

Safeguarding

**Child Protection Policy  
And  
Code of Conduct**

**BURTON HOPE**  
**Charity Number 1187330**

**Date of Policy: \_\_ October 2019 \_\_\_\_\_**

**Date for Review: \_\_\_ October  
2020 \_\_\_\_\_**

# SAFEGUARDING CHILD PROTECTION POLICY

## BURTON HOPE

1. This organisation believes that children must be protected from harm at all times.
2. We believe every child and young person should be valued, safe and happy. We want to make sure that children and young people we have contact with know this and are empowered to tell us if they are suffering harm.
3. We want children and young people who use or have contact with this organisation to enjoy what we have to offer in safety.
4. We want parents and carers who use or attend **BURTON HOPE** to be supported to care for their children in a way that promotes their child's health and well-being and keeps them safe.
5. We will achieve this by having an effective child protection procedure and following National and Local guidance; Working Together to Safeguard Children 2018 (Department for Children - DFS) and the:

Staffordshire Safeguarding Children Board (SSCB) Child Protection Procedures at [www.staffsscb.org.uk](http://www.staffsscb.org.uk) for young people residing in Staffordshire or the Stoke-on-Trent Safeguarding Children Board (SCB) Child Protection Procedures at: [www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk) for young people residing in Stoke-on-Trent.

6. If we discover or suspect a child/young person is suffering harm we will follow our procedures in order that they can be protected if necessary. In an emergency calling 999. **See Appendix A for the categories of abuse.**
7. This Child Protection policy and our SSCB / Stoke-on-Trent SCB child protection procedures apply to all volunteers and users of **BURTON HOPE** and anyone carrying out any work for us or using our premises.
8. We will review our Child Protection Policy and procedures **every 12 months** to make sure they are still relevant and effective. **See checklist -Appendix F**

Signed: John Anderson .....  
Trustees/Committee

Position: Chairperson

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Date: October 2019

Review Date October 2020

This template has been agreed by  
Staffordshire Council of Voluntary Youth Services and  
Staffordshire & Stoke-on-Trent Local Safeguarding Children Boards  
and is designed to support safety and quality in the local voluntary and community sector

## **SAFEGUARDING CHILD PROTECTION POLICY**

### **BURTON HOPE**

1. The named person for child protection in this group is:

**JOHN ANDERSON**

They will be responsible for dealing with any concerns about the protection or welfare of children/young people in this group.

2. All staff and volunteers will be carefully recruited and vetted to seek to ensure they do not pose a risk to children, young people or vulnerable adults. Those staff and volunteers who are involved in regulated activity with children, young people and vulnerable adults will be checked through the Disclosure and Barring Service (DBS). We will also collect application details and take up at least 2 references for staff/volunteers.
3. Volunteers will receive information and basic training in safe conduct and what to do if they have concerns about a child/young person. This will include information on recognising where there are concerns about a child/young person, where to get advice and what to do if no one seems to have taken their concerns seriously.  
For advice on training please refer to the **SSCB or Stoke-on-Trent SCB website**  
[www.staffsscb.org.uk](http://www.staffsscb.org.uk);  
[www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk)
4. We will endeavour to make **BURTON HOPE** a safe and caring place for children and young people by having a Code of Conduct for Volunteers and users. This will be given to all active Volunteers and users and they will be expected to comply with it. **See Appendix C.**
5. Any information given to parents, carers or users about the activities of **BURTON HOPE** will include information about the Child Protection Policy and procedure. Parents and carers of any children/young people using supervised activities will be given specific

information about the policy and procedure. **Burton Hope's** complaints procedure, see **Appendix E**.

**Appendix A**  
**Additional information for volunteers & staff**

**Categories of Abuse**  
**&**  
**Recognising the Signs and Symptoms of Abuse**

It is important in this section to provide definitions of abuse and staff/volunteers need to familiarise themselves with these definitions. **BURTON HOPE** are committed to ensuring that all workers have a basic awareness of the categories, signs and symptoms of child abuse and know where to go for information:

Additional information regarding training can be sourced for Staffordshire at:  
[www.staffscvys.org.uk](http://www.staffscvys.org.uk)  
<http://www.staffsscb.org.uk/Training/inter-agency-training.aspx>

For Stoke-on-Trent at: [www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk)

Working Together to Safeguard Children (2015) defines the main categories of child abuse, which is also used for the purposes of drawing up child protection plans for children at risk of harm. The categories are as follows:

**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 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.

**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.

**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 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.

**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 insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone

**Signs and Symptoms of Abuse**

There is no clear dividing line between one type of abuse and another. The following section is divided into four areas to help categorise what may be seen or heard. Children/young people may show symptoms from one or all of the categories. This should not be used as a checklist. Workers and volunteers should be aware of anything unusual displayed by the child.

<p><b>PHYSICAL SIGNS OF ABUSE</b></p>	<ul style="list-style-type: none"> <li>• Bruise marks consistent with either straps or slaps</li> <li>• Undue fear of adults - Fear of going home to parents or carers</li> <li>• Aggression towards others</li> <li>• Unexplained injuries or burns – particularly if they are recurrent and especially in non mobile babies</li> <li>• Any injuries not consistent with the explanation given for them</li> <li>• Injuries that occur to the body in places which are not normally exposed to falls, rough games, etc</li> <li>• Reluctance to change for, or participate in games or swimming</li> <li>• Bruises, bites, burns, fractures etc which do not have an accidental/satisfactory explanation</li> <li>• Cuts/scratches/substance abuse</li> <li>• Hitting (with the hand or implement) smacking, punching, kicking, slapping, twisting/pulling ear, hair or fingers, holding/squeezing with</li> </ul>
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	<p>a tight grip, biting, and burning</p> <ul style="list-style-type: none"> <li>• Fabricated or induced illness –see SSCB / SCB website for the procedure inc signs and symptoms</li> </ul>
<b>NEGLECT</b>	<ul style="list-style-type: none"> <li>• Exposure to danger/lack of supervision</li> <li>• Neglect - under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care etc.</li> <li>• Injuries that have not received medical attention</li> <li>• Inadequate/inappropriate clothing</li> <li>• Constant hunger</li> <li>• Poor standards of hygiene</li> <li>• Untreated illnesses</li> <li>• Persistent lack of attention, warmth or praise</li> </ul>
<b>EMOTIONAL SIGNS OF ABUSE</b>	<ul style="list-style-type: none"> <li>• Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also depression/ aggression, extreme anxiety</li> <li>• Nervousness, frozen watchfulness</li> <li>• Obsessions or phobias</li> <li>• Sudden under-achievement or lack of concentration</li> <li>• Inappropriate relationships with peers and/or adults</li> <li>• Attention-seeking behaviour</li> <li>• Persistent tiredness</li> <li>• Running away/stealing/lying</li> <li>• Humiliating, taunting or threatening a child whether in front of others or alone.</li> <li>• Persistent lack of attention, warmth or praise.</li> <li>• Shouting/yelling at a child</li> <li>• Radicalisation – use of inappropriate language, possession of violent extremist literature, behavioural changes, the expression of extremist views, advocating violent actions and means, association with known extremists, seeking to recruit others.</li> </ul>
<b>INDICATORS OF POSSIBLE SEXUAL ABUSE</b>	<ul style="list-style-type: none"> <li>• Language and drawing inappropriate for age.</li> <li>• Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour</li> <li>• Regularly engages in age inappropriate sexual play</li> <li>• Sexual knowledge inappropriate for their age</li> <li>• Wariness on being approached</li> <li>• Soreness in the genital area or unexplained rashes or marks in the genital areas</li> <li>• Repeated urinary infections or unexplained tummy pain</li> <li>• Difficulty in walking or sitting</li> <li>• Stained or bloody underclothes</li> <li>• Bruises on inner thigh or buttock.</li> <li>• Any allegations made by a child concerning sexual abuse</li> <li>• Sexual activity through words, play or drawing <ul style="list-style-type: none"> <li>• Child who is sexually provocative or seductive with adults</li> </ul> </li> </ul>

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|  | <ul style="list-style-type: none"><li>• Inappropriate bed-sharing arrangements at home</li><li>• Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations</li><li>• Eating disorders - anorexia, bulimia</li><li>• Unaccounted sources of money</li><li>• Telling you about being asked to 'keep a secret' or dropping hints or clues about abuse.</li></ul> |
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**Remember – Signs and symptoms often appear in a cluster,  
but also many of the indicators above may be caused by other factors –  
If in doubt check it out.**

**The most important factor is to safeguard the child.**

## Appendix B

### Designated Child Protection Person

1. This organisation will have a dedicated person to take responsibility for child protection matters.
2. They will be selected by BURTON HOPE Committee).
3. They should ideally be someone with some knowledge or expertise in the field of child protection and/or childcare. If the organisation does not have a person who already has this knowledge s/he should be given specialist training as quickly as possible to undertake the role. At present this is free to the local voluntary youth sector through SCVYS. For details of all multi-agency safeguarding training available please go to:

**Staffordshire: [www.staffsscb.org.uk/inter-agency-training](http://www.staffsscb.org.uk/inter-agency-training)**

**Stoke-on-Trent: [www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk)**

4. **Because of their key role in keeping children and young people safe, enhanced level DBS checks will be undertaken and two references taken up.**
5. Their role is to:
  - Ensure **BURTON HOPE** child protection policy and procedures are followed.
  - Ensure they know how to contact Staffordshire's Children's Social Care First Response Team (FRT) / Stoke-on-Trent's Safeguarding Referral Team (SRT) and the police who are responsible for dealing with child protection concerns both during and after office hours.
  - Report any concerns to the FRT / SRT or the police. (N.B. Urgent concerns should be reported immediately by those aware of them even if the designated person is not available.) **See Appendix G.**
  - Act as a source of advice on all child protection matters and seek further advice and guidance from SCVYS or local statutory agencies as needed.
  - Ensure that a record is kept of any concerns about a child, young person or adult and of any conversation or referrals to statutory agencies.
  - Ensure their knowledge of child protection and safeguarding is regularly updated and includes safeguarding children board training to at least Level 1 in line with SCVYS Minimum Membership Standards, and recommended Level 2 for best practice.

## Appendix C

### Guidance for All Volunteers

**BURTON HOPE** believes that **EVERYONE** has a responsibility to safeguard children and young people from harm. Please read this guidance carefully. It will tell you what you need to know to safeguard children and young people.

All staff and volunteers are expected to follow this guidance.

1. The Child Protection designated lead for **BURTON HOPE** is **John Anderson** They can be contacted by telephone 07831637678 and/or email [burtonhopejohn@gmail.com](mailto:burtonhopejohn@gmail.com)  
If you have any queries around the welfare of any child or young person please contact them.
2. Please read: -
  - This guidance
  - The Code of Conduct for staff and volunteers
  - 'What To Do If You're Worried A Child Is Being Abused' and the additional information on recognising a child in need and what to do next

You must follow the advice given in the documents above. If there is anything that you do not understand or do not agree with please talk to the Child Protection designated lead about this.

3. Please attend any training and activity planning meetings that you are invited to.
4. All staff and volunteers must inform the Child Protection Designated Lead if they are/have been: -
  - Charged with a criminal offence involving a child/young person, violence, breach of trust or a criminal offence relevant to their duties, for example driving offence if they are driving as part of their duties.
  - Investigated by any authority due to concerns that you may have had involvement in causing harm to a child and/or young person.
  - Diagnosed with any medical condition that may affect your ability to carry out your role with children and young people safely, for example psychotic illness.
5. Make sure you know what to do if a child/young person tells you or you suspect that they are being harmed.

**Key points are:-**

**DO NOT**

- Carry out your own investigation by talking to parents or carers etc.
- Put words in any child/young person's mouth by asking direct questions such as "Did your dad do it?"
- Inform parents/carers if you think it may put the child/young person at risk of further harm or cause them to be silenced.
- Ignore your worry.

**DO**

- Ask open-ended questions to clarify your concern e.g. "What happened to your arm?"
- Listen to the child, young person / your gut feelings.
- Take action.

**Action to take**

1. If a child or young person has a serious injury (for example involving pain and bleeding) or is in immediate danger (for example parent/carer has arrived to collect them and is unfit to care for them, or a child/young person left alone at home) dial 999 and request assistance from the ambulance service and/or police.
2. If you know or suspect the child/young person has come to harm through the actions of another make sure that the professional staff you hand the child/young person over to understands this. You must take their name and record it. It will generally be appropriate to inform the child/young person's parent or carer what has happened once the child/young person is safe with an appropriate professional, unless you have been specifically advised not to do so.
3. If it is suspected / alleged that a child/young person has been abused in any way including sexual abuse (but is not in immediate danger) report this immediately to Staffordshire's First Response Team / Stoke-on-Trent's Safeguarding Referral Team.  
**See Appendix G.**

**Staffordshire First Response Team (FRT):**

**Telephone: 0800 1313 126**

**8.30am – 5.00pm Monday to Thursday**

**8.30am- 4.30pm Friday**

**Emergency out of hours: 0345 604 2886**

**Fax: (01785) 854223**

**Email: [firstr@staffordshire.gov.uk](mailto:firstr@staffordshire.gov.uk)**

**Stoke-on-Trent Safeguarding Referral Team (SRT):**

**01782 235100**  
**8.30am – 5.00pm Monday to Thursday**  
**8.30am- 4.30pm Friday**

**Stoke-on-Trent Emergency Duty Team (out of hours)**  
**Tel No. 01782 234234**

**Or contact:**

**Police Child Protection Unit - 101 for non-emergency calls**

4. If the concern is long term rather than immediate, for example a child/young person who is often dirty, smelly or who has disruptive behaviour, you should discuss this with the child protection designated lead who will decide whether to make a referral.
5. If you have had to make an emergency referral, tell the child protection designated lead as soon as possible. They should follow up and seek further advice if they think the action that the FRT / SRT takes in your opinion, still leaves the child/young person in danger.
6. \*\* FRT = Staffordshire First Response Team
7. \*\* SRT= Stoke Safeguarding Referral Team

## Code of Conduct for Workers/Volunteers

1. Always remember that while you are caring for other people's children you are in a position of trust and your responsibilities to them and the organisation must be uppermost in your mind at all times.
2. Never use any kind of physical punishment or chastisement such as smacking or hitting.
3. Do not smoke in front of any child or young person.
4. Do not undertake work with children and young people whilst under the influence of any substance which could impair your behaviour as a role model to them, whether legal, prescribed or illegal.
5. Never behave in a way that frightens or demeans any child or young person.
6. Do not use any racist, sexist, discriminatory or offensive language.
7. Generally you should not give children/young people presents or personal items. Exceptions to this would be:
  - a. An agreed custom such as buying children/young people a small birthday token
  - b. Providing additional help to a family in need such as equipment to enable them to participate in an activity.

Both types of gift should be declared to the named person for child protection and the child or young person's parent, and only given if agreed as acceptable by all parties

Similarly do not accept gifts yourself other than small tokens for appropriate celebrations, which you should mention to the activity leader/safeguarding lead.

8. You should not invite a child or young person to your home or arrange to see them outside the set activity times.
9. You should not engage in any sexual activity (this would include using sexualised language) with a child/young person you meet through your duties or start a personal relationship with them, this would be an abuse of trust.
10. Exercise caution about being alone with a child or young person. In situations where this may be needed (for example where a child/young person wants to speak in private) think about ways of making this seem less secret for example by telling another worker or volunteer what you are doing and where you are, leaving a door ajar, being in earshot of others and lastly note the conversation in the log.

11. Physical contact should be open and initiated by the child/young person's needs, e.g. for a hug when upset or help with toileting. Always prompt children/young people to carry out personal care themselves and if they cannot manage to do this always ask if they would like help.
12. Do talk explicitly to children and young people about their right to be kept safe from harm.
13. Do listen to children and young people and take every opportunity to raise their self-esteem.
14. Do work as a team with your co-workers/volunteers. Agree with them what behaviour you expect from children and young people and be consistent in enforcing it.
15. If you have to speak to a child/young person about their behaviour remember you are challenging 'what they did' not 'who they are'.
16. Do make sure you have read the Child Protection Policy and any related procedures and that you feel confident you know how to recognise when a child/young person may be suffering harm, how to handle any disclosure and how to report any concerns.
17. Do seek advice and support from your colleagues, activity leaders or supervisors and your designated person for child protection.
18. Do seek opportunities for training such as that available through the SSCB at:  
[www.staffsscb.org.uk](http://www.staffsscb.org.uk) / or the Stoke-on-Trent SCB at:  
[www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk)
19. Any concerns about a member of staff / volunteer should be reported to the Local Authority Designated Officer (LADO); for further advice and consideration contact the FRT / SRT.
20. Do not give your personal contact details / personal website details to children or young people.
21. Do not use internet or web-based communication channels to send exclusive personal messages to/ befriend children / young people.
22. Do not use mobile telephones or any other devices to take images of children and young people. You should always follow your organisations policy and procedures in relation to the taking or recording of images and informed written consent from parents / carers (and the child / young person) should always be sought. For further advice and guidance on the use of social networking sites/ mobile phones/ computers/ cameras, please visit [www.ceop.police.uk](http://www.ceop.police.uk)
23. Remember to enjoy yourself!

## Appendix D

### Information for Parents

We want **BURTON HOPE** to be a safe place for children and young people. We have a Child Protection policy and procedure. You can ask for a full copy of this. Below is a brief summary of the key points.

We aim to keep children and young people safe by:

- Having a designated person for child protection who is John Anderson Tel 07831637678.
- Please contact them if you have any concerns about any child, young person or the behaviour of anyone accessing our group's sessions.
- Ensuring all Volunteers with **BURTON HOPE** are properly checked and vetted.
- Making proper arrangements for all activities.
- Having a code of conduct for volunteers and making sure that all volunteers know what to do if they have concerns about a child or young person.
- Having a code of conduct/ ground rules for everyone using the organisation enabling safety for all.
- Following Local Child Protection Procedures by reporting any serious concerns to the Staffordshire First Response Team (FRT) / Stoke-on-Trent Safeguarding Referral Team (SRT) or the Police as appropriate.

We would ask you to support us in keeping children and young people safe by:

- Following the code of conduct and treating people with respect
- Supervising your child (where appropriate) unless they are in an organised activity, in which case we would ask you to provide basic details about your child and make sure that we can contact you if there is an emergency.
- Talking to the designated person for child protection if you have concerns about any child or young person or the behaviour of any adult.

## Appendix E

### Complaints Procedure Notes

It can be hard for people to make a complaint, particularly in small, local organisations, and particularly hard to complain about people in positions of authority such as leaders of community projects, voluntary / third sector agencies and faith groups, etc. Generally it is much easier to just walk away. It's helpful to know if there is a problem within your organisation and one way to find out is through promoting a complaints procedure that people can trust will be taken seriously.

If children or young people stop coming to an activity are you able to discover a reason why? **Whoever is responsible for the complaints procedure needs to know when to refer a relevant complaint to the statutory authorities for investigation rather than dealing with it internally.** For example, any reports or suspicions that a volunteer or other member of staff may have abused a child/young person **must** be referred to the First Response Team / Stoke on Trent Safeguarding Referral Team and the Police. A complaint that one child/young person may have abused another also **needs** to be referred to Children's Social Care Services and the Police for a full investigation.

Many organisations may be members of umbrella organisations like SCVYS who can provide support in investigating complaints and follow up complaints against Leaders or Managers.

Any complaints procedure needs to include: -

- A named person to take responsibility for complaints.
- Information on whom to contact if the complaint is against the manager/person responsible for complaints
- How the complaints procedure will be publicised, and that complaints will be taken seriously and whom to contact to make one.
- Arrangements for complaints to be investigated.
- Arrangements for people who have made a complaint to be informed of the outcome and what to do if they are dissatisfied with it.

#### Outline Procedure

1. The person responsible for complaints is John Anderson
2. In the event of the complaint being against that individual, then complaints should be made to **Louise Kerr-Franks. Secretary.**
3. If the complaint leads to any suspicion that a criminal offence may have been committed against a child or young person, for example a breach of safeguarding, the complaint **must** be referred to the First Response Team and the Police.

4. Similarly a complaint that leads to a suspicion of abuse of a child or young person that does not seem to be a criminal offence **must** be referred to the First Response Team; they will refer to the police if needed.
5. Other matters may need to be referred to the local police station, e.g. theft.
6. Once the complaint has been investigated the complaints office will meet with the complainant to tell them the outcome of the complaint and what action if any is open to them if they do not agree with the outcome.

## Appendix F

### Checklist

As good practice you may wish to refer to the checklist below to enable you to identify gaps in your safeguarding policies and procedures. You may have other essential safeguards specific to your group or activity, such as supporting young people with additional needs. You can add them in the space below.

Does your group have?	Yes	No	Action needed & when?	Action completed and how?
A child protection policy and a procedure for what to do if there are concerns about a child's welfare. How often are these updated?				
A named person, for dealing with concerns or allegations relating to abuse and step-by-step guidance on what action to take, who is at least Level 1 and preferably Level 2 child protection trained.				
A rigorous recruitment and selection process for paid staff and volunteers who work with children and young people. (i.e. DBS check, References, Interview, etc.)				
A written Code of Behaviour which outlines good practice when working with children and young people.				
A regular check ensuring staff/volunteers are given access to up to date safeguarding training?				
A 'Whistle-Blowing' policy. This is an open and well-publicised way for adults, children and young people to voice any concerns about abusive or unethical behaviour.				
Information for children, young people and parents/carers about the child protection policy and where to go for help.				
A protective culture that puts children and young people's interests first – they must feel confident that if they have concerns someone will listen and take them seriously				
Guidance on taking children and young people away on trips and on internet use: new technology safety, guidance-on photographs, video, digital equipment and web sites, including chat rooms and social networking sites.				

<b>Does your group have?</b>	<b>Yes</b>	<b>No</b>	<b>Action needed &amp; when?</b>	<b>Action completed and how?</b>
Policies on bullying. You will need processes for dealing with complaints and for taking disciplinary action here necessary.				
Do you complete up to date written risk assessments that take account of specific activities/ events/ outings/ equipment involving children/ young people/ care needs.				
Are there clear guidelines on consent – e.g. parental consent for activities and when completing an Early Help Assessment?				
Is the information clear on who has parental responsibility/ legal contact and does this impact on the child/ young person?				
Are there systems in place that collect detailed information about each child/ young person's medical/ dietary needs, allergies/ specific developmental needs				
Is there an up to date first aid box and staff/ volunteers who are first aid trained.				
Is there a reporting procedure for accidents relating to children/ young people and a procedure for those arriving with existing injuries- recording system?				
Do you hold adequate insurance for all the groups/ organisations requirements and is this clearly displayed				
Are you compliant with regulations covering fire precautions, food hygiene, health and safety, use of hazardous substances, reporting injuries and/or diseases, staffing ratio's etc.				

**Appendix G**  
**Managing Allegations against Staff and Volunteers**

## Appendix H

### Whistle blowing

Whistle blowing is the reporting of certain types of wrongdoing, the organisation assumes that there is the greatest scope for whistle blowing within the safeguarding of children and vulnerable adults, however, it can be in relation to the following

- a criminal offence
- someone’s health and safety is in danger
- risk or actual damage to the environment
- a miscarriage of justice
- the organization is breaking the law
- you believe someone is covering up wrongdoing

The wrongdoing you disclose must be in the public interest.

As a whistleblower you’re protected by law - you shouldn’t be treated unfairly in any way because you ‘blow the whistle’.

You can raise your concern at any time about an incident that happened in the past, is happening now or you believe will happen in the near future.

If you raise a concern about a wrongdoing you should do so with the Designated Child Protection Person , **John Anderson** In the event of the complaint being about that individual, then complaints should be made to **Louise Kerr-Franks Secretary**

Urgent concerns should be reported to the Police of First Response Team (FRT) or Stoke on Trent’s Safeguarding Referral Team.

Adopted by Burton Hope on.....October 2019

Chairperson.....

Trustees/Committee Members

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Review on ...Oct 2020..... and every 3 years or if Legislation changes.

Version 1