



Safeguarding Children and Vulnerable Adults Policy

Signed by:

C. Wild

Managing Director

Chair of governors

Date: 3.3.25

Date:

CONTENTS

1. Preface
2. Statement of Intent
3. National & Local Guidance
4. Safeguarding & Promoting Welfare & Child Protection.
 - 4.1 Safeguarding & Promoting the Welfare of Children defined
 - 4.2 Child Protection
 - 4.3 Children in Need
 - 4.4 Significant Harm
5. Who Abuses Children?
6. What is Abuse & Neglect?
7. Recognition of harm
8. Managing Disclosures of Abuse
9. The Role of the Child Protection Co-ordinator
10. Seeking Consent for a Referral
11. Reporting Concerns or Allegations of Abuse
12. Making a Referral
13. Allegations Against Staff Members/Volunteers
14. Seeking Medical Attention
15. Staff & Volunteer Self-Protection
16. Code of Practice
17. Recruitment & Selection
18. Contacts
19. Resources and Internet links

1. Preface

Whilst it is parents and carers who have primary care for their children, local authorities, working with partner organisations and agencies, have specific duties to safeguard and promote the welfare of all children in their area. The Children Acts of 1989 and 2004 set out specific duties; section 17 of the Children Act 1989 puts a duty on the local authority to provide services to children in need in their area, regardless of where they are found; section 47 of the same Act requires local authorities to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm. Under section 10 of the Children Act 2004 (chapter 2), the local authority is under a duty to decide to promote co-operation between itself and organisations and agencies to improve the well-being of local children. This co-operation should exist and be effective at all levels of an organisation, from the strategic level through to operational delivery. (Working Together to Safeguard Children- A guide to inter-agency working to safeguard and promote the welfare of children, HM Government, 2018, Page 6) and work alongside with East Riding of Yorkshire Council's Safeguarding policy, which can be found on www.erscp.co.uk, procedures, and guidance. Also, Hull CC safeguarding policy www.hull.gov.uk/safeguarding.

2. Statement of Intent

Wild Intervention recognises that protecting and safeguarding children and young people is a shared responsibility and depends upon effective joint working between agencies and professionals who have different roles and expertise. Individual children and young people, especially some of the most vulnerable young people and those at greatest risk of social exclusion, will need coordinated help from health, education, and children's social care services. The voluntary sector and other agencies also have an important role in protecting and safeguarding children and young people.

Wild Intervention has a responsibility to protect and safeguard the welfare of children and young people they encounter. The need for guidelines and procedures is important to ensure that this is done with understanding and clarity.

Wild Intervention will aim to protect and safeguard children and young people by;

- Having a Child Protection Policy and Procedure and regularly reviewing and updating this in line with national and local policy developments.
- Ensuring that all staff and volunteers are familiar with the Child Protection Policy and Procedure.
- Letting parents, carers, children and young people know how to report concerns about a child, young person, staff member or volunteer or complain about anything that they are not happy about by welcoming feedback from all young people, their families and social workers. This is recorded both positive and negative and dealt with as soon as possible.

- Giving children, young people, parents, and carers information about what Wild Intervention does and the content and standard they can expect, by publishing as much information as possible on our website, in parent/carer packs, and through the referral process.

National and Local Guidance

This Child Protection Policy and Procedure should be read in conjunction with the Local Safeguarding Children Board (LSCB) Guidelines and Procedures (see HSCB2010). In accordance with the Children Act 2004, it is a statutory responsibility for key agencies encountering children and young people, to decide to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children (Section 11, Children Act 2004). Where private or voluntary organisations encounter or offer services to children, they should as a matter of good practice, take account of this guidance and follow it as far as possible.

The following national guidance should also be referred to:

- The Children Act (1989)
- The Children Act (2004)
- Every Child Matters
- Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children (HM Government 2018).
- Human Rights Act 1998
- Criminal Justice & Court Services Act 2000
- The Protection of Children Act 1999
- The Sexual Offences Act 2003
- What to Do If You're Worried A Child Is Being Abused (Department of Health, Home Office, Department for Education & Skills, the Lord Chancellor's Department, the Office of the Deputy Prime Minister & the Department for Culture, Media & Sport 2006)
- Safeguarding Vulnerable Groups Act 2006
- AMA Guidance for Safer Working Practice for Adults who Work with Children and Young People (2007).
- East Riding of Yorkshire Council's Safeguarding www.erscp.co.uk

Employees of Wild Intervention, you are required to familiarise yourself with the following policies and procedures issued to you:

- Health & Safety Policy, Risk Assessments • Safer Recruitment of Staff / Volunteers
- Complaints & Disciplinary Policy
- Codes of Conduct

- Diversity & Equality Policy
- Staff Induction / Development / Supervision Policy • Confidentiality & Information Sharing • Anti-bullying Policy
- Whistleblowing policy
- Data protection policy

4. Safeguarding & Promoting Welfare & Child Protection:

4.1 Safeguarding and promoting the welfare of children are defined as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and undertaking the role to enable those children to have optimum life chances and to enter adulthood successfully.

4.2 Child Protection

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering or are likely to suffer. A range of individual organisations and agencies working with children and families have specific statutory duties to promote the welfare of children and ensure they are protected from harm (Working Together, HM Government 2018: page 58).

4.3 Children in Need

Children who are defined as 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services. This includes those children with a disability. Local authorities have a duty to safeguard and promote the welfare of children in need (Working Together, HM Government 2018: page 22)

4.4 Significant Harm

Some children are in need because they are suffering, or likely to suffer, significant harm. The concept of significant harm is the threshold that justifies compulsory intervention in family life in the best interests of the child, and gives the Local Authority a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm (Working Together, HM Government 2018 page 45). A section 47 can be bringing together and analyse, in an inter-agency setting, all relevant information and plan on how best to safeguard and promote the welfare of the child (Working Together 2018 page 49)

5. Who Abuses Children?

Children may be abused in a family or in a residential or community setting; by those known to them, more rarely, by a stranger, for example, via the internet. They may be abused by an adult(s), another child or children (Working Together, HM Government 2018)

6. What is Abuse and Neglect?

Abuse and neglect are forms of maltreatment of a child. Child refers to anyone under the age of 18. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent 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 (Working Together, HM Government, 2018).

• **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 emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may 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 cyberbullying), 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 (Working Together, HM Government 2018).

• **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 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). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (Working Together, HM Government 2018).

• **NEGLECT:**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because 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 caregivers)
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs (Working Together, HM Government 2018)

This is not an exhaustive list, and it must be recognised that it is not the role of staff to assess whether children or young people have suffered harm. Staff does have a duty to report any concerns about harm in accordance with the Local Safeguarding Children Board, Guidelines and Procedures (see HSCB:2010).

7. Recognition of harm

The harm or possible harm of a child may come to your attention in several possible ways;

1. Information given by the child, his/her friends, a family member or close associate.
2. The child's behaviour may be different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
3. An injury which arouses suspicion because;
 - It does not make sense when compared with the explanation given.
 - The explanations differ depending on who is giving them (e.g. Differing explanations from the parent / carer and child).
 - The child appears anxious and evasive when asked about the injury.

4. Suspicion being raised when several factors occur overtime, for example, the child fails to progress and thrive in contrast to his/her peers.
5. Contact with individuals who pose a 'risk to children' ('Guidance on Offences Against Children', Home Office Circular 16/2005). This replaces the term 'Schedule One Offender' and relates to an individual that that has been identified as presenting a risk or potential risk of harm to children. This can be someone who has been convicted of an offence listed in 'Schedule One of the Children and Young Person's Act 1933' (Sexual Offences Act 2003), or someone who has been identified as continuing to present a risk to children.
6. The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, or previous children removed from their careers.
7. **Substance misuse** – The potential for a child to be harmed because of the excessive use of alcohol, illegal and controlled drugs, solvents or related substances may occur during a young person's life. The use of drugs or other substances by parents or carers does not in itself indicate child neglect or abuse, and there is no assumption that a child living in such circumstances will automatically be considered under the child protection procedures. It is important to assess how parental substance use impacts upon the children or young people in the family.
8. **Mental Health** – Mental illness in a parent or carer does not necessarily have an adverse effect on the child or young person but it is important to assess its implications for any children involved in the family. The adverse effects of parental mental illness on the child are less likely when parental problems are mild, last for a short period of time, are not associated with family disharmony, and where there is another parent or family member who can respond to the child's needs and offer protection. Where mental illness is accompanied by alcohol use, domestic violence or associated with poverty and social isolation, children are particularly vulnerable. The potential impact of a parental mental illness and the child's ability to cope with it is related to age, gender and individual personality (Working Together, HM Government 2018).
9. **Domestic Violence** – The Home Office (2009) defines domestic violence as; 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality' (Working Together, HM Government 2018). Domestic violence affects both adults and children in the family. Children and young people can suffer directly and indirectly if they live in a household where there is domestic violence. It is likely to have a damaging effect on the health and development of children. The amendment made in section 120 of the 'Adoption and Children Act 2002' to the 'Children Act 1989' clarifies the meaning of

harm to include, for example, impairment suffered from seeing or hearing the ill-treatment of another. This can include children witnessing violence in the home. Domestic violence has an impact in several ways:

- It can pose a threat to the physical wellbeing of an unborn child, if a mother is kicked or punched.
- Children may suffer injuries because of being caught up in violent episodes.
- Children become distressed by witnessing the physical and emotional suffering of a parent.
- The physical and psychological abuse suffered by the adult victim can have an ergative impact upon their ability to look after their children.
- The impact of domestic violence is exacerbated when the violence is combined with problematic alcohol or drug use.
- People working with children should also be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of children (Working Together, HM Government 2018).

10. **Bullying** – This can be defined as deliberately hurtful behaviour, usually repeated over a period it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g., hitting, kicking, theft), verbal (e.g., racist or homophobic remarks, threats, name calling) and emotional (e.g., isolating an individual from activities and social acceptance of their peer group). The damage inflicted by bullying (including bullying via the internet) can frequently be underestimated. Bullying can be using electronic communication, e.g., text or social network sites, and is commonly known as cyberbullying. Bullying can cause considerable distress, to the extent that it can affect health and development and at the extreme significant harm. All settings in which children are provided with services or are living away from home should have in place rigorously enforced antibullying strategies.

11. **Gang Activity** – Children and young people who become involved in gangs are at risk of violent crime and because of this involvement, are deemed vulnerable. Agencies and professionals have a responsibility to safeguard these children and young people and to prevent further harm, both to the young person and other potential victims. Risks associated with gang activity include access to weapons (including firearms), retaliatory violence and territorial violence with other gangs. Other risks include increased likelihood of involvement in knife crime, sexual violence and substance misuse (Working Together, HM Government 2018).

The guidance Safeguarding children and young people who may be affected by gang activity

2010(b) advises that agencies should follow the referral process in 'Working Together to Safeguard Children 2018' when they have concerns about a child's safety and welfare. In relation to those children and young people who may be affected by gang activity, concerns may be raised that a child or young person is:

- Not involved in gangs but vulnerable to, or at risk of, becoming involved in a gang.
- Non-gang-involved and at risk of harm from gang members.
- Gang-involved and at risk of harm through their own gang-related activities.

8. Managing Disclosures of Abuse

If a child discloses abuse, it is important that the following basic principles are adhered to;

- Listen to what the child has to say with an open mind.
- Do not ask probing or leading questions designed to get the child to reveal more.
- Never stop a child who is freely recalling significant events.
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said.
- Do not ask children to write a statement.
- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.

9. The Role of the Safeguarding Lead;

Where there are concerns about the welfare of any child or young person all staff / volunteers have a duty to share those concerns with the designated Safeguarding lead.

The safeguarding lead is responsible for:

- Monitoring and recording concerns about the wellbeing of a child or young person.
- Making referrals to the Local Authority Children's Services.
- Liaising with other agencies.
- Arranging training for staff / volunteers.

The Child safeguarding lead, after receiving a referral, will act on behalf of Wild Intervention in referring concerns or allegations of harm to Local Authority Children's Social Care or the Police Public / Family Protection Unit.

If the Child safeguarding lead is in any doubt about making a referral it is important to note that advice can be sought from Local Authority Children's Social Care. The name of the child and family should be kept confidential at this stage and will be requested if the enquiry proceeds to a referral. The Child safeguarding lead may share limited information on a need-to-know basis amongst the staff / management but respecting the need for confidentiality.

It is not the role of the Child safeguarding lead to undertake an investigation into the concerns or allegation of harm. It is the role of the Child safeguarding lead to collate and clarify details of the concern or allegation and to provide this information to the Local Authority Central Duty team, or Family Resource Centre if Children's Social Care is already involved, whose duty it is to make enquiries in accordance with Section 47 of the Children Act 1989.

10. Seeking Consent for a Referral

Working Together to Safeguard Children (HM Government 2018) states that professionals should seek in general to discuss any concerns with the family (including the child where appropriate) and where possible seek their agreement to making referrals to the Local Authority Central Duty Team.

This should only be done where such discussion and agreement seeking will not place the child at an increased risk of significant harm.

So, in general where concerns about a child relate to Section 17 children 'in need' (Children Act 1989) consent should be sought from the parents, carer or children where appropriate prior to a referral being made to the Local Authority Child Care Team.

It should be noted that parents, carers or child may not agree to information being shared, but this should not prevent referrals where child protection concerns persist. The reasons for dispensing with consent from the parents, carer or child should be clearly recorded.

In cases where an allegation has been made against a family member living in the same household as the child and it is your view that discussing the matter with the parent would place the child at risk of harm, or where discussing it may place a member of staff / volunteer at risk, consent does not have to be sought prior to the referral being made.

If you are unsure about whether to seek parental consent prior to a referral being made, then seek advice from the duty social worker at the relevant Local Authority Family Resource Team.

11. Reporting Concerns or Allegations of Abuse

A member of staff or volunteer must report any concerns or allegation of harm immediately to the designated Child safeguarding lead. The matter should be reported through the line management if they are unavailable.

In the unlikely event of management not being available, the matter should be reported directly to the appropriate Local Authority Child Care Team or Police Public / Family Protection Unit. In the case of it being out of hours, the Emergency Duty Team should be contacted.

12. Making a Referral

Referrals of all children in need, including those where there is child protection concerns will be made to;

Hull - To Children's Social Care – Central Duty Team or Police Public Protection Unit

East Riding – By telephoning the Call Centre/Children's Social Care or Police Family Protection Team

Out of Hours – To the relevant Emergency Duty Team

All referrals made by telephone need to be followed up in writing within 48 hours.

The Child safeguarding lead should make the referral as appropriate. The referrer should be prepared, where possible, to give the following information;

- The nature of your concerns / allegation.
- Whether the child will need immediate action to ensure their safety.
- Are the parents/carer or social worker aware of the concerns? Has consent for the referral been sought? If not, the reasons for this?
- Information about the child and family, including other siblings.
- The nature of your involvement with the family.
- Other professionals involved with the family.
- The source of your referral, is it based on your own assessment of the needs of the child, a reported allegation or disclosure, or has the concern been reported to you by another person, if so, who?
- Child's current whereabouts and when they were last seen
- If you consider the child suffering or at risk of suffering significant harm, who is the source of that harm and their current whereabouts?

13. Allegations against staff members / volunteers

If any member of staff or volunteer has concerns about the behaviour or conduct of another individual working within the group or organisation, including:

- Behaving in a way that has harmed, or may have harmed a child;
- Possibly committed a criminal offence against, or related to, a child.
- Behaved towards a child or children in a way that indicates she/he is unsuitable to work with children; the nature of the allegation or concern should be reported to the senior management team for dealing with allegations against staff/volunteers/carers. The member of staff who has a concern or to whom an allegation or concern is reported, should not question the child or investigate the matter further.

The Safeguarding Lead for your organisation will report the matter to the Local Authority Designated Officer (LADO).

Underlying principles:

- The welfare of the child is paramount
- Adults about whom there are concerns should be treated fairly and honestly and should be provided with support
- It is the responsibility of all adults to safeguard and promote the welfare of children and young people. This responsibility extends to a duty of care for those adults employed, commissioned or contracted to work with children and young people.

Members of the management structure is implicated in the concerns or allegations or the RSM is not available, then the matter should be reported directly to the Local Authority Designated Officer. If suspension of the alleged abuser is required, the designated officer should discuss this with the LADO to consider the timing.

In cases where there is an immediate risk to any child or young person, the information must be passed to Local Authority Children's Social Care or the Police, as soon as possible.

14. Seeking Medical Attention

If a child has a physical injury and there are concerns about abuse; if emergency medical attention is required, then this should be sought immediately by phoning for an ambulance. You should then follow the procedures for referring a child protection concern to Local Authority Children's Social Care. Also ensuring all relevant agencies are notified and paperwork is filled in correctly and, in the moment, so nothing is missed out.

15. Staff & Volunteer Self Protection

Adherence to guidelines on self-protection for staff and volunteers working with children and young people can avoid vulnerable situations where false allegations can be made. All logs to be filled in a timely manner and up to date on LMC.

Practices to be avoided

The following should be avoided, except in emergencies. If a case arises where these situations are unavoidable (e.g. the child sustains an injury and needs to go to hospital, or the child has gone missing.), it should be with the full knowledge and consent of management RSM and Deputy RSM.

Otherwise, avoid:

- Spending excessive amounts of time alone with children away from others.

Practices never to be sanctioned

- Engage in rough physical or sexually provocative games, including horse play.
- Share a room with a young person.
- Allow or engage in any form of inappropriate touching.
- Allow children to use inappropriate language unchallenged.
- Make sexually suggestive comments to a young person, even in fun.
- Reduce a child to tears as a form of control.
- Allow allegations made by a child to go unchallenged, unrecorded or not acted upon.
- Do things of a personal nature for children that they can do for themselves.

It may sometimes be necessary for staff or volunteers to do things of a personal nature for children, particularly if they are young or are disabled.

These tasks should only be carried out with the full understanding and consent of parents/carers or social worker.

There is a need to be responsive to a person's reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child to carry out activities. Avoid taking on the responsibility for tasks for which you are not appropriately trained.

Incidents that must be reported/recorded:

If any of the following occur, you should report this immediately to Lisa Clifford or Marie Hawkins or the on-shift senior team;

- All accidents involving either staff and or young person.
- If there has been substance / Alcohol misuse.
- If a young person has damaged property.
- If the young person has been involved with police whilst out of placement.

Remember the following: If a young person has injured themselves make sure to complete relevant body map record book and log this within LMC. Also make sure to offer the young person professional medical help and record their response if they do not want one.

Also inform management and social worker via email.

16. Code of Practice

Good practice guidelines:

All Wild Intervention personnel are encouraged to demonstrate exemplary behaviour to safeguard children and protect themselves from false allegations. The good practice guidelines issued to all personnel are shown below.

Good practice means:

- Always work in an open environment avoiding private or unobserved situations and encouraging open communication.
- Treat all young people with respect and dignity.
- Always put the welfare of the young person first.
- Maintain a safe and appropriate distance with the young person during sporting activities.
- Do not let the young person into staff bedrooms.
- Make sure all online social platforms are set to private.
- Record all incidents / accidents and significant behaviour on LMC
- Should a search of a young person's room be required, do so with two members of staff and where possible the young person.
- Build balanced relationships based on mutual trust and empowering children to share in decision making.
- Keep up to date with technical skills/qualifications.
- Involve parents'/carers/ social workers wherever possible.
- Be an excellent role model – this includes not smoking or drinking alcohol in the company of young people.

- Keep a record of any injury that occurs, along with the details of any treatment in the Wild Intervention accident book, LMC and body map book.
- Take all allegations, suspicions or concerns about abuse that a young person makes seriously (including those made against staff) and report them through the procedures.
- Provide an environment that encourages children and adults to feel comfortable and confident in challenging attitudes and behaviours that may discriminate others.
- Risk assess all situations and activities to ensure all potential dangers have been identified.

Staff / Volunteers / Children will not;

- Permit or accept abusive or discriminatory behaviour.
- Engage in inappropriate behaviour or contact.
- Use inappropriate or insulting language.
- Show favouritism to anyone.
- Undermine or criticise others.
- Give personal money.
- Use social networks for personal communication with children and young people for whom they are responsible.

CCTV / Alarms: All of the group living homes have CCtv at the front and rear of the house to monitor people entering the home. They are also alarms to alert staff of the front and back door been opened.

17. Recruitment & Selection

It is important when recruiting paid staff and volunteers to adhere to the organisations recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

- All paid staff with access to children and young people or sensitive information relating to children, will be required to undertake an enhanced DBS check.
- Staff working directly with children or with access to sensitive information will be required to complete LSCB Child Protection Training. Their training will be reviewed in supervision.
- All staff and volunteers will be required to read the Child Protection Policy. This will be reviewed to ensure up to date knowledge.
- All staff and volunteers to complete an application form, including details of previous employment, details of any conviction for criminal offences (including spent convictions under the Rehabilitation of Offenders Act 1974), agreement for an enhanced DBS check, permission to contact two referees, including their current or most recent employer (which should be taken up).

- The potential staff member or volunteer will be interviewed for their suitability for the post;
1. Selection techniques will be determined by the nature and duties of the vacant post, but all vacancies will require an interview of short-listed candidates.
 2. Interviews will always be face-to-face. Telephone interviews maybe used at the short-listing stage but will not be a substitute for a face-to-face interview (which may be via visual electronic link).
 3. Candidates will always be required to explain:
 - I. Any gaps in employment; ii. To explain any anomalies or discrepancies in the information available to recruiters; iii. To declare any information that is likely to appear on a DBS disclosure;
 - iv. To demonstrate their capacity to safeguard and protect the welfare of children and young people.
- Staff will be subject to a probationary period (3–6months) during which they will be supervised, and monthly meetings will take place with the senior management team to identify any concerns, training and support needs which will enable the member of staff to fulfil their duties to the expected standard.
 - Staff will have a period of induction where they will complete any induction training and access internal policies.
 - Increased safeguarding was introduced through the creation of two new barred lists (regulated and controlled) to replace the existing POCA, POVA and List 99. These lists are maintained by the Independent Safeguarding Authority (ISA). A person who is barred from working with children or vulnerable adults will be breaking the law if they work, or try to work or with those groups. An organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law. If your organisation works with children or vulnerable adults and you dismiss a member of staff or a volunteer because they have harmed a child or vulnerable adult, or you would have done so if they had not left, you must tell the Independent Safeguarding Authority. Information on how to do this can be found at <http://www.isa-gov.org.uk>

18. Contacts

Hull

Children's Social Care (Local Authority)

Central Duty Team (01482) 448879

Emergency Duty Team (01482) 788080

Child Protection Administrator (01482) 790933

Local Authority Designated Officer (01482) 846082

Police Public Protection Unit (01482) 307220

Hull Safeguarding Children Board (01482) 846082

East Riding of Yorkshire

Children's Social Care (Local Authority)

Call Centre (01482) 395500

Children's Services (01482) 396840

Emergency Duty Team (01482) 880826

Child Protection Administrator (01482) 396472

East Riding Safeguarding Children Board (01482)396998/9 Local Authority
Designated Officer

(01482) 396999 Police Family Protection Team 0845 6060222 ext 2407

19. Resources and Internet links

This section acts as a guide, rather than an exhaustive list. Its aim is to provide you with some useful resources and links.

1. HMGovernment(2018)WorkingTogethertoSafeguardChildren:Aguidetointeragencyworkingtosafeguard and promote the welfare of Children. Department of Children Schools and Families. Internet link: <http://publications.dcsf.gov.uk/default.aspx>
2. HMGovernment(2007)Statutoryguidanceonmakingarrangementstosafeguardandpromotethe welfare of children under section 11 of the Children Act 2004, London. Internet link: <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00042/>
3. HSCB(2010)ProceduresandGuidance.HullSafeguardingChildrenBoard.NB- Thisdocumentiscurrently under revision – Please visit Hull Safeguarding Children Board on the following internet link: http://www.hullcc.gov.uk/portal/page?_pageid=221,75119&_dad=portal&_schema=PORTAL
4. DfES(2006)Whattodoifyou'reworriedachildisbeingabused.Internetlink:www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00182/

5. DoH(2005)Respondingtodomesticabuse:Ahandbookforhealthprofessionals.Internetlink:http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4126161
6. Cleaver,H.,Nicholson,D.,Tarr,S.andCleaver,D.(2007)ChildProtection,DomesticViolenceandParental Substance Misuse: Family Experiences and Effective Practice. London: Jessica Kingsley Publishers.
7. Cleaver,H.,Unell,I.andAldgate,A.(2010)Children’sNeeds–ParentingCapacity:Theimpactofparental mental illness, learning disability, problem alcohol and drug use, and domestic violence on children’s safety and development. 2nd Edition. London: Jessica Kingsley Publishers.
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