSL and DDSL (Named Person/s)

A DSL has overarching responsibility for how safeguarding is embedded and operationalised within an organisation. Ensuring a culture of safeguarding is far beyond simply managing safeguarding cases yet in reality we know the responsibilities of a DSL are often in addition to another role. To ensure a commitment to quality youth and community work, we would encourage any organisation to consider and invest in the development of their safeguarding culture as part of their commitment to the best outcomes for children and young adults.

The role of a DSL is likely to include responsibilities such as:

- Champion a person-centred approach to safeguarding.
- Advise, support and report
- Primary safeguarding contact.
- Promotion of quality and care.
- Promote appropriate learning and development.
 - Coordinate relevant policies, procedures and safeguarding resources.
- Manage referrals and their case management.
- Maintain own skill and development.
- Develop, maintain and review the organisational plan for safeguarding.

Making a request for service for Children's Social Work Service

If you (anyone) are worried about a child or young person and want to raise a concern to make a request for service please call the following numbers and follow the guidance attached below

For Practitioners please follow this guidance and use these numbers:

<https://www.leedsscp.org.uk/Concerned-about-a-child>

- During office hours (9.00am – 5.00pm) call the Duty & Advice Team on 0113 376 0336 (option 2)

- Out of office hours (evenings, weekends and bank holidays) call the Children's Emergency Duty Team (EDT) on 0113 5350600

Members of the public please follow this guidance and use these numbers:

<https://www.leadsscp.org.uk/Concerned-about-a-child>

Call Children's Social Work Services during office hours (9.00am – 5.00pm) on 0113 2224403

If you believe a child is in immediate danger and at risk of harm, call the police on 999

Recognising signs of abuse in children

It can often be difficult to recognise abuse. The signs listed in these guidelines are only indicators and may have reasonable explanations. Children may behave strangely or seem unhappy for many reasons, as they move through the stages of life and experience changes. It is still important to know what could indicate that abuse is taking place and be alert the need to investigate further.

Someone can abuse a person by actively inflicting harm or by failing to act to prevent harm. Abuse can take place within a family, in an institutional or community setting, by telephone or on the Internet. Abuse can be carried out by someone known to the person or by a complete stranger.

Abuse can take many forms.

[The Children Act 1989](#) introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The 4 areas below are all categories of Significant Harm.

Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in Working Together to Safeguarding Children 2023. There is no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often, it is an accumulation of significant events, both acute and longstanding, which interrupt damage or change the child's development.

Types of Child Abuse and Significant Harm

There are 4 areas of abuse to consider with respect to children. Details on the type of abuse and potential signs of abuse are listed in Appendix 1.

1. Neglect
2. Sexual Abuse
3. Emotional Abuse
4. Physical Abuse

If these forms of abuse are caused by an organisation, it is sometimes called **organisational abuse**.

When abuse occurs between partners or by a family member, it is often called **domestic violence** and abuse.

If you are worried about someone, it is important that you keep a written record of any physical or behavioural signs and symptoms. This should be shared with the Designated Safeguarding Lead or spoken about with your project worker (if you are a Volunteer). In this way, you can monitor whether or not a pattern emerges and provide evidence to any investigation if required.

Child Neglect Strategy

Many local authorities have now written a child neglect strategy, notably Leeds have a 5-year strategy:

<https://www.leedsscp.org.uk/practitioners/safeguardingtopics/neglect>

This provides details of how all agencies are able to recognise neglect at the earliest opportunity and provide an appropriate and timely response. There are 4 strategic objectives that underpin the Leeds approach:

Recognise: practitioners and managers in all agencies are able to recognise the various signs of neglect when working with children, young people and families, and ensure the appropriate initial response.

Respond: each partner agency will provide appropriate responses to children, young people and their families through a multi-agency Think Family, Work Family approach in line with the guiding principles in this strategy.

Quantify: identifying the extent and range of neglect in the city through gathering information to inform improvements in practice, developing a multi-agency data set demonstrating the prevalence of and response to neglect in the city.

Evaluate: using national frameworks and guidance Leeds Safeguarding Children's Board we will assure themselves of the quality of multi-agency responses to neglect across early help, referral, assessment, child in need and child protection.

Becoming aware of a safeguarding issue

We may become aware of a Safeguarding concern in a number of different ways:

- *a third party or anonymous allegation is received;*
- *a child or adult at risk's appearance, behaviour, play, drawing or statements cause suspicion of abuse and/or neglect;*
- *a child or adult at risk reports an incident(s) of alleged abuse which occurred some time ago;*
- *a written report is made regarding the serious misconduct of a worker towards a child or young person.*

All must be treated seriously and the HPS Report Form must be filled out. See details in following sections.

What to do with your concerns?

Stage 1

- If a child discloses, listen carefully to what they have to say and take it seriously. Act at all times as if you believe what they are saying.
- Always explain to them that any information they have shared with you will have to be shared with others, if this indicates they and or other vulnerable people are at risk of harm.
- Assess whether there is immediate danger and if necessary, take immediate action to ensure the safety of the child at risk
 - Contact the emergency services
 - Contact the Safeguarding Children's Team
 - Inform the named safeguarding lead
- If there is no immediate danger, the safeguarding concern must be raised with the named safeguarding lead
 - Immediately, where the concern is urgent and serious
 - Within the same working day for any other concerns
- Record what was said as soon as possible after any disclosure; the person who receives the allegation or has the concern, should complete the HPS Report form and ensure it is signed and dated. The contents of the HPS Report form should include:
 - Date and time of notification
 - Person's name
 - What was said
 - Actions to be taken (both internal and external actions - based on the issues raised in the allegation. E.g.; Notify Project Officer or HPS member of staff/ Duty and Advice/ Local Authority Designated Officer)
 - Respect confidentiality and file documents securely
- **Do not investigate** incidences of suspected abuse. Your safeguarding responsibility is to gather information and make an appropriate referral **only**.
- Remember that doing nothing is not an option.

Stage 2

- The Named person(s) should take immediate action if there is a suspicion that child has been abused or likely to be abused. In this situation, the Named Person should contact the police and/or the Duty and Advice Team. If a referral is made direct to the Duty and Advice team this should be followed up in writing within 24 hrs.
- NB Parents / carers will need to be informed about any referral to Children & Young people's Social Care to do so would place the person at an increased risk of harm.

Sometimes you may just feel concerned about a child but do not know whether to share your concerns or not. In this situation, you should always raise your concerns with the Safeguarding Lead, who will decide what to do next.

The responsibility for investigating allegations of abuse, whether they result from the disclosure of a child at risk or the concerns of an adult, lies with social workers and the police.

It is normally the responsibility of the Safeguarding Lead to make a referral to these agencies, but if you judge the situation to be an emergency and/or you require advice

in the absence of the Safeguarding Lead, you must report your concerns directly, using the contacts listed.

Childrens Socialwork Services will advise you when or whether to inform the child's parents or carers about any concerns. If they decide to pursue a child protection investigation, you should:

- Work closely and collaboratively with all professionals involved in the investigation, in order to keep the child safe.
- Attend a child protection conference if you are invited. You will be asked to provide information about your involvement with the child, which is why it is important to keep records of your concerns.
- Attend any subsequent child protection review conferences.

Good practice

- All staff are responsible for children while they are engaged in HPS activities and must make sure that health and safety guidelines are followed.
- All children/adults attending groups must complete a consent form before engaging with HPS.
- All staff working with children should receive regular supervision and be encouraged to attend basic child protection training.
- No member of staff should be left alone with a child where others cannot observe them.
- Where possible there should always be at least two adults present with a group of children – it is vital that the ratio of adult child is adequate to ensure safety. For children under 8 the ratio should be no more than 1:8; for children under 5 it should be no more than 1:6.
- Staff should be alert to strangers frequently waiting outside a venue with no apparent purpose.
- If a child is not collected after a session, it is reasonable to wait approximately half an hour for a parent or carer to arrive. If the parent or carer cannot be contacted, staff should contact Social Services or the police and request assistance.

Adults at Risk - Making safeguarding personal

A definition of an adult at risk is, but not limited to:

- someone who is aged 18 years or more
- has needs for care and support
- an older person who is frail due to ill health, physical disability or cognitive impairment
- someone who has a learning and/or physical disability and/or sensory impairment
- someone with a long term illness and/or condition
- someone who abuses substances and alcohol
- is experiencing, or is at risk, of abuse or neglect, and
- as a result of their need for care and support is unable to protect him or herself against the abuse or neglect or the risk of it

Making safeguarding personal is a key safeguarding aim. HPS's safeguarding practice must promote a person's safety and wellbeing. Staff need to consider the person's perception of what is happening, what safety means to them, their priorities and their desired outcomes regarding what needs to change. Staff must approach safeguarding in a person-centred way that draws on the individual's strengths, self-knowledge and networks, with a view to having a long-lasting and sustainable impact so that the person can remain safe, happy and independent.

The two-stage test must be applied:

1. Is there an impairment of, or disturbance in the functioning of a person's mind or brain? If so:
2. Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

If the first stage is met, the second test requires the individual to show that the impairment or disturbance to the brain or mind prevents them to make the decision in question at that time.

In the event that a person lacks mental capacity to consent about decisions relevant to their own welfare a best interest assessment would be required, and the [Mental Capacity Code of Practice](#) should be followed. A referral to Leeds Adult Social care or the relevant Community Mental Health Team must be made to assess the person.

Recognising signs of abuse in adults

It can often be difficult to recognise abuse. The signs listed in these guidelines are only indicators and may have reasonable explanations. People may behave strangely or seem unhappy for many reasons, as they move through the stages of life and experience changes. It is nevertheless important to know what could indicate that abuse is taking place to be alert to the need to consult further.

Someone can abuse a person by actively inflicting harm or by failing to act to prevent harm. Abuse can take place within a family, in an institutional or community setting, by telephone or on the Internet. Abuse can be carried out by someone known to the person or by a complete stranger

Different kinds of abuse can take many forms. It might include, but is not limited to:

Physical abuse such as being hit, kicked, locked in a room or inappropriate restraint.

Sexual abuse such as being made to take part in any sexual activity when under 16 or when the over 16-year-old has not given or is not able to give their consent.

Psychological abuse such as being shouted at, ridiculed or bullied, as well as being made to feel frightened.

Financial or material abuse such as theft, fraud, exploitation, pressure in connection with financial matters or misuse of someone else's finances.

Neglect involves the failure to provide care or support and results in someone being harmed.

Discriminatory abuse involves treatment or harassment based on age, gender, sexuality, disability, race or religious belief.

Modern slavery includes human trafficking and forced labour.

If these forms of abuse are caused by an organisation, it is sometimes called **organisational abuse**.

When abuse occurs between partners or by a family member, it is often called **domestic violence** and abuse.

If you are worried about someone, it is important that you keep a written record of any physical or behavioural signs and symptoms. In this way, you can monitor whether or not a pattern emerges and provide evidence to any investigation if required.

Self-neglect is when an adult declines essential support with their care and support needs, and this is having a substantial impact on their overall wellbeing.

Mental Capacity Act 2005

The law presumes that adults have mental capacity to make their own decisions. Staff must always assume a person has capacity unless it is proved otherwise. However, there will be times and situations in which an individual lacks mental capacity in relation to particular decisions. The Mental Capacity Act, 2005 provides a statutory framework to empower and protect people who may lack mental capacity to make decisions and provides a framework for making decisions on their behalf. A person is not able to make a decision if they are unable to:

- Understand information given to them
- Retain that information long enough to be able to make a decision
- Weigh up the information available to make a decision
- Communicate their decision.

There are five statutory principles set out in the act:

- An adult at risk has the right to make their own decisions and is assumed to have mental capacity.
- Adults at risk must receive appropriate help and support to make decisions, e.g. accessible information.
- The adult at risk can make unwise decisions and cannot be deemed to lack capacity solely for that reason.
- Any decision made about the person who lacks mental capacity must be done in their best interests and should be the least restrictive of their rights.
- Before any decision is made on someone's behalf, consideration must be given that the same outcomes can be achieved in a way that is least restrictive on the person's rights and freedoms.

It is important to emphasise the two-stage diagnostic test as part of this approach in order to decide whether or not the person has the capacity to make a particular decision and that the principle that capacity is time and decision specific.

Becoming aware of a safeguarding issue – adults at risk

- We may become aware of a Safeguarding concern in a number of different ways:
- a third party or anonymous allegation is received;
- an adult at risk's appearance, behaviour, artistic expression or statements cause suspicion of abuse and/or neglect;

- an adult at risk reports an incident(s) of alleged abuse which occurred some time ago;
- a written report is made regarding the serious misconduct of a worker towards an adult at risk.

All must be treated seriously and the HPS Report Form must be filled out. See details in following sections. **What to do with your concerns?**

Stage 1

- If an adult at risk discloses, listen carefully to what they have to say and take it seriously. Act at all times as if you believe what they are saying.
- Always explain to them that any information they have shared with you will have to be shared with others, if this indicates they and or other vulnerable people are at risk of harm.
- Assess whether there is immediate danger and if necessary, take immediate action to ensure the safety of the adult at risk (e.g. call the emergency services).

If there is no immediate danger, the safeguarding concern must be raised with the safeguarding lead (named above)

Immediately, where the concern is urgent and serious

- Within the same working day for any other concerns
- Record what was said as soon as possible after any disclosure. The person who receives the allegation or has the concern, should complete the HPS report form and ensure it is signed and dated. The contents of the safeguarding report should include:
 - Date and time of notification
 - Person's name
 - What was said
 - Actions to be taken (both internal and external actions - based on the issues raised in the allegation. Notify the HPS Project Officer or Safeguarding lead, and/or Local Adult Social Care Team.
 - Respect confidentiality and file documents securely

Do not investigate incidences of suspected abuse. Your safeguarding responsibility is to gather information and make an appropriate referral **only**.

Stage 2

The DSL or Named person(s) should take immediate action if there is a suspicion that an adult at risk has been abused or likely to be abused. In this situation the DSL or Named Person should contact the police and/or the Local Adult Social Care Team. If a referral is made direct to the Duty and Advice team this should be followed up in writing within 24 hrs. [Professionals: care referrals and safeguarding reports \(leeds.gov.uk\)](https://www.leeds.gov.uk/professionals/care-referrals-and-safeguarding-reports)

- NB Parents / carers will need to be informed about any referral to Children & Young people's Social Care or Adult Social Care unless to do so would place the person at an increased risk of harm.

Sometimes you may just feel concerned about an adult at risk but do not know whether to share your concerns or not. In this situation, you should always raise your concerns with your designated safeguarding lead and/or Adult Social Care.

The responsibility for investigating allegations of abuse, whether they result from the disclosure of an adult at risk or the concerns of an adult, lies with social workers and the police.

Report a safeguarding concern for an Adult at Risk

If you're worried that an adult is being abused or neglected, you can report it by email.. What you can report via email via leedsadults@leeds.gov.uk using the form found on [Professionals: care referrals and safeguarding reports \(leeds.gov.uk\)](https://www.leeds.gov.uk/professionals/care-referrals-and-safeguarding-reports)

Or, you can also call us on:

- 0113 222 4401- (9am to 5pm Monday to Friday, except Wednesday when we open at 10am)
- 0113 378 0644 - (for emergencies on weekends, nights and bank holidays)

We will aim to take action on safeguarding concerns within 24 hours, though it may take up to 48 hours. We may contact you and other people involved to ask for more information.

Reporting a Concern – Adults at Risk – Best Practice

Speak to the person to ensure they want help from us. We may not be able to help someone who does not want it. Please provide as much information as you can.

About them

- name
- date of birth
- address
- doctor's contact details
- next of kin contact details
- if they have any communication needs, for example sign language interpreters or documents in braille

We'll also need to know what they're struggling with. This could include:

- washing and dressing
- using the toilet
- preparing food and drink
- getting around
- managing money
- cleaning and maintaining the home
- relationships with family and friends
- caring for other people, for example children

About you

Tell us about you, including:

- your name
- your job title and place of work
- how you know the person you're referring
- how you think we can help the person

Mental Health Act Assessments - To request an assessment under the mental health act, call:

0113 535 0003 - (8:30am to 5pm, Monday to Friday)

0113 378 0644 (for emergencies on weekends, nights and bank holidays)

Recording and managing confidential information

- Staff should record any concerns/allegations of abuse, harm or neglect on the HPS Report Form on the same working day and inform the Lead.
- All information will be processed in line with our Data Protection Policy.
- This policy aims to protect the rights of children, young people and Adults at Risk to confidentiality unless the organisation considers they could be at risk of abuse and/or harm.
- All report forms will be stored confidentially.

[Safeguarding report form](#)

Allegations Against A Professional or Volunteer – Children

We follow the guidance set of for managing allegations against staff from Leeds LSCP [Managing Allegations | Leeds Safeguarding Children Partnership](#) (leedsscp.org.uk)

Any allegations made against a member of staff (including the lead) should be discussed with the **Local Authority Designated Officer 0113 3789687 (LADO)**.

The worker must ensure that that the child is safe and away from the person against whom the allegation is made.

Regardless of whether police and/or Children Social Work Service investigation follows, an internal investigation should take place and consideration is given to the operation of disciplinary procedures. This may involve an immediate suspension and/or ultimate dismissal dependant on the nature of the incident.

In order to manage allegations against child care professionals, every Local Authority appoints a Local Authority Designated Officer (LADO). The LADO works within Children's Services and should be alerted to all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against children, or related to a child, or

- behaved towards a child or children in a way that indicates s/he may pose a risk to children.
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Abuse of Trust – Adult Safeguarding

The Care Act 2014 also recognises however, that safeguarding concerns are not always in relation to the safety and wellbeing of an individual, but rather they relate to the possible risk posed more widely by a person in a position of trust to people with care and support needs.

If the local authority is given information about concerns that do not relate to the safety of identified adults with care and support needs but rather the potential risk posed by a person in position of trust, use of the multi-agency procedures will not usually be the appropriate way to respond to the concerns. In these situations, this People in Positions of Trust guidance will need to be followed:

Where the concern is raised by an employer, manager, manager of volunteers or DSL

- The local authority may need to signpost agencies to this guidance, for them to take precautionary actions as appropriate in relation to identified risks
- Employers, would need to be responsible for taking actions within this guidance.
- Employers and volunteer managers that are raising concerns, will often be best placed to share information with another employer or volunteer manager,. There may however be circumstances where the local authority is best placed, and so this decision will need to be made on a case-by-case basis.

You can make your referral by contacting Leeds City Council: Adults and Health on 0113 222 4401 or by completing the forms on : [People In A Position Of Trust \(leedssafeguardingadults.org.uk\)](http://leedssafeguardingadults.org.uk)

Safe Recruitment

We follow the guidance from the Leeds Local Safeguarding Childrens Partnership [Safer Recruitment | Leeds Safeguarding Children Partnership \(leedsscp.org.uk\)](http://leedsscp.org.uk)

We are aware that there are people who work/volunteer or seek to work/volunteer with children and young people who may pose a risk to children and who may harm them. We will ensure through our recruitment process for staff and volunteers, this risk will be reduced.

- We will always use application forms to assess the candidate's suitability for the role.
- We will make it clear that you have a commitment to safeguarding and protecting children and adults at risk.

- We will always have a face-to-face interview/induction with pre-planned, clear questions.
 - Including a question about whether they have any criminal convictions, cautions, other legal restrictions or pending cases that might affect their suitability to work with children or adults at risk.
- We will always ensure any staff or volunteers who volunteer or work in regulated activity with children or adults apply for a [DBS check](#) or allow us to access their information via the auto update service.
 - There may be occasions where you wish to appoint a worker from abroad. This will mean that DBS checks may not be able to be undertaken or can only cover the time they have spent in this country. Nevertheless, a “fit person” check may be available from the country the person is moving from. You should, where possible obtain additional references on any worker from abroad.
- We will always carry out two references, which ask specifically about an individual’s suitability to work with children and receive replies before they commence working/volunteering.
 - Even if you know someone, very well you must ensure that they go through the same recruitment and selection process as a paid worker.
- Provide all staff and volunteers access to this policy.

Management and supervision of staff/volunteers

We meet frequently as a staff team and this is a safe space to air any concerns, we also have a delivery team meeting (Community Garden Delivery Team) which is another space created to be able to discuss any concerns arising.

We use a peer-supervision method and staff receive an annual Appraisal.

Outdoor Education Support Volunteers have a de-brief weekly to feedback after each session, and each year a more formal 1-1 supervision is carried out (and can be requested at any time).

Safeguarding Children - Appendix 1

The abuse or neglect of a child can be caused by inflicting harm or by failing to act to prevent harm. Children may be abused in a family, in a community or institutional setting, by those known to them or, much more rarely, by a stranger.

The following definitions are taken from Working Together to Safeguard Children, 2015.

They have been included to assist those providing services to children in assessing whether the child may be suffering actual or potential harm.

Physical Abuse

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 fabricates the symptoms of, or deliberately induces illness in a child.

It can sometimes be difficult to recognise whether an injury has been caused accidentally or non-accidentally, but it is vital that all concerned with children are alert to the possibility that an injury may not be accidental, and seek appropriate expert advice. Medical opinion will be required to determine whether an injury has been caused accidentally or not.

In particular, physical abuse can lead directly to neurological damage, as well as physical injuries, disability or at the extreme, death. Harm may be caused to children, both by the abuse itself, and by the abuse-taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems and educational difficulties.

Emotional Abuse

Emotional abuse is a form of Significant Harm, which involves the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to children that they are worthless 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including Online Bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;

- Indiscriminate attachment or failure to attach;
- Aggressive behaviour towards others;
- A child scapegoated within the family;
- Frozen watchfulness, particularly in pre-school children;
- Low self-esteem and lack of confidence;
- Withdrawn or seen as a 'loner' difficulty relating to others.

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

Sexual Abuse

Sexual abuse is a form of Significant Harm, which 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.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct;
- Sexual knowledge inappropriate for the child's age;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self-mutilation and suicide attempts;
- Running away from home;
- Poor concentration and learning problems;
- Loss of self-esteem;
- Involvement in prostitution or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area;
- Recurrent pain on passing urine or faeces;

- Blood on underclothes;
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father;
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted infection, presence of semen on vagina, anus, external genitalia or clothing.

Sexual abuse can lead to disturbed behaviour including self-harm, inappropriate sexualised behaviour and adverse effects, which may last into adulthood. The severity of impact is believed to increase the longer the abuse continues, the more extensive the abuse and the older the child. A number of features of sexual abuse have also been linked with the severity of impact, including the extent of premeditation, the degree of threat and coercion, sadism and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult or carer who believes the child, helps the child to understand the abuse and is able to offer help and protection.

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 and development.

Neglect may occur during pregnancy as a result of maternal substance misuse.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food and clothing, 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);
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Apart from the child's neglected appearance, other signs may include:

- Short stature and underweight;
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold;
- Swollen limbs with sores that are slow to heal, usually associated with cold injury;
- Recurrent diarrhoea;
- Abnormal voracious appetite at school or nursery;
- Dry, sparse hair;
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause;
- Unresponsiveness;
- Indiscrimination in relationships with adults (may be attention seeking).

A clear distinction needs to be made between organic and non-organic failure to thrive. This will always require a medical diagnosis. Non-organic failure to thrive is

the term used when a child does not put on weight and grow and there is no underlying medical cause for this.

Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationship and educational progress. Neglect can also result in extreme cases in death.

We recognise other types of abuse and harm Including :

- Child on Child
- Forced marriage
- So called honour based violence
- Online safety concerns
- Domestic Abuse
- The Prevent Agenda
- Harmful Sexual Behaviour
- Child Sexual Exploitation
- Child Criminal Exploitation
- Serious Youth Violence
- Mental Health
- Modern Day Slavery
- Female Genital Mutilation
- Hidden Harm
- Cuckooing and Home Invasion
- Non Recent Abuse

Further information, definitions and Guidance can be found here [Keeping children safe in education - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/keeping-children-safe-in-education)