Safeguarding Policy

Reviewed 26/03/2025

Review Date 26/03/2026

Safeguarding Children's Policy

Sparks Of Success

The Purpose of the Policy is:

- To protect children and young people who receive Sparks Of Success's services;
- To provide staff and volunteers with the overarching principles that guide our approach to Safeguarding children and Child Protection:

Sparks Of Success believe that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and to keep them safe. We are committed to practise in a way that protects them.

Legal Framework:

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

- Children's Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Human Acts Right 1998
- Sexual Offences Acts 1993
- Children Act 2004
- Safeguarding Vulnerable Groups 2006
- Children and Families Acts 2014
- Working Together to Safeguard Children
- Salford Child Safeguarding Framework
- Safer Recruitment – Chscb Minimum Standard
- Special Education Needs Code of Practice
- Information Sharing: Advice for practitioners providing Safeguarding Services to children, young people, parents, carers; HM Government 2015

We recognise that:

- The Welfare of the child is paramount

- All Children regardless of age, disability, racial heritage, gender, religious belief, sexual orientation, or identity have a 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.

We will seek to keep children and young people safe by:

- Listening to them and respecting them,
- Appointing a Designated Safeguarding Officer for children and young people, a deputy and lead board member for safeguarding,
- Adopting child protection and safeguarding practices through procedures and a code of conduct for staff and volunteers,
- Developing and implementing an e-safety policy and related procedures,
- Provide effective management for staff and volunteers through supervision, support, training and quality assurance measures,
- Recruiting staff and volunteers safely, ensuring all necessary checks are made,
- Recording and storing information professionally and securely,
- Using our safeguarding procedure to share concerns and relevant information with agencies who need to know and involving children, young people, parents/carers and families appropriately,
- Using our procedures to manage any allegations against staff and volunteers appropriately,
- Creating and maintain an anti-bullying environment and ensuring that we have a policy and procedure to effectively deal with any bullying that does arise,
- Ensuring that we have effective complaints and whistleblowing measures in place
- Ensuring that we provide a safe environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with law and regulatory guidance.
- Our Managers and Safeguarding Leads will receive regular updates from the City of Manchesterand Salford Safeguarding Board. They will refresh and update their safeguarding qualifications through regular training. Safeguarding will be a key issue for review and discussion at our regular Board of Trustee meetings.

CHILD PROTECTION PROCEDURES

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1.SHARED RESPONSIBILITY

1.1 Members of staff and volunteers at Sparks Of Success have an important role to play in recognising difficulties and referring concerns about child protection. The child's interests must be put first.

1.2 Seeing children in their own homes puts staff in a position to notice signs of abuse, or to mention concerns which may lead to abuse.

1.3 This responsibility applies to any employee or volunteer working on behalf of Sparks Of Success.

2. RECOGNITION OF ABUSE

HM Government: What to do if you're worried a child is being abused

2.1 Child abuse and neglect is a generic term covering all ill treatment of children, as well as cases where the standard of care does not adequately support a child's health or development.

2.2 It includes physical, emotional, sexual abuse or neglect, the infliction of harm or the failure to act to prevent harm.

2.3 It can occur in a family, institution or community setting. The perpetrator may or may not be known to the child.

2.4 Every child will react differently to abuse. The following signs may arouse concern. However, there could be normal reasons for any of them.

2.5 <u>Physical Abuse:</u>

2.5.1 This may take many forms, i.e. hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

2.1.2 It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child. This unusual and potentially dangerous form of abuse is now described as fabricated or induced illness in a child.

2.6 Emotional Abuse:

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child's emotional development. Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone and involve:

2.6.1 Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of someone else.

2.6.2 Imposing developmentally inappropriate expectations.

2.6.3 Causing children to feel frightened or in danger, i.e. witnessing domestic violence.

2.7 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 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.

2.71 Sexually Harmful Behaviour

significant proportion of sexual abuse is carried out by children and young people on their peers. Such abuse should always be taken as seriously as that perpetrated by an adult. The behaviour should not be dismissed as "normal". A referral to social services should always be made.

2.72 Abuse of Trust

All members of staff and volunteers with Young & Inspired have a relationship of trust with the children and young people who use our services. It is an abuse of that trust, and could be a criminal offence to engage in any sexual activity with a young person aged under 18, or a vulnerable young person under the age of 25, irrespective of the age of consent and even if the relationship is consensual.

2.73 Organised Abuse

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

2.74 Child Sexual Exploitation(CSE)

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

2.8 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 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.

2.9 **Identifying Risk:**

In an abusive relationship the child may:

2.9.1 Appear frightened of the parent/s

2.9.2 Act in a way that is inappropriate to his/her age and development

The parent or carer may:

2.9.3 Persistently avoid child health promotion services and treatment of the child's episodic illnesses

2.9.4 Have unrealistic expectations of the child

2.9.5 Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)

2.9.6 Be absent

2.9.7 Persistently refuse to allow access on home visits

2.9.8 Be involved in domestic violence

2.10 **Recognising Physical Abuse:**

The following are often regarded as indicators of concern:

2.10.1 An explanation which is inconsistent with an injury
2.10.2 Several different explanations provided for an injury

2.10.3 Unexplained delay in seeking treatment

2.10.4 The parents/carers are uninterested or undisturbed by an accident or injury

2.10.5 Parents are absent without good reason when their child is presented for treatment

2.10.6 Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to more serious injury)

2.10.7 Family use of different doctors and A&E departments

2.10.8 Reluctance to give information or mention previous injuries.

2.11 **Bruising:**

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

2.11.1 Any bruising to a pre-crawling or pre-walking baby

2.11.2 Bruising in or around the mouth, particularly in small babies which may indicate force feeding

2.11.3 Two simultaneous bruised eyes, without bruising to the forehead

2.11.4 Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally

2.11.5 Variation in colour possibly indicating injuries caused at different times

2.11.6 The outline of an object used, i.e. hand print or belt mark

2.11.7 Bruising or tearing around or behind the earlobes, indicating injury by pulling or twisting

2.11.8 Bruising around the face

2.11.9 Grasp marks on small children

2.11.10 Bruising on the arms, bottom or thighs

2.12 **Bite Marks:**

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm 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.

2.13 **Burns and Scalds:**

It can be difficult to tell the difference between accidental and non-accidental burns and scalds and will always require medical opinion. Any burn with a clear outline may be suspicious.

2.13.1 Circular burns from cigarettes (but may be friction burns if along the bony part of the spine

2.13.2 Line shaped burns from hot metal rods or electrical fire elements

2.13.3 Burns of the same depth over a large area

2.13.4 Scalds that have a line showing immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks)

2.13.5 Old scars from previous burns or scalds which did not have appropriate treatment or were explained properly

2.13.6 Scalds to the buttocks of a small child without burns to the feet, imply dipping into a hot bath or liquid

2.14 **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:

2.14.1 The reason provided is vague, nonexistent or does not match the injury

2.14.2 There are associated old fractures

2.14.3 Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

2.14.4 There is an unexplained fracture in a baby under one year old

2.15 **Scars:**

Numerous scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

2.16 **Recognising Emotional Abuse:**

Emotional abuse may be difficult to notice, as the signs are usually behavioural rather than physical. The signs of emotional abuse might also suggest other kinds of abuse. The following are examples to be aware of:

2.16.1 Developmental delay

2.16.2 Abnormal attachment between a child and parent/carer – this can range from separation anxiety to no attachment

2.16.3 Aggressive behaviour towards others

2.16.4 Scape-goated within the family

2.16.5 Frozen watchfulness, particularly in pre-school children

2.16.6 Low self-esteem and lack of confidence

2.16.7 Withdrawn or seen as a loner, difficulty relating to others

2.17 Recognising Sexual Abuse:

Children of all ages may be sexually abused and are often scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about. Recognition can be difficult unless a child discloses and is believed. There may be no physical signs and indications are likely to be emotional or behavioural. Some behavioural indicators are:

2.17.1 Inappropriate sexual conduct

2.17.2 Explicit behaviour, play or conversation inappropriate to the child's age

2.17.3 Touching of the private parts excessively

2.17.4 Self harm (including eating disorder) or self mutilation

2.17.5 An anxious unwillingness to remove clothes

Some physical indicators are:

2.17.6 Pain or itching of the private parts

2.17.7 Blood on underclothes

2.17.8 Injuries to the private parts, bruising to the bottom, thighs or abdomen.

2.18 Recognising Neglect:

Neglect can be noticed over a period of time and can cover different aspects of parenting. Signs may include:

2.18.1 Failure by parents or carers to meet the basic essential needs, i.e. adequate food, clothing, warmth, hygiene and medical care.

2.18.2 A child seems to be listless, apathetic or unresponsive with no apparent medical cause.

2.18.3 Failure of a child to grow within normal expected pattern, with accompanying weight loss.

2.18.4 Child thrives away from their home environment.

2.18.5 Child is frequently absent from school

2.18.6 Child is abandoned or left alone for excessive periods.

3 Responding to Safeguarding Concerns

All action is taken in line with the following guidance:

- Dfe Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges July 2015
- Working Together to Safeguard Children 2006 – A Guide to Inter-Agency working to Safeguard and Promote the Welfare of Children March 2013.
- Dfe What to do if you're worried a child is being abused March 2015

Staff and volunteers may become concerned about a person in a number of ways:

3.11 A child, young person or vulnerable adult may tell (disclose) that s/he or someone else has been or is being abused

3.12 There may be concerns due to the person's behaviour or presentation

3.13 Concerns may be raised about the behaviour of an adult, who may be a member of staff, volunteer, another professional or a member of the public

3.14 A parent, carer, relative or member of the public might share their concerns about a child, young person or vulnerable adult

In all cases the following procedures must be followed.

3.2 When a child, young person or vulnerable adult wants to confide in you

- Stay calm and listen carefully to them
- Show them that you take what they are saying seriously
- Encourage the child, young person or vulnerable adult to talk, but do not interrupt whilst they are recalling events
- Ask questions only to clarify your understanding of what you are being told. Do not investigate. Do not ask them to repeat his/her account
- Do not promise to keep the information secret. Explain that you have to pass the information on to those who can help. Tell the child, young person or vulnerable adult what you are going to do next
- Do not confront any alleged abuser

- As soon as you can, write down what the young person has said, using the child's own words
- Report to your Designated Safeguarding Officer as soon as you can, and definitely before the end of the shift/day (see page 15 for relevant designated people)

3.3 Reporting a young person's disclosure of abuse is not a betrayal of the young person's confidence. It is your duty and is also necessary to allow protective action to be taken in relation to the young person and any other children.

3.4 If you feel a young person may be going to tell you about abuse, but then stops or tells you something else, let them know that you are always ready to listen to them and/or remind them of the Childline number 0800 1111

3.5 If the child, young person or vulnerable adult has communication difficulties or English is not their first language, pass this information on so that an appropriate interpreter can be identified.

3.6 Any member of staff, volunteer in our organisation who receives a disclosure of abuse or suspects that abuse may have occurred must report it immediately to the designated person for child protection or deputy.

3.7 If appropriate, the designated person for child protection must inform the LADO (Local Authority Designated Officer) at the local authority where the child lives, unless the child about whom there are concerns already has an allocated social worker, in which case this person will be contacted without delay.

3.8 Telephone referrals to the LADO Salford 020 8356 4569/ Haringey 020 8489 1406, should be confirmed in writing within 24 hours.

3.9 In general, organisation staff will discuss their concerns with parents/carers and advise them of any referrals to the LADO, unless it is considered that to do so will place the child at risk of harm. Advice will be taken from the investigating agencies if there is any doubt.

4 The Designated Safeguarding Officer will assist the investigating agencies to make enquiries into concerns of child welfare. This will include ensuring our organisation is represented at Child Protection Conferences and that information about the child is provided as required.

4.1 The Designated Safeguarding Offcer will be responsible for co-ordinating action and liaising with other agencies and support services over child protection and other safeguarding issues.

4.2 Confidentiality must be maintained and information relating to individual children/ young people shared with staff on a strictly need to know basis. Any information is shared under the guidance of the Area Child Protection Committee.

4.3 We understand that concerns about significant harm may arise about children who already have an allocated social worker and we will pass on such concerns without delay.

4.4 Every member of staff has an individual responsibility for child protection. Where there is concern about a child's welfare and the designated person is not available, or it is felt that he is not taking the concerns seriously, another person in the school management team should refer to the Children's Services Social Care local office (Contact Details on Page 15).

4. Concerns about Staff/Volunteer Behaviour towards Children

4.0 Local procedures plus the Government guidance 'Working Together to Safeguard Children, Appendix 5: Procedures for Managing Allegations against People who Work with Children' and Dfe Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges March 2015, Part 4: Allegations of Abuse made against Teachers and other staff.

4.1 All concerns/allegations about adults who work in our organisation will be taken seriously and will be dealt with by the Designated Safeguarding Officer. She will contact the Officer for Child Protection (who is the Local Authority Designated Officer- LADO) for consultation (Contact Details on Page 15). The LADO will record the consultation and will advise on the appropriate action that needs to be taken, which could include a referral to investigating agencies. (If the LADO is not available, there should be no delay in taking advice or referring to Children's Services Social Care.) Due recognition will be paid to the stress caused by such an allegation and appropriate skills deployed to balance the needs of the child and support for the member of staff. However, the needs of the child must take precedence (Children Act 1989, Section 1 (1) (b)).

4.2 Where the allegation is against the Designated Safeguarding Officer, other than the Deputy, the Deputy will take responsibility for dealing with the issue and in consultation with the Senior Lead For Safeguarding. Where the allegation is against the Deputy the Senior Lead will take responsibility for dealing with the issue.

4.3.1 Where a member of staff or a volunteer is dismissed from the organisation or internally disciplined because of misconduct relating to a child, we notify the Department of Health administrators so that the name may be included on the List for the Protection of Children and Vulnerable Adults.

5. Record Keeping

5.0 Any member of staff or volunteer receiving a disclosure of abuse, or noticing possible abuse, must make an accurate record as soon as possible, noting what was seen or said (recording the pupil's own words as far as possible) putting the event into context, and giving the date, time and location. Information should be recorded in non-judgmental, non-emotive terms.

Staff makes a record of:

- The child's name;
- The child's address;
- The age of the child;
- The date and time of the observation or the disclosure;
- An objective record of the observation or disclosure;
- The exact words spoken by the child;
- The name of the person to whom the concern was reported, with date and time; and
- The names of any other person present at the time.

All records must be dated and signed.

5.1 All hand-written records will be retained, even if they are subsequently typed up in a more formal report.

5.2 The Designated Safeguarding Officer must keep all written documents relating to a safeguarding issue in a secure place. There is a secure folder for all electronic documents.

5.3 Files relating to concerns about children will include a chronology of incidents and subsequent actions/outcomes. These detailed records should be kept until YYY is confident that the information is held accurately with the agency responsible for taking further action to safeguard the child, young person or vulnerable adult i.e. partner agencies, social services or the police. A chronology of decisions made and actions taken can then be kept on file, once the detailed records are deleted or destroyed. This record should be held for 50 years.

6. Safe Recruitment

6.0 Any job description makes reference to the responsibility for safeguarding and promoting the welfare of children

6.1 The person specification includes specific reference to suitability to work with children and where work relates to children under the age of 8, a signed declaration that they are not 'disqualified by association'.

6.2 Our organisation obtains and scrutinises comprehensive information from applicants, and takes up and satisfactorily resolves any discrepancies or anomalies

8.3 Our organisation obtains two independent professional and character reference (One should be a recent employer) that answer specific questions to help assess an applicant's suitability to work with children and following up any concerns

8.4 Our organisation conducts a face-to-face interview that explores the candidate's suitability to work with children as well as their suitability for the post, and

8.5 Conducts other checks as detailed in the standards of part 4 of the regulations concerning verifying the successful applicant's identity; their academic or vocational qualifications; previous employment history and experience; medical fitness; criminal record and that they have not been barred from working with young people.

8.6 All new staff members are subject to an enhanced DBS Check, based on levels of contact with children.

8.7 Our organisation will conduct repeat checks every 3 years on every member of staff who works directly with, or has regular contact with, children and young people.

8.8 All paperwork to be kept in staff files

9. Confidentiality

9.1 All staff and volunteers are aware that they must not promise to keep 'secrets' with children and that if children disclose abuse this must be passed on to the Designated Safeguarding Officer as soon as possible and the child should be told who their disclosure will be shared with.

9.2 Staff will be informed of relevant information in respect of individual cases regarding child protection on a "need to know basis" only.

9.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

10. Prevent (Radicalisation of vulnerable people)

Radicalisation is defined as the process by which people (children or adults) begin to support terrorism and violent extremism and in some cased, to then participate in terrorist groups. Radicalisation is the process where someone has their vulnerabilities or susceptibilities exploited towards crime or terrorism – more often by a third party, who has their own agenda; this may take place face to face or via social media or the internet.

Prevent is a vital part of the UK's counter-terrorism strategy, to stop people becoming terrorist or supporting terrorism. It seeks to:

10.1 Respond to the ideological challenge of terrorism and aspects of extremism, and threat we face from those who promote these views;

10.2 Provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support;

10.3 Work with a wide range of sectors where there are risks of radicalisation and a multi-agency approach is needed education, criminal justice, faith, charities, the internet and health.

Prevent addresses all forms of terrorism, including Far Right extremism and some aspects of non-violent extremism. Work is conducted with the Policy, Local Authorities, Government Departments and health services.

Channel is multi-agency process within Prevent, which aims to support those who may be vulnerable to being drawn into violent extremism. It works by identifying individuals who may be at risk, assessing the nature and extent of the risk; and where necessary, referring cases to a multi-agency panel which decides on the most appropriate support package to divert and support the individual at risk.

The key challenge is to be vigilant for signs that someone has been or is being drawn into terrorism. Examples of concerns could be overwhelming a staff member's conversation or a service user being encouraged to finance this type of activity. The Charity safeguarding/preventing lead will advise and signpost in raising concerns following the referral pathway in line with the policy and procedure.

It is important to note that prevent operates within the pre-criminal space and is aligned to the multi-agency safeguarding agenda.

10.4 **Notice** – if you have a cause for concern about someone, perhaps their altered attitude or change in behaviour.

10.5 **Check** – discuss concern with appropriate people (safeguarding lead)

10.6 **Share** – appropriate, proportionate information (safeguarding/police)

CONTACT INFORMATION

Salford Safeguarding Children Board (SSCB)

Emergency Duty Team (EDT) on 0161 794 8888.

Bridge partnership 0161 603 4500 or worriedaboutachild@salford.gov.uk

LA Designated Officer (LADO): 0161 603 4350

Salford Safeguarding Children Board

Sutherland House

303 Chorley Road

Swinton

M27 6AY

http://www.chscb.org.uk/

NSPCC (for confidential advice)

24 hour Helpline – 0808 800 5000

Sparks Of Success INCIDENT RECORD FORM	
	Your Name: (Observing Officer/staff member)
	Your job

Child's Name
Child's Address:
Parents/Carers Name and Address:
Child's Date of Birth:
Date and Time of any Incident:
Your Observations:
Exactly What the Child Said and What You Said (Remember; do not lead the child – record actual details. Continue on separate sheet if necessary)
Action Taken so far:
Signature: Counter Signature

Covid 19- ADDENDUM TO SAFEGUARDING POLICY – September 2020

SCOPE OF ADDENDUM

This addendum has been added to the Safeguarding Policy, in light of the effects of Covid

19. It will remain in force as long as service provision is impacted on site or off site by Covid 19; staff or volunteers work or volunteer remotely and non-face to face activities are in place to enable services and programmes to continue. Together with the Safeguarding Policy, and other policies to which it is linked, it forms part of our stated aims of robust consideration for the safety of volunteers and other people and protecting them from harm. In all activities where there is provision for children and young people, staff, volunteers, management and others will be bound by our Safeguarding Children Policy and any subsequent addendum, which may be added as the need arises.

BBT are aware of government Covid 19 guidance by which all operations are governed. Although we are operating in a different way to normal, we are still following important safeguarding principles.

The best interests of Volunteers come first

If anyone has a safeguarding concern about any volunteer, they should continue to act on it immediately

A designated safeguarding lead (DSL) or deputy will be available at all times

It is essential that unsuitable people do not gain access to volunteers

COVID 19 SECURITIES

During the acute stages of Covid 19 and as long as restrictions do not allow for face to face

provision, BBT will continue sending meals to service users homes in line with the government guidelines.

Face to face activities will only be offered when safe operation in line with government guidance

will allow. Measures such as social distancing, and hygiene protocols will be followed at all times. This will incorporate elements such as no sharing of food or equipment, and more intensive, logged cleaning regime of facilities.

Volunteers will receive clear notice regarding staying alert and controlling the spread of the virus through isolation when appropriate and instructions as to when and how to access services. There will be controlled access to sites, not allowing any unnecessary visiting

There will be appropriate signage at multiple locations flagging different Covid messages to raise

awareness for staff and service users around how to stay safe and stop the spread of Coronavirus.

RAISING AWARENESS AND REPORTING CONCERNS

We will be mindful as to the effects of exposure to trauma; crises or bereavement and the effects of lockdown can have on the emotional welfare and stability of families. Staff and volunteers should be alerted to any early warning signs and BBT will give consideration to staff or volunteer training needs in this regard. There will be a focus on the emotional health and wellbeing of staff and volunteers during these challenging times, so that everyone performs at their optimum levels.

It is still vitally important that any concerns about volunteers or young people should be raised immediately with Designated Safeguarding Leads in line with protocols and/or addendums to Safeguarding policies.

Designated Safeguarding Leads can be contacted in the usual way to deal with any concerns in a timely and appropriate manner.

Whether working remotely or on site, any contact with service users still offers opportunities to pick up concerns which should be acted upon in line with existing policies or special arrangements that may have to be put into place. It is better to err on the side of caution and to remember that information being shared might be the missing piece of the jig saw puzzle.

RECRUITING NEW STAFF AND VOLUNTEERS

We continue to recognize the importance of robust safer recruitment procedures, so that adults and volunteers applying to work or volunteer are safe to work. We continue to follow Safer Recruitment procedures which could be supplemented with remote meetings.

In urgent cases, verification of scanned proof of identity documents to apply for a DBS check will be accepted, rather than being in physical possession of the original documents (in line with

revised guidance from the DBS). New staff or volunteers must still present the original documents when they first attend work.

SAFEGUARDING INDUCTION AND TRAININGS

Safeguarding training will continue to be offered in line with our Safeguarding Children Policy. New staff and volunteers will be given safeguarding induction including a focus on the Covid 19 Addendum for as long as it is operational. They will be required to familiarize themselves with the Safeguarding Children Policy and Addendum.

Existing staff/volunteers will be briefed on the Addendum to the Safeguarding Policy with which they should familiarize themselves and use as part of operating safely.

DESIGNATED SAFEGUARDING LEADS CONTACT DETAILS

Name Mrs Bracha March

01616601001