

## Engage Trust UK Safeguarding Policy

### 1. Introduction

Engage Trust UK makes a positive contribution to a strong and safe community and recognises the right of every individual to stay safe. Engage Trust UK has a duty to ensure that it promotes the welfare and safeguarding of children and vulnerable adults.

This policy seeks to ensure that Engage Trust UK undertakes its responsibilities with regard to protection of children and vulnerable adults and will respond to concerns appropriately. The policy establishes a framework to support staff and volunteers in their practices and clarifies the charity's expectations.

### 2. Confirmation of Reading

All staff and volunteers will be required to sign a form to confirm that they have been made fully aware of, and understand the contents of, the Safeguarding Policy and Procedures for Engage Trust UK. Refer to Appendix 2.

### 3. Safeguarding Children

#### 3.1 Safeguarding covers a broad range and aims to achieve the following:

- Protecting children from maltreatment
- Preventing impairment of children's health and/or development
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care
- Undertaking that role so as to enable children to have optimum life chances, so they can enter adulthood successfully.

#### 3.2 Legal Framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children, including:

- Children Act 1989
- United Convention of the Rights of a Child 1991
- The General Data Protection Regulation (GDPR) and the Data Protection Act 2018
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Special Educational Needs and Disability (SEND) code of practice: 0 – 25 Years Statutory Guidance for Organisations which work with and support children and young people who have special educational needs and disabilities; HM Government 2014
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers: HM Government 2015
- [Working together to safeguard children: a guide to interagency working to safeguard and promote the welfare of children; HM Government 2018](#)
- [Keeping Children Safe in Education Statutory Guidance](#)
- [Multi-agency statutory guidance on female genital mutilation](#)

### 3.3 Related policies

The scope of this Safeguarding Policy is broad ranging and in practice, it will be implemented via a range of policies and procedures within the organisation. These include:

- Whistleblowing – ability to inform on other staff/practices within the organisation.
- Grievance and disciplinary procedures – to address breaches of procedures/policies.
- Health and Safety policy, including lone working procedures, mitigating risk to staff and clients
- Equal Opportunities policy– ensuring safeguarding procedures are in line with this policy, in particular around discriminatory abuse and ensuring that the safeguarding policy and procedures are not discriminatory
- GDPR and Data protection (how records are stored and access to those records)
- Confidentiality (or limited confidentiality policy) ensuring that service users are aware of your duty to disclose
- Staff induction
- Staff training

There may be safeguarding issues that are specific to the local area or population that need to be identified in partnership with the **Local Area Safeguarding Board (LASB)** and or other agencies e.g. gang membership, FGM, CSE, extremism and the safeguarding of vulnerable adults. **All staff and volunteers** will be made aware of specific issues relating to locality and time that could impact the safety of children and young people that we work with via meetings, emails, training and development.

### 4. Responsibilities

All staff and volunteers have responsibility to follow the guidance laid out in this policy and related policies, and to pass on any welfare concerns using the required procedures.

We expect all staff and volunteers to promote good practice by being an excellent role model, contribute to discussions about safeguarding and to positively involve people in developing safe practices.

We recognise that:

- the welfare of the child is paramount, as enshrined in the Children Act 1989
- all children, regardless of age, gender, disability, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

#### 4.1 Additional specific responsibilities

Trustees have responsibility to ensure:

- The Safeguarding Policy is in place and appropriate.
- The Safeguarding Policy is accessible.
- The Safeguarding Policy is implemented.
- They liaise with and monitor the work of the Designated Safeguarding Officer.
- Sufficient resources (time and money) are allocated to ensure that the Safeguarding Policy can be effectively implemented.

The Designated Safeguarding Officer is Matthew Foster. This person's responsibilities are to ensure:

- The Safeguarding Policy is implemented.
- The Safeguarding Policy is monitored and reviewed annually.

- They keep up to date with local arrangements for safeguarding and DBS.
- They are aware of the latest national and local guidance and requirements and keeping the Principal and staff informed as appropriate
- They attend accredited, enhanced training, each year, as required to fulfil the role
- The promotion of the welfare of children and vulnerable adults.
- Staff and volunteers have access to appropriate training/information.
- That all cases of suspected or actual problems associated with child protection are referred to the appropriate agencies in line with procedures set out in this policy.
- Take forward any concerns about responses.

## **5. Implementation Stages**

### **5.1 Safe recruitment**

When Engage Trust UK starts to recruit people for employment, the charity will ensure safe recruitment through the following processes:

- Providing the following safeguarding statement in recruitment adverts or application details – ‘recruitment is done in line with safe recruitment practices.’
- Job or role descriptions for all roles involving contact with children and / or vulnerable adults will contain reference to safeguarding responsibilities.
- Interviews are conducted according to equal opportunity principles and interview questions are based on the relevant job description and person specification
- DBS checks will be conducted for specific roles for all staff and volunteers working with children and vulnerable adults. It is a criminal offence for individuals barred by the ISA to work or apply to work with children or vulnerable adults in a wide range of posts.
- No formal job offers are made until after checks for suitability are completed (including DBS and 2 references).
- Online training can be obtained from the NSPCC found here; <http://www.nspcc.org.uk/what-you-can-do/get-expert-training/safer-recruitment-education-course/>. We aim for one member of each interview panel to have completed the Safer Recruitment training.

### **5.2 Disclosure and Barring Service**

The charity commits resources to providing DBS checks on staff and volunteers whose roles involve contact with children and /or vulnerable adults.

#### **5.21 Duty to refer to the DBS**

The Safeguarding of Vulnerable Groups Act 2006 makes it mandatory to refer anyone known to pose a threat of harm to a child or vulnerable people to the DBS. The designated member of staff responsible for safeguarding must not knowingly employ anyone who poses a risk of harm to children or vulnerable adults, this includes anyone who is believed to have committed a relevant conduct while on the job or who has a record of such conduct.

The charity has a legal duty to refer an employee or volunteer who poses a risk of harm to children or vulnerable adults to the DBS, failure to do so can result in a fine and / or up to 5 years imprisonment. There must be sufficient and solid evidence that the employee or volunteer poses a risk of harm before they can be referred to the DBS. The DBS will not consider evidence based on rumour or unsubstantiated reports. The employer should also inform the police and other relevant authorities if they believe a relevant conduct has occurred.

Referral forms can be downloaded from the DBS's website [www.gov.uk/db](http://www.gov.uk/db)

## 5.22 The DBS' Barring Service

Whenever new relevant information (such as a conviction or caution) becomes known, the information will be sent to the DBS. The DBS will consider this information, together with other information known on the individual, and decide whether it indicates that the individual poses a risk of harm to vulnerable groups. If so, the DBS will commence its barring process and the DBS will issue a disclosure certificate to the applicant with the barring information.

The applicant should be advised by the designated member of staff to make a representation to the DBS regarding the barring information. The DBS will assess the barring information and representation and decide whether to bar the applicant. If there is sufficient barring evidence, the applicant will be placed on either the **Children's Barred List** or the **Vulnerable Adults Barred List** or both depending on the offence. The applicant must then be removed from regulated activity.

The applicant has the right of appeal to a tribunal and must be advised of this right. Serious offences committed against vulnerable people will lead to automatic barring and the applicant will have no right to make representations or to appeal against a barring decision.

## 5.3 Service delivery contracting and sub-contracting

- There will be systematic checking of safeguarding arrangements of partner organisations.
- Contracts and memorandums of agreement for partnership delivery work will include clear minimum requirements, arrangements for safeguarding and non-compliance procedures.

## 6. Communications, Training and Support for staff and volunteers.

Engage Trust UK commits resources for induction, training of staff and volunteers, effective communications and support mechanisms in relation to Safeguarding.

### 6.1 Induction

Staff and volunteer induction will include:

- Discussion of the Safeguarding Policy (and confirmation of understanding)
- Discussion of other relevant policies
- Ensure familiarity with reporting processes, the roles of line manager and Designated Safeguarding Officer (and who acts in their absence)
- Initial training on safeguarding.

### 6.2 Training

All staff and volunteers who, through their role, are in contact with children and / or vulnerable adults will have access to safeguarding training at an appropriate level.

### 6.3 Support

We recognise that involvement in situations where there is risk or actual harm can be stressful for staff concerned. The mechanisms in place to support staff include:

- Debriefing support for staff and volunteers so that they can reflect on the issues they have dealt with.
- Seeking further support as appropriate e.g. access to counselling.
- Staff who have initiated protection concerns will be contacted by their Line Manager / Designated Safeguarding Officer within 1 week.

Professional boundaries are what define the limits of a relationship between a support worker and a client. They are a set of standards we agree to uphold that allows this necessary and often close relationship to exist while ensuring the correct detachment is kept in place.

## **7. What to do if a child or vulnerable adult discloses harm to you**

### Receive

- Listen to the child/vulnerable adult
- If you are shocked by what they are saying, try not to show it
- Take what they say seriously
- Accept what the child/vulnerable adult says
- DO NOT ask for (other) information

### Reassure

- Stay Calm and reassure the child/vulnerable adult that they have done the right thing in talking to you
- Be honest with the child/vulnerable adult so do not make promises you can't keep
- Do not promise confidentiality – you have a duty to refer the child/vulnerable adult who is at risk
- Acknowledge how hard it must have been for the child/vulnerable adult to tell you what happened

### Respond

- Respond to the child/vulnerable adult only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate them for details
- Do not ask leading questions
- Explain what you have to do next and to whom you have to talk
- Explain and if possible seek agreement that you will have to discuss the situation with someone else and will do so on a 'need to know' basis.

### Record

- Make some brief notes at the time and write them up more fully as soon as possible – refer to Appendix 3.
- Take care to record timing, setting and personnel as well as what was said
- Be objective in your recording – include statements and observable things rather than your interpretations or assumptions

### Act Now

- Discuss the matter with the Designated Safeguarding Officer immediately.

## **8. Allegations Management**

Engage Trust UK recognises its duty to report concerns or allegations against its staff or volunteers within the charity or by a professional from another organisation.

The procedures apply to all staff, whether trustees, administrative, management or support, as well as to volunteers. The word "staff" is used for ease of description.

Because of their frequent contact with vulnerable adults, staff may have allegations of abuse made against them. Engage Trust UK recognises that an allegation of abuse made against a member of staff may be made for a variety of reasons and that the facts of the allegation may or may not be true. It is imperative that those dealing with an allegation maintain an open mind and that the investigations are thorough and not subject to delay.

## 9. Monitoring

The charity will monitor the following Safeguarding aspects:

- Safe recruitment practices
- DBS checks under taken
- References applied for new staff
- Records made and kept of supervision sessions.
- Register of training on Safeguarding.
- Monitor whether concerns are being reported and actioned.
- Checking that policies are up to date and relevant.
- Reviewing the current reporting procedure in place.
- Presence and action of Designated Safeguarding Officer.

## 10. Managing information

Information will be gathered, recorded and stored in accordance with the following policies: GDPR and Data Protection Policy, Confidentiality Policy.

All staff and volunteers must be aware that they have a professional duty to share information with other agencies in order to safeguard children and vulnerable adults. The public interest in safeguarding children and vulnerable adults may override confidentiality interests. However, information will be shared on a need to know basis only, as judged by the Designated Safeguarding Officer.

All staff and volunteers must be aware that they cannot promise service users or their families/ carers that they will keep secrets.

## 11. Code of Conduct for Staff and Volunteers

Engage staff and volunteers should organise all their activities to reduce to a minimum those situations within which it may be possible for children and young people to be abused. Staff and volunteers are required to abide by this Code of Practice to safeguard children and young people. Please refer to Appendix 5.

## Contact Details

### Designated Safeguarding Officer

Matthew Foster

[Matthew.Foster@engagetrustuk.org](mailto:Matthew.Foster@engagetrustuk.org)

07875591198

### CEOP

[www.ceop.police.uk](http://www.ceop.police.uk)

### NSPCC Helpline

0808 800 5000

### Local Authority Designated Office

Paul Cooper

01902 550661

## Appendix 1

### Information on child abuse & categories of abuse

All staff and volunteers should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children (peer on peer abuse).

In a situation where abuse is alleged to have been carried out by another child/peer, the child protection procedures outlined in this policy should be adhered to for both the victim and the alleged abuser; that is, it should be considered a child care and protection issue for both children.

All abusers must be held accountable for their behaviour and work must be done to ensure that abusers take responsibility for their behaviour and acknowledge that the behaviour is unacceptable. If there is any conflict of interest between the welfare of the alleged abuser and the victim, the victim's welfare is of paramount importance.

Abusive behaviour which is perpetrated by peers must be taken seriously. It is known that some adult abusers begin abusing during childhood and adolescence, that significant numbers will have suffered abuse themselves and that the abuse is likely to become progressively more serious. Early referral and intervention is therefore essential.

Peer on peer abuse can manifest itself in many ways. This could for example include girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence. It could be through 'sexting' using online communications, text or image messaging. Please refer to the online safety policy for further information and Child Exploitation Online Protection Centre (CEOP) for further guidance on sexting at <http://www.ceop.police.uk/>

### Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's 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 opportunity 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 exploring or learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying) causing children to frequently feel frightened or in danger, 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.

### Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may include 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). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

### **Neglect**

Neglect is the persistent failure to meet a child's basic or physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger, ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm.

### **Signs of Abuse in Children:**

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Inappropriate sexual behaviour
- Child Sexual Exploitation.

### **Risk Indicators**

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- must be regarded as indicators of the possibility of significant harm
- justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- may require consultation with and / or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- appear frightened of the parent/s
- act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups) The parent or carer may:
- persistently avoid child health promotion services and treatment of the child's episodic illnesses
- have unrealistic expectations of the child frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- be absent or misusing substances

- persistently refuse to allow access on home visits
- be involved in domestic abuse

Staff and volunteers should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

### **Recognising Physical Abuse**

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury.
- Several different explanations provided for an injury.
- Unexplained delay in seeking treatment.
- The parents/carers are uninterested or undisturbed by an accident or injury.
- Parents are absent without good reason when their child is presented for treatment.
- Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury).
- Family use of different doctors and A&E departments.
- Reluctance to give information or mention previous injuries.

### **Bruising**

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby.
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding.
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive).
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally.
- Variation in colour possibly indicating injuries caused at different times.
- The outline of an object used e.g. belt marks, handprints or a hairbrush.
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting.
- Bruising around the face.
- Grasp marks on small children.
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

### **Bite Marks**

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

### **Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine).
- Linear burns from hot metal rods or electrical fire elements.
- Burns of uniform depth over a large area.

- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of his/her own accord will struggle to get out and cause splash marks).
- Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation.
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

### **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent with the fracture type
- there are associated old fractures
- medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- there is an unexplained fracture in the first year of life

### **Scars**

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

### **Recognising Emotional Abuse**

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following **may be** indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated 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.

### **Recognising Signs of Sexual Abuse**

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- 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
- Involvement in prostitution or indiscriminate choice of sexual partners

- An anxious unwillingness to remove clothes e.g. for 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
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

### **Sexual Abuse by Young People**

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental sexual activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate sexual behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. it may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity including any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

### **Assessment**

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

**1. Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies.

**2. Consent** – agreement including all the following:

- Understanding that is proposed based on age, maturity, development level, functioning and experience
- Knowledge of society’s standards for what is being proposed. – Awareness of potential consequences and alternatives
- Assumption that agreements or disagreements will be respected equally.
- Voluntary decision
- Mental competence.

**3. Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

### **Recognising Neglect**

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive period.

## Appendix 2

### Engage Trust UK Safeguarding Declaration

Name:

Role:

- I confirm that I have read and understand my responsibilities with regard to safeguarding children and vulnerable adults.
- I confirm that I have never received criminal convictions for offences involving abuse against children, nor am I subject to any such investigation.
- I have no other criminal convictions which might render me unsuitable to work with children, young people or vulnerable adults.
- I understand that any such proceedings or convictions could result in suspension or expulsion from Engage Trust UK subject to the charity's procedures.

Signed:

Dated:

## Appendix 3

### Engage Trust UK Reporting Form

*Initial cause for concern form which must be discussed with Line Manager/ Safeguarding Lead within 24 – 48 hours.*

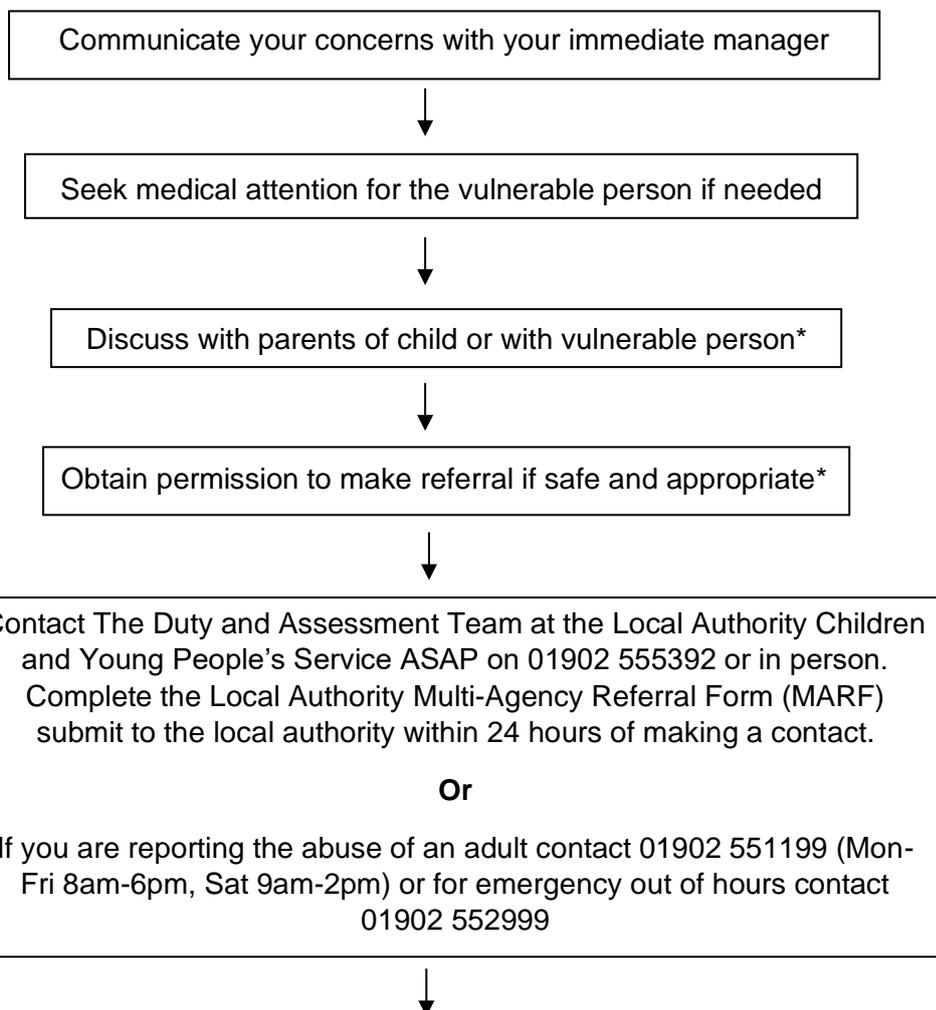
Date		Time	
Name of individual cause for concern is about		Age (if known)	
Address (if known)			
Describe your concern and action taken			
Observations to support cause for concern			
Description and location of any visible marks, bruising etc:			
Name of alleged abuser, relationship with child (if known):			

Name of person completing form	
Signature:	Date:
Name of Line Manager	
Signature:	Date:
Name of Safeguarding Lead or Senior Manager	
Signature:	Date:

## Appendix 4

### Reporting procedure

Any discussion about a child's welfare should be recorded in writing (using the Engage Trust UK Reporting Form – Appendix 2), including a note of the date and who took part in the discussion. At the close of a discussion, there should be a clear and explicit agreement about who will be taking what action, or that no further action will be taken. This agreement should be recorded in writing. However, such a discussion should never delay emergency action to protect a child. Anyone believing that a child is suffering or is at risk of suffering Significant Harm, must make a referral to the Children and Young People's Service ASAP.



The Local Authority Designated Officer must be contacted within one working day in respect of all cases in which it is alleged that a person who works with children in a position of trust has:

- behaved in a way that has harmed, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

The local authority designated officer for Wolverhampton is Paul Cooper: 01902 550661

Ensure the feedback from the Local Authority is received and their response recorded

\*if seeking parental consent to a referral may increase the risk of Significant Harm to the child and/or prejudice any police investigation, for example;

- Where sexual abuse is suspected or disclosed
- Where fabricated or induced illness is suspected.
- Where there are fears for the safety of the child, or others when informing parents, carers or others;
- Where it is not possible to contact the person whose consent is required, immediate and prompt action is required to establish or ensure the child's safety.

In these cases a referral may be made without consent. Any decision not to seek parental agreement should only be made in exceptional circumstances; the decision should be recorded on the agency file with the reasons for such a decision.

## Appendix 5

### Engage Trust UK Code of Conduct

- DO treat all children and young people with the respect they deserve
- DO make sure any suspicions or allegations are recorded and reported to the Child Protection Representative.
- DO NOT get personally involved – leave it to the professionals.

#### Physical Contact

Adults should ensure that the touch and physical contact they use is not exploitative and is not open to misunderstanding. Children and young people should be encouraged to say what they find acceptable and unacceptable in the way they are approached by adults or their colleagues in the group. DO NOT:

- Subject young people to constant criticism, bullying or unrealistic pressure
- Engage in rough physical games or horse play
- Touch a young person in an intrusive or sexual manner
- Make sexually suggestive comments, even in jest
- Do things of a personal nature that young people can do for themselves
- Restrain a child using physical force

#### Working with individual Children and Young People

- You should plan never to be alone in a building, car or a closed room with a child / young person.
- In exceptional circumstances where an adult may be alone with a child for a short period, the adults should ensure that other staff or volunteers are aware of the situation and that they support this action and that it takes place in clear view of the rest of the group e.g. designated office or room with a clear glass window. The door must always be left open.

#### Running Activities

- Any group of children should be supervised by at least two responsible adults on all activities.
- For some groups this will mean parents staying with children they have brought to the group activity until named leaders for that activity have arrived.
- It is important to know who the leaders are on all activities.

#### Outside of work

- Children should not be expected to make their way to an activity through poorly lit areas.
- Adults/leaders should know the safe arrangements for children to get home after the activity.
- Adults should be discouraged from meeting individually with children outside work related activities and should not take a child or young person to their home.
- If a child or young person is not collected from an activity you should not give lifts home in your car.
- If some of these situations are unavoidable, get parental permission first. If that is not possible make certain that Engage staff or volunteers and the parents or carers know what you intend to do and inform parents/guardians know what has happened as soon as you can.

### Privacy & Photographs

- If ever the situation were to arise, particular care must be taken to ensure the privacy of Children and Young People is respected in places like swimming pools, showers, toilets and changing rooms.
- Never take photographs of Children and Young People while they are in changing areas or bathing areas.
- Consent must be sought from the Children and Young People and/or their parent guardian to publish photographs

### Resources & Equipment

- Minimise the prospect of injury by checking all equipment and playing surfaces
- Do not employ excessive or inappropriate training methods, use only age appropriate language, media products and activities in working with Children and Young People. Sexually explicit materials are never appropriate.
- Under no circumstances give medication, alcohol, tobacco, alcohol or other drugs to Children and Young People.
- Do not lend or borrow personal money or property to or from Children and Young People
- Do not give or receive personal gifts from Children and Young People

### Internet use

- Always supervise the use of your computer, e-mail and internet by Children, Young People or adults.
- Place the computer where everyone can use it and see it, rather than out of sight in another room
- Suggest sites that could be visited by Children and Young People e.g. those you have already researched and judges to be appropriate and/or those connected to children's TV programmes
- Talk to the Children and Young People about what sort of sites then can and cannot visit
- Ensure that children do not give out personal details over the internet e.g. surname, address, phone number or e-mail address and never arrange a face to face meeting with anyone they come into contact with on the internet.
- Encourage Children and Young People to report anything they come across which they feel is abusive or offensive.
- Limit the amount of time Children and Young People spend online
- Explore the use of filters which block access to certain sites (although remember these are unlikely to be foolproof and cannot replace supervision)
- Do not send, seek or store pornographic, explicit, racist, homophobic or other material which may be considered inappropriate or offensive from your computer. Any received should be deleted immediately and the recycling bin emptied. Any found on your computer should be reported to your line manager.