

Child Protection & Safeguarding Policy

DIANE MODAHL SPORTS FOUNDATION

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Child Protection Policy Statement

The **Diane Modahl Sports Foundation (DMSF)** recognises the unique status of children and its responsibility to protect them at all times. DMSF is required to foster relationships of the highest integrity, truthfulness and trustworthiness. Those in DMSF who have positions of authority over children must use their responsibility with sensitivity and integrity. DMSF acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse. DMSF is committed to maintaining the highest standards of safeguarding and the promotion of strong and clear safeguarding messages and information across all platforms.

DMSF affirms that children have the right:

- to grow up in a safe, secure, stable and caring environment.
- to be protected from all forms of harm, including neglect, abuse and exploitation.
- to be listened to and heard.
- to grow up having their cultural and racial background and experience valued and respected.
- to be considered as individuals with particular needs.
- to be given opportunities to reach their full potential.

DMSF affirms that adults have the responsibility:

- to ensure that children are protected at all times.
- to provide a safe, secure and caring environment.
- to provide support, encouragement and stimulation to enable each child to reach his or her full potential.

DMSF affirms and accepts the principle and intention of the Children Act 1989 that the welfare of the child is paramount at all times.

DMSF will:

- ensure that all staff and volunteers working with children are carefully selected and supervised.
- require those working with children to adhere to safe working practices.
- give due regard to health and safety issues.
- report any allegations of abuse against children, whether or not involving directors, staff or volunteers, immediately to the appropriate Authorities.
- provide appropriate training for the directors, staff and volunteers regarding safeguarding and child protection.
- require organisations who use DMSF premises or partners' in delivering joint services to agree to these practices.

In implementing this child protection policy **DMSF** will:

- ensure that all staff and volunteers working with children are carefully selected and supervised.
- ensure that all workers understand their legal and moral responsibility to protect children and young people from harm, abuse and exploitation
- require those working with children to adhere to safe working practices and the standards detailed in **DMSF's** Child Protection Procedures
- give due regard to health and safety issues.
- ensure that all workers understand their duty to report concerns that arise about a child or young person, or a worker's conduct towards a child / young person to the **DMSF** named person for child protection.
- ensure that the named person understands his / her responsibility to refer child protection concerns to the statutory child protection agencies (i.e Police and / or Social Work)
- provide appropriate training for the directors, staff and volunteers.
- require organisations who use **DMSF** premises or partners in delivering joint services to agree to these practices.
- allow parents and carers access to guidelines and procedures on request.
- endeavour to keep up to date with national developments relating to the welfare and protection of children and young people.

1. Introduction

These procedures have been designed to ensure the welfare and protection of any child and/or young person who accesses the services provided by DMSF. **DMSF** is committed to the belief that protecting children and young people is everybody's responsibility and therefore the aim here is to provide guidelines that will enable all workers and volunteers to act appropriately to any concerns that arise in respect of a child/young person.

DMSF has an Equal Opportunity Policy which includes a section on Equality and Diversity and complies with The Equality Act 2010 and the Rehabilitation of Offenders Act 1974. We will review each application for employment or voluntary placement with reference to these policies and take into account the level of contact and supervision each post requires.

2. Who The Policy Applies To

The policy applies to the whole organisation, including the trustees, CEO, coaching staff; sessional and contracted, non-coaching staff, apprentices and volunteers.

Young people and parents/carers are also made aware of the arrangements set out in the policy, which is available on the **Diane Modahl Sports Foundation** website.

3. Principles and Values

We believe that the welfare of all pupils is paramount, and we endeavour to provide a safe and welcoming environment where children are respected and valued, and where their health and well-being is secured.

We believe that safeguarding and promoting the welfare of children is everyone's responsibility.

Wherever possible we seek to identify needs early, and work with parents and carers to prevent escalation of need into crises.

We believe in treating all pupils equally, and that they have the right to protection from abuse without exception, regardless of gender, ethnicity, disability, sexuality or beliefs.

We believe in a child-centred and coordinated approach, working together with other agencies to ensure pupils receive the best level of service to protect their safety and well-being. We support parents and carers as much as possible without compromising the safety and well-being of the child.

We believe in doing our best to provide the right help for pupils and families at an early stage to prevent the risk of harm to pupils in the future.

The voice of the child is vital and must be sought when considering their needs.

We believe in British values and applying those, alongside our DMSF values to all sessions where we engage with young people. We ensure all our young people, parents, governors and staff are aware of them and apply them to their lives to, in the context of working with children.

4. Legislation

The Children Act (2004) places duty on organisations to safeguard and promote well-being of children and young people. This includes the need to ensure that all adults who work with or on behalf of children and young people in these organisations are competent, confident and safe to do so. This policy sets out how the **Diane Modahl Sports Foundation** will fulfil this function and regard to the following safeguarding legislation and statutory guidance:

- The Children Act 1989 and 2004
- The Education Act 2002 and 2011
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Counter Terrorism and Security Act 2015
- Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015)
- Keeping Children Safe in Education (2018)
- Working Together to Safeguard Children (2018)
- Childcare Act (2018)

5. Definitions

Safeguarding is the action that is taken to promote the welfare of children and young people and protect them from harm. Protecting children from abuse and maltreatment; preventing harm to children's health or development; ensuring children grow up with the provision of safe and effective care.

Child protection refers to the processes undertaken to protect children who have been identified as suffering, or at risk of suffering significant harm.

Staff refers to all those working for or on behalf of the foundation, full time or part time, in either a paid or voluntary capacity.

Child or Young Person refers to all young people who are engaged with the foundation below the age of 25.

Parent/Carer refers to birth parents or other adults who are in a parenting role or role of guardianship for a young person.

Foundation/Organisation refers to **DMSF**.

6. Roles and Responsibilities

i. Designated Safeguarding Lead

The Designated Safeguarding Lead takes lead responsibility for safeguarding and child protection and works with the local authority and other agencies in line with Working Together to Safeguard Children 2018. The DSL and deputies receive updated training every two years and attend local authority briefings and conferences whenever possible.

DMSF has an appointed individual who is responsible for dealing with any child protection concerns. The named persons for Child Protection within **DMSF** are:

Designated Safeguarding Lead: **Diane Modahl**

Work telephone number: **07375 490085**

Email: **Diane@dmsf.co.uk**

Emergency contact no: **07545843969**

In the event that the named person is unavailable, the details for the second named person within **DMSF** are:

Designated Safeguarding Deputy: **Rebekah Wilson**

Work telephone number: **07534 404881**

Email: **rebekah@dmsf.co.uk**

Emergency contact no: **07875877618**

ii. Trustees

The board of trustees should familiarise themselves with the policy and procedures surrounding the safeguarding of young people that engage with the foundation.

The board should ensure there is a named DSL for child protection who is a senior member of staff who has undertaken training in inter-agency working, in addition to child protection training appropriate for DSLs.

The board should ensure that the safeguarding policy and procedures are reviewed annually, the chair and CEO should ensure that a board level safeguarding workshop is made available to all trustees outlining current protocol and providing updates.

The board should ensure that there are procedures for dealing with allegations of abuse against members of staff including allegations made against those operating at a strategic level. Ensuring that procedures for handling allegations against staff and volunteers are in place.

Trustees should ensure that all staff within the foundation are provided with appropriate annual safeguarding training.

Lead Trustee for Safeguarding

The board have nominated and agreed on a designated board member to lead on all matters arising in relation to safeguarding. They will liaise with the DSL and deputy on all matters relating to Safeguarding young people, children and DMSF staff.

Trustee Lead: Steven Worthington

Email: sworthington@deantrustardwick.co.uk

Number:

iii. Volunteers

Volunteers, particularly those under the ages of 18, should never work unsupervised and should be given clear guidance and support. Appropriate application procedures should be followed as outlined in the Safeguarding policy.

Casual adult visitors to project sessions etc... including parents/guardians/older siblings i.e. those who have not been authorised as staff or volunteers, should not have access to young people without the presence of a worker who is deemed to be responsible for the work.

iv. **Staff**

Staff should ensure that:

- They fulfil their responsibility to ensure the safety of young people and promote their welfare and provide a safe environment in which young people can engage with DMSF programmes.
- They are aware of the role they play in identifying concerns early, sharing information and taking prompt action to avoid escalation of concerns.
- They support social workers and other agencies following a referral.
- They attend regular training and read the policy and other updates, such as e-bulletins when they are issued, making themselves fully familiar with all arrangements and knowledge of safeguarding issues.
- They follow the DMSF procedures for raising concerns.
- They retain an appropriate level of confidentiality with regard to any CP or safeguarding matters, whilst liaising with the DSL.
- They never promise a young person that they will not tell anyone about any concern disclosed to them.
- They conduct themselves in a professional and appropriate way, adhering to the expectations set out in the staff Code of Conduct and within this policy.

7. Types of Abuse

An abused child is a boy or girl under the age of 18 who suffers or who has suffered neglect, physical, emotional or sexual abuse caused by another. An abuser is someone who causes the abuse or in the case of adults having custody, charge or care of the child knowingly fails to prevent it. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

The categories of abuse are defined as;

- **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 feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as, 'factitious illness by proxy' or 'Munchausen syndrome by proxy'.
- **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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- **Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Sexual abuse does not, therefore, necessarily involve the child being touched.

- **Emotional abuse** is the persistent emotional ill treatment 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 feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. It may also involve persistent scapegoating, criticism, bullying, harassment, belittling, overprotection, ignoring or showing exaggerated favouritism. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone. Children who witness domestic violence are also victims of emotional abuse.
- **Bullying** is a highly distressing and damaging form of abuse and must not be tolerated. Through this policy we wish to promote mutual respect and cooperation between staff, young learners, parents and other professionals e.g. teachers. Certain behaviours are thus deemed to be unacceptable and include:
 - Sarcasm
 - Put downs
 - Demeaning language and gestures
 - Any physical or verbal assault
 (A child may suffer more than one category of abuse).
- **Organised Abuse** or multiple abuse may be defined as abuse involving one or more abusers and a number of related or non-related abused children and young people. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse. Organised or multiple abuse may be defined as abuse involving one or more abuser and a number of related or non-related abused children and young people. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse. Organised and

multiple abuse occur both as part of a network of abuse across a family or community, and within institutions such as residential homes or schools.

PLEASE NOTE: A child may suffer more than one category of abuse.

i. Key Indicators

Physical Abuse

- Bruising in unusual hard to bruise areas
- Unexplained injuries or injury inconsistent with explanation
- Withdrawn behaviour
- Lack of emotion in response to pain
- Nervous or aggressive behaviour
- Fear of parents or care giver.

Emotional Abuse

- Withdrawn
- Low self esteem
- Behavioural problems
- Overly eager to please
- Isolated
- Confused
- Bullies or is being bullied.

Sexual Abuse

- Physical signs – genital bruising, infections
- Sexualized behaviour
- Withdrawn
- Aggressive
- Sexual knowledge beyond developmental age
- Child's conversation

Neglect

- General appearance
- Hunger
- Developmental delay
- Non-attendance at school, for appointments
- Inappropriate clothing for weather
- Lack of supervision
- Untreated illness or injury

Sexual Exploitation

- Missing / truanting
- Drug / alcohol abuse
- Links to older men
- Secretiveness
- Hostility or defensiveness
- Health problems
- Self-harm
- Depression
- Unexplained gifts and money
- Violent behaviour
- Loss of confidence or self esteem
- Chaotic lifestyle
- Inappropriate sexual relationships

8. Minimising Risk / Preventing Abuse

i. Safer Recruitment

DMSF recruitment and selection policies and processes adhere to the DfE guidance set out in 'Keeping Children Safe in Education: Recruitment in Education' (9 Sept 2018). Full details of this can be found within the Safer Recruitment Policy.

Recruitment Process

Candidates will be short listed against the person specification for the post.

Two references will be requested, one of which must be from the applicant's current/most recent employer, where practicable references will be taken up before the selection stage so that any discrepancies may be probed during this stage of the procedure.

References will be sought directly from the referee, and where necessary, will be contacted to clarify any anomalies or discrepancies. Detailed written records will be kept of such exchanges.

Where necessary, previous employers who have not been named as referees may be contacted in order to clarify any such anomalies or discrepancies. Detailed written records will be kept of such exchanges.

Referees will be asked specific questions about the following:

- The candidate's suitability to work with children and young people
- Any disciplinary warnings, including time-expired warnings, relating to the safeguarding of children and young people
- The candidate's suitability for the post

Reference requests will include the following:

- Applicants current post and salary
- Sickness record
- Attendance

- Disciplinary record

All new appointments are subject to satisfactory references and vetting procedures, DBS clearance and approval by partners as appropriate.

DMSF will ensure that all staff members, whether paid or unpaid, undertake training to gain a basic awareness of the signs and symptoms of child abuse. Concerns about a child may come to light in many different ways, for example:

- a child or young person alleges that abuse has taken place or that they feel unsafe;
- a third party or anonymous allegation is received;
- a child or young person's appearance, behaviour, language, demeanour or statements cause suspicion of abuse and/or neglect;
- a child or young person reports an incident(s) of alleged abuse which occurred some time ago;
- a report is made regarding the serious misconduct of a worker towards a child or young person.

DMSF makes clear to all staff/volunteers that child abuse is not always clear cut. Sharing of concerns and information with the appropriate agencies is extremely important. All are made aware that any information may be a vital piece of the jigsaw.

Preventing abuse is a key element of the child protection and safeguarding responsibilities of **DMSF**. Our staff training aims to ensure that all staff are fully alert to any kind of abuse, know what to look for and listen out for.

The foundation will engage with parents if we have a concern, and through providing them with support and guidance regarding safeguarding issues including online safety. We will ensure that young people are aware of the range of support and advice channels they can access at school, in the community and at home.

The foundation works together with agencies and organisations that can provide specialist advice, support and training (including Children’s Services and GMP). This includes signposting where appropriate materials on further support and advice about specific safeguarding issues can be accessed, providing relevant links and information (NSPCC Helpline, Child Line and appropriate local and national support groups).

The foundation will act promptly and in line with the policies of supporting agencies and partners and notify the police if pupils bring weapons to sessions or have been involved in any capacity with gang crime. Similarly, if the foundation suspects young persons are involved with, or at risk of criminal exploitation through ‘County Lines’ drug supply, violence and exploitation we will act promptly.

The foundation will support staff who express concerns about the welfare and safeguarding of young people, following appropriate procedure.

ii. **Those at Risk**

DMSF are aware that certain groups of children and young people may be more at risk of abuse. Similarly, staff are made aware that this abuse may be in different forms.

a. **Extremism and Radicalisation**

Extremism is defined in the updated 2015 Prevent strategy as ‘*vocal or active opposition to fundamental British Values*, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.*’ We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

***British Values** are democracy, the rules of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Recognising Radicalism and Extremism

Early indicators or radicalisation or extremism may include:

- Showing sympathy for extremist causes
- Glorifying violence, especially to other faiths or cultures
- Making remarks or comments about being at extremist events or rallies
- Evidence of possessing illegal or extremist literature
- Advocating messages similar to illegal organisations or other extremist groups
- Out of character changes in dress, behaviour and peer relationships (there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent)
- Secretive behaviour
- Online searches or sharing extremist messages or social profiles
- Intolerance of difference, including faith, culture, gender, race or sexuality
- Graffiti, art work or writing that displays extremist themes
- Attempts to impose extremist views or practices on others
- Verbalising anti-Western or anti-British views
- Advocating violence towards others

DMSF will complete risk assessments which include vulnerability factors associated with extremism and radicalisation, external speakers, attendance at external events and access to social media.

If there is a concern that a child may be at risk

In Manchester we use the mainstream safeguarding route to refer any concerns that a young person is at risk (DSL contacts Manchester City Council Contact Centre) Referrals may lead to contact with Channel for further support.

b. Gangs and youth violence

Preventing violence in young people can require a mix of universal, targeted or specialist interventions. **DMSF** is aware that many of the young people that engage with the foundation live within communities that are subject to gang and youth violence, including knife crime. We consider young people to be at risk of being involved in this culture,

whether by association or as victims, whether at the present time or in the future. **DMSF** continues to promote strong lines of communication with partner agencies and schools in order to work collaboratively to tackle these concerns.

There are many reasons why young people feel the pressure to join gangs. They might be bored and looking for excitement or feel attracted to the status and power it can give them. They might join due to peer pressure, money or family problems. Gang membership can also make a child feel protected and that they belong.

Children and young people involved with, or on the edges of, gangs might be victims of violence or they might be pressured into doing things like stealing or carrying drugs or weapons. They might be abused, exploited or put into dangerous situations.

For many young people, being part of a gang makes them feel part of a family so they might not want to leave. Even if they do, leaving or attempting to leave can put them and/or loved ones in danger.

c. Criminal Exploitation of Children and Vulnerable Adults (Home Office, County Lines – July 2017)

County lines is the police term for urban gangs supplying drugs to suburban areas, market and coastal towns using dedicated mobile phones and ‘deal lines’. It involved child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money. Social media is a significant form of initial contact with children.

Signs of a young person who may be at risk of CCE

- Persistent absence and parental worry
- Unexplained acquisition of money, phones and clothes
- Excessive receipt of texts and calls
- Relationships with controlling individuals/groups
- Leaving homes without explanation
- Carrying weapons
- Gang association or isolation from peers or social network

Where staff members have concerns for a young person with potential gang involvement, this should be reported to the DSL or deputy. In the case of a young person carrying weapons or contraband, supervising staff should ensure their own safety and those of other participants before reporting directly to the DSL and notifying the police.

Where this occurs on a school premises, the **DMSF** staff member should notify the school lead immediately and school protocols should be followed.

ii. **Early Help Hub**

Early Help means supporting children, families and communities to build networks within communities, resulting in individuals, families and the wider community building a 'resilience' that leads to a sense of well-being and greater quality of life.

Identifying needs within families early, and providing preventative support and intervention before problems become complex and entrenched.

Early Help means both early in life, offering support to very young children, and early after the emergence of a particular need. It includes both universal interventions and targeted interventions to prevent needs from escalating.

DMSF are alert to the potential need for early help for vulnerable young people who are:

- Disabled and has specific additional needs
- Has special educational needs
- A young carer
- Showing signs of engaging in anti-social or criminal behaviour
- In a family circumstance, presenting challenges for the young person, such as substance abuse, adult mental health problems and domestic violence
- Has returned home to their family from care
- Showing neglect signs of abuse and/or neglect
- In a secure setting

Where concerns are raised, the DSL or deputy may decide that the **Early Help Hub** would be an appropriate source of help. Consent must be gained by carer or child in order for support

to be given. The Early Help Team may advise the foundation to complete an **Early Help Assessment** to assess the nature of support, or multi-agency support suitable to support the family, carer or child.

The purpose of the EHA will be to assess the most appropriate agencies to provide targeted or specialist early help services and therefore prevent the pupil's needs escalating to a section 47 enquiry. (See ch1 s13-53 'Early Help': Working Together to Safeguard Children 2018).

Early Help Hub contact: 0161 234 1975

iii. How to respond to signs and suspicions

i. **Responding appropriately to suspicions of abuse**

DMSF recognises that it has a duty to act on reports or suspicions of abuse. It also acknowledges that taking action in cases of child abuse is never easy. However, **DMSF** believes that the safety of the young person should override any doubts or hesitations. When worrying changes are observed in a child's or young person's behaviour, physical condition or appearance staff will:

- Initially talk to the child / young person about what you are observing. It is okay to ask questions, for example: "I've noticed that you don't appear yourself today, is everything okay?" Avoid leading questions.
- Listen carefully to what the young person has to say and take it seriously.
- Never investigate or take sole responsibility for a situation where a child / young person makes a disclosure.

ii. **Keeping appropriate records**

Record what was said as soon as possible after any disclosure. The person who receives the allegation or has the concern should complete the pro forma and ensure it is signed and dated.

Confidential records on young people relating to safeguarding incidents will be kept safely with the DSL or password protected electronic file with restricted access.

iii. **Support to families**

Where appropriate, **DMSF** will work with families involved during and after the correct process has been followed. Suitable information will be passed to the family and the young person will remain informed of this correspondence.

DMSF is committed to offering pastoral care, working with statutory agencies as appropriate, and support to those attending **DMSF** who have been affected by abuse.

Where abuse at home is suspected or under investigation, we will continue to work with the young person and parents while investigations continue, with the proviso that their safety of the young person must always be paramount.

iv. Recognising Abuse

All staff, volunteers and those working directly with young people have a responsibility to be aware of possible signs/symptoms of abuse and a duty to report immediately any concerns they may have for any reason with respect to any person.

All staff and volunteers should be alert to any concerns relating to the wellbeing of the young people they are working with, not only signs of abuse or neglect. They should also be vigilant to the channels through which young people could be exposed to risks, such as through social media or the internet.

You may become aware of potential abuse in a number of ways:

- The young person's behaviour and / or appearance give rise to concern
- They have physical or other injury which could possibly have been caused through abuse
- The young person or another person makes an allegation of abuse
- You may directly witness abuse
- Abuse may come up in conversation. In this situation, you must stop the conversation and online the DSL or deputy and let the child know

You must act on any concerns no matter how small, contact the DSL or deputy.

v. Responding to a young person who makes an allegation of abuse

A young person may make an allegation of abuse against a parent, carer, another child, school teacher, mentor, Project Leader, or anyone else. If there is a conflict of interest between the needs of a child, who is suspected of suffering *abuse*, and the needs of an adult, the welfare of the child is paramount.

Those working with children and young people must be aware of the need to avoid promising to keep secrets. One way of overcoming this if a child asks that a secret be kept prior to divulging information is to suggest that there are some things that should not be kept completely secret. It would be disturbing if the child then decided not to talk but it is

important to remember that had the child been about to divulge abuse no help could have been offered if a promise of secrecy had been given.

If the young person is in need of immediate protection or medical assistance, the police (999) should be contacted. Following this, the DSL should be notified along with Social Services.

Sexual abuse in particular is rarely disclosed at the time. Children only talk about the trauma of this after much thought. They also choose the person to talk to very carefully. In a group situation, this will usually be a leader whom they feel they can trust. The following guidelines should be followed:

- Do not agree to keep secrets but do assure the young person that information will only be shared with the appropriate people.
- Listen without interrupting.
- Open questions such as “What happened next?” can be asked but closed questions such as “Was it your dad?” must not be asked.
- Provide appropriate reassurance and comfort.
- Immediately afterwards record the facts and sign and date. This can be on any available scrap of paper as the immediacy of putting the story down transcends finding a pristine piece of paper.
- Do not lose this document as in due course it may need to be handed to Children’s Social Care or the police.

vi. What do to after the conversation

Children who disclose abuse need to know that the information will be passed on to the Named Person and the appropriate statutory agency, either Children’s Social Care or the Police so that it can be properly investigated and the necessary help obtained.

Before making a referral make sure that you have as much information to hand as possible but do not let a lack of detailed information stop you making the referral. Social Care will want to know what your concerns are and as much information about the child as possible. They will need details such as the name of the child, age or date of birth and address. Details about siblings, if available will be helpful, and names of adults in the family home. However, do not let a lack of knowledge about some of these details inhibit your making a referral.

Things to record:

- Exactly what the young person said, using their words
- When he/she disclosed the information and what was happening immediately beforehand (description of the activity)
- Note the time, date and place of the conversation and the name of anyone else present
- If the initial note is handwritten, keep the original copy even if it is then typed up

The DSL will take immediate action if there is a suspicion that a child has been abused or likely to be abused. They will inform the Child Protection Officer at the school where the child attends and/or contact the local Social Services office. The DSL should also contact the Local Authority Designated Officer if allegations are against staff or volunteers. If a referral is made direct to the Children's Social Care this must be followed up within 48 hours.

The DSL can also seek advice and clarity about a situation that is beginning to raise concern through the NSPCC 24hour National Child Protection Helpline on **0808 800 5000**.

Specific advice about issues concerning South Asian children can be sought on the NSPCC National Child Protection Asian Helpline on 0800 096 7719.

Social Care and the Police have the powers to investigate allegations of abuse. It is part of their function to decide when to investigate. It is not the job of **DMSF** or of any individual within **DMSF** to make this decision. Paid workers and volunteers must remember this for the following reasons:

- Inappropriate amateur investigation may well have very adverse effects on any subsequent investigation by the statutory agencies.
- It may put children's lives at risk.

It is essential to remember that after a report is received the agencies will consider how to respond. There will not be any thoughtless or precipitous action.

Contacts with Social Care can remain anonymous or concerns can be discussed with them before giving any names.

vii. Recording and information sharing

In all matters relating to Child Protection the highest degree of confidentiality must be maintained. However, this has to be balanced against the need to protect children from abuse. Information must not be passed on to any other individual or organisation.

The DSL keeps an up to date and accurate record of all concerns raised by staff. These are recorded and stored securely in a confidential manner. Visitors, volunteers and other external individuals who wish to express concerns are to do so in written form to the DSL. These concerns should be dated and shared with the DSL in order for a comprehensive, chronological log to be achieved.

Electronic copies of all documentation are to be kept securely and confidentially and are not accessible by young people, carers or staff. The DSL and deputy are the only staff who have access to this information unless sharing with a third party is relevant.

Any conversations and actions arising from liaison with young people, carers or external agencies is recorded and dated alongside the rationale for any decision making, including where a decision has been made to not share information or to not take further action.

The Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately. All staff know that they have a duty to share any concerns they have about a young person within a safeguarding context, and should report them immediately to the DSL either verbally via phone call initially or via secure email/written document. All staff will receive training on GDPR and will be expected to comply with the new rules and expectations (Information Sharing 2018).

- Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice from DSL or deputy if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on facts of the case.
- When you are sharing, or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

viii. Allegations involving members of staff (paid and voluntary)

If abuse by a member of staff or volunteer is reported to, suspected, alleged or witnessed by any member of **DMSF**, they must report the matter immediately to the DSL. If the DSL is absent or is the subject of the allegation, reports should be made to the deputy.

The DSL or deputy will inform the Social Services team, including the Local Authority Designated Officer, immediately of allegations made against staff. Where the allegation is made out of hours, the report should be made to the emergency duty team or the police. If neither the DSL nor deputy is available and the matter is urgent, the member of staff or volunteer should contact Social Services or the Police directly.

The person to whom the allegation is first made should make a written record of the information (where possible in the young person's/adult's own words).

All allegations against staff will be reported (correctly) to the Manchester City Council Designated Officer (formally LADO – Local Authority Designated Officer). This will be done by the DSL. Where the DSL is directly involved in an allegation, the Deputy and/or Designated Safeguarding Trustee will lead on communication with the MCCDO.

DMSF also has a duty to make a referral to the Disclosure and Barring Service (DBS) if there are concerns that a member of staff or volunteer has

- Harmed or poses a risk of harm to a child or young person
- Has received a caution or conviction for a relevant offence and;
- The DBS may consider it appropriate for the person to be added to a barred list

Where an allegation is made:

Against a volunteer, they may be suspended from any further contact with **DMSF** until such time that the matter has been dealt with and the CEO has reached a final decision.

Against a member of staff, consideration may be given to suspension. This should be considered in any case where:

- There is cause to suspect a young person is at risk of significant harm
- The allegation warrants investigation by the police
- The allegation is so serious that it might be grounds for dismissal

If the allegations were confirmed, it would be deemed gross misconduct. **DMSF** will follow guidance agreed at any safeguarding strategy meetings that are called.

Substantiated allegations

If the allegation is substantiated and the person is dismissed, **DMSF** ceases to use the person's services, or the person resigns or otherwise ceases to provide their services, **DMSF** should agree with Social Services further action to be taken and by whom.

10. Procedures – Guidelines of what to do

All **DMSF** staff will be made aware of signs of abuse and neglect and be able to identify cases of young people who may be in need of help or protection through appropriate training. A detailed procedure flowchart can be found in **Appendices 1 and 2**.

The process for dealing with Child Protection concerns are:

Listen – Allow the young person to disclose and discuss without interruption
As soon as enough information has been collected to make a report, stop.

Record – Write down what was said by the young person and yourself to the best of your Memory. Note anything else about the child who is connected (visible injuries, demeanour of the child – crying, withdrawn)
Keep the record safe and confidential.

Report – To the DSL or deputy immediately or at the earliest convenience.

Advice - If in any doubt, seek advice whilst keeping the young person’s identity and information confidential.

Staff should always act in the interests of the young person when concerned about his/her welfare and raise any concerns with the DSL or deputy without delay. This should be done by verbal communication followed by written documentation.

Visitors/Volunteers should contact the DSL directly with any concerns they may have.

If a young person tells about any risk to their safety or wellbeing, the member of staff must let them know that their information must be passed on. Secrets must not be made or kept.

During the conversation with the young person

DO	DO NOT
<ul style="list-style-type: none">• Allow the young person to speak	<ul style="list-style-type: none">• Ask investigative questions or

<p>freely and take them seriously</p> <ul style="list-style-type: none"> • Remain calm and do not over react (the pupils may stop talking if they feel they are upsetting you) • Give reassurance that what has happened is not their fault. • Give reassuring nods or words of comfort (You are doing the right thing talking about this) • Tell the young person what will happen next. Be honest about your position, who you will have to tell and why. The individual may agree to go with you to the DSL. Otherwise, let them know that someone may contact them soon • Write up the conversation as soon as possible (same day) • Record the questions you have asked • Keep young person fully informed about what you are doing and why. Give them information about confidential sources of help (ChildLine, NSPCC) <p>Concluding the conversation</p> <ul style="list-style-type: none"> • Reassure the young person that they were right to tell you • Let them know what you are going to do next and tell them that you will let them know what is 	<p>interrogate (<i>How many times has it happened? Does this happen to your sibling too? What does your mum think about this?</i>)</p> <ul style="list-style-type: none"> • Cast doubt on what the pupil is saying • Agree to secrets or confidentiality • Automatically offer any physical touch as comfort • Admonish the young person for not disclosing sooner • Push them to tell you more than they wish • Make notes in front of the pupil • Require the pupil to write down their account • Delay informing the DSL or deputy of your concern
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happening at each stage	
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Additional Reporting Procedures

It is the duty of the Designated Safeguarding Lead receiving reports of safeguarding concerns to ensure that the steps and guidance outlined in this policy, local procedures and procedures on record keeping are followed.

The Designated Safeguarding Lead will gather all relevant information or observations in order to create a confidential log. The log should be factual and each entry include times and dates. Written notes should be taken at any meetings held including any action to be taken with responsibilities and timescales defined.

If parents/carers have been involved in meetings, a copy of the notes should be agreed with and shared with them. The exception to this is in cases where there is a concern that the young person may run away or be put in or be in fear of significant danger where it is appropriate that no consultation with the parents or carers takes place.

In general, concerns should be shared with the young person, as appropriate to their ages and understanding and with parents/carers and agreement sought for referral to Social Services unless it is felt that this discussion would place the young person at risk of significant harm.

11. Safer working practices/good practice guidelines

Staff and volunteers need to be aware of the potential risk of their actions and behaviour being misinterpreted by young people and others. To minimise this risk, the following guidelines should be followed at all times.

- Staff should never put themselves in a situation where they are on their own with young people
- Staff should avoid direct physical contact (cuddling, kissing, patting on the knee... etc)
- Staff should avoid any unnecessary form of physical contact with young people
- Staff should, where possible, avoid correspondence with young people on personal phones, emails and social media accounts
- First Aid should normally only be administered by a qualified member of staff with a witness present (where possible)

All staff will be provided with Safer Working Practices training to ensure they are aware of how to protect themselves and young people.

i. Planning and organising work

More than one worker

- There should always be more than one worker for any regular activity with young people aged 16 and under, including group work.

At least one worker must be 18 years old or above

Workers should avoid situations where they are on their own with a young person, out of sight of others. This is important during indoor work, where workers are running activities in different rooms, when moving a group from one room to another and at the beginning and end of the activity.

a. Worker / Young Person ratios

The following guidelines are absolute minimums. When assessing how many workers are needed, workers', young person's and the general public's safety must be taken into consideration first and then the ability to look after property / buildings being used and workers increased appropriately to ensure this.

Recommended numbers of workers to young people according to their age:

- At a facility
 - Ages 9 – 15 years: 2 workers for the first 14 young people followed by 1:10
 - Ages 16+ years: 2 workers for the first 20 young people followed by 1:12
- On trips out
 - Ages 9 – 15 years: 2 workers for the first 14 young people followed by 1:8
 - Ages 16+ years: 2 workers for the first 16 young people followed by 1:12

b. Work Activities

If a young person needs to speak to a worker privately, this request should usually come from the young person and the worker should assess carefully (is it attention-seeking behaviour, or is it because they want to discuss something important, which would be difficult in a busier place?) In the event that a worker considers it appropriate to speak with a young person alone, they should FIRST inform the Programme Lead and make sure a worker 'keeps an eye out' or looks in on them occasionally, to check whether they need any help / support.

1:1 meetings should be conducted in as public a place as possible, preferably in view of another worker or of other adults.

Occasionally, young people or young adults may invite staff to their home staff into their home (e.g when staff drop off trip consent forms, take a young person home). If there are two staff together, and there are other adults in the house, then the staff may accept the invitation. If staff enter a young person's house at the invitation of a young person, they should be sensitive to how other family members might respond to this invitation. They should only enter 'communal' rooms, and should under no circumstances enter a young person's bedroom.

If the young person is alone in the house, staff should decline an invitation into the house, unless, in an extreme circumstance, staff consider it is more dangerous to leave the young person in the house on their own. If the young person is 14 and over and wants to talk, then staff may suggest meeting in a more public venue, suggesting the young person informs their parents as to their whereabouts.

If a young adult/parent invite staff into the house, they should be alert to the possibility that there may be also be children in the house and, if they are on their own, they should ensure they are not left alone in a room with a child.

ii. Administration of Activities, Consent and Medical Information

a. Consent for trips

Young people **aged 15 and under** MUST have a consent form and medical information form signed by a parent or guardian to participate in activities that take place offsite. A young person is NOT permitted to attend trips without this consent.

Young people **aged 16 and over** MUST provide a completed and signed medical information and consent form, signed either by their parent/carer, or by themselves, for trips in the local area.

Young people **aged 17 and under** must have a consent and medical information form signed by parents or guardians for hazardous activities, trips outside of their local area. Good practice would suggest that even when consent is not required, workers make every effort to check that parents/guardians know that their sons/daughters are on a trip with **DMSF**.

b. Consent for activities in a building

Ideally, young people attending building-based activities should have completed consent and medical information forms. However, for advertised activities in a local building, where requesting full consent forms is not appropriate, young people should register their attendance and should provide the following:

- Name
- Date of birth
- Address

- Home phone number
- Name of parent/carer and contact details
- Signature

An attendance register should be completed for all young people in the building, as they enter, for Health and Safety purposes. Staff might also want to consider asking young people to agree to working co-operatively and within building guidelines, through adding an appropriate sentence which young people sign agreement with.

c. Medical Information and First Aid

All young people regularly participating in activities must have completed and signed medical information form before they can attend trips. If 18+, this can be signed by themselves, if under 18, it must be signed by a parent/guardian. These medical forms must be renewed annually. The medical information should include:

- Young person's name
- Parent's/carer's name
- Home address
- Phone number
- Emergency contact name and phone number
- Date of birth
- Specific medical information, including any illness, disability, allergies, information pertinent to operations (HIV status, medication being taken. Etc)

It must include a section giving permission for workers to take appropriate action in the event of a medical emergency. Including authorising emergency surgery/operations in the event of an accident.

Staff **MUST** take medical information forms when going off-site. Young people with infectious illnesses should not attend organised activities.

All medical information shall be kept confidential to **DMSF** staff and medical staff. Volunteer mentors will be informed on a need to know basis.

All staff must be aware of any allergies or serious medical conditions. Spare medication should be kept if appropriate or staff should be clearly aware of how to access spare epi-pen etc. On trips away staff **MUST** carry a spare in date inhaler/epi pen or any other life-saving medication and the child must also carry their own (there must be two sets).

A **first aid kit** should always be available and its location must be well-known. No medication should be administered without prior written parental consent, or if that is not available, verbal consent on the phone. A **first-aider** should be available for each activity.

All lead staff should be first aid trained and this should be renewed annually.

iii. Attendance Registers and Emergency Identification

For all trips out and building based work, workers should keep an attendance register, which must be easily accessible in an emergency. This should identify who is in charge, which workers and young people are on the trip/in the building and any extra personnel (drivers, visitors... etc). For trips, this should be duplicated, along with trip details and should be left with **DMSF** staff/project lead with a member of staff's mobile number, in case of emergency. Workers should carry ID with them at all times.

iv. Critical Incidents and Accidents

All incidents where a young person or worker has sustained injury, trauma or harm during **DMSF** activity, whether accidental or deliberate, must be recorded. A copy of this should remain on site. This should be done in addition to any session recording.

Records must include:

- Who was involved
- Where and when the incident took place
- What led up to the incident
- What happened during and after the incident
- Whether the young person was supervised and by whom

- Whether the child had permission to be doing what they were doing
- The worker responsible for the session
- Interventions made by any workers
- Any first aid given and by whom

All entries must be dated and signed with the full signature of the worker/s who supervised/dealt with the incident, by the staff member in charge and by the person who administered first aid. A copy should be provided to the parent or guardian if requested.

Any critical incidents which a worker considers of note, involving workers and/or children and/or members of the public, must be reported to the Programme Manager and a critical incident report written in full as soon after the incident as possible.

Parents should be made aware of the incident before the young person leaves **DMSF** supervision, and immediately if it is critical.

v. General Health and Safety of Activities

In any setting, staff should familiarise themselves with the venue and equipment in relation to the activity being undertaken and complete a risk assessment (for any new venue, where a risk assessment has already been completed, staff should make themselves familiar). Staff should consider emergency exit strategies and where the nearest exit is in the case of fire or another critical incident.

Staff should always carry their mobile phone with them and have the appropriate phone numbers for emergencies stored on it. Workers should also familiarise themselves with **DMSF's** Health and Safety Policy.

vi. Transport

Please refer to the Transport Policy (Section 12) for guidance on organising transport with young people.

vii. Premises Requirements

When hiring or using premises/equipment (e.g building/residential centre/minibus) for work, workers should check that:

- Premises/equipment is appropriate for work/use for which it is required
- Everything is in working order and that there are no risks, hazards, dangers
- Terms and conditions of use building/equipment and any relevant information have been reviewed
- There is appropriate insurance over
- They know fire drill procedures/exits/location of extinguishers
- Special needs can be catered for if required
- Activities are registered with the appropriate body

A Risk Assessment for the venue should be obtained and a copy made.

viii. Relationships with Young People and Colleagues

Staff should treat all young people with respect and dignity at all times, expecting, hoping for and looking for the best in young people; holding them in unconditional positive regard, even if the workers are not receiving the same treatment in return. Workers convey this through the way they use their bodies, their language and the way they listen to and work with young people.

a. Body Language and Touch

Staff communicate respect of young people firstly through body language. Staff should be aware of the way they use their bodies, the attitudes they convey through their body language and how they locate themselves physically in relation to young people. Staff should aim to communicate their interest in, availability and willingness to listen to young people, without being intrusive or threatening. Whilst with young people, staff should seek to give their undivided attention and interest to young people, reflecting the positive regard in which we hold them.

Staff should never block a young person's exit from a room, or 'corner' a young person in what could be perceived as a threatening or domineering way. A member of staff should not use their size to threaten a young person.

Touch is an important part of human relationships: for example, it can be necessary to stop a young person from hurting themselves or others; it can also be a natural way of responding to someone in distress or in celebration. Staff should be sensitive to what both they and the young person/young people may consider is appropriate physical contact in each situation, both in general terms, and in relation to a specific individual. Staff need to be conscious of situations in which their actions, however well intended, could be harmful or misconstrued by others. Where possible and in an appropriate way, a worker should introduce how they are going to touch with a young person and should seek permission (either verbally or non-verbally) where possible.

If a young person sends out any kind of signal that they are uncomfortable with the contact a staff is engaged with them, it is really important that the worker refrain from contact immediately, however foolish this may make the worker feel/appear, except in the case where a worker is restraining a young person from harming someone else.

Generally, staff should seek to minimise and not prolong any physical contact with young people and they should not encourage young people to engage in prolonged physical contact with them.

Staff should not instigate rough game playing with young people and should seek to limit and extricate themselves from any such games instigated by young people, whilst recognising that this is a natural part of young male identity development in particular.

Staff should NEVER enter into sexually provocative games with young people.

Staff may use no more than reasonable force in order to protect a young person or another member of staff in a critical situation. This should be recorded and given to the Designated Safeguarding Lead as soon as possible.

b. Use of Language

How we speak can be more important than what we say, so in general conversation, staff need to consider the tone of their voice, keeping it calm, not shouting/raising their voice in anger, but keeping it low, speaking slowly and in a controlled manner. Staff should ensure that the language they use is easily understood by the young people they are working with, and they should not use language that is sarcastic, threatening or superior.

Working should not engage in any of the following:

- Invading the privacy of young people through intrusive questioning
- Making sexually suggestive comments about or to a young person, even in fun
- Any scapegoating, ridiculing, sarcasm, or rejecting a young person, or making them look stupid
- Allowing young people to involve us in excessive attention seeking through long conversation

Working should be aware of making personal comments to a young person, either as a joke, or in a way which is intended as supportive, but which the young person might misconstrue, find upsetting or take offence at.

ix. Managing Conflict

Staff should learn to manage difficult situations through negotiation and discussion and without using physical contact, abusive violent language or raised voices. In tense situations, or where a young person is upset or angry, it is important for staff to remain calm, to be a calming influence, and to promote a calming environment. Staff should never respond aggressively to a young person and should 'take time out' if necessary, alerting another worker to their need to do this.

Staff should not let young people involve them in excessive attention seeking that is overtly sexual or physical in nature.

If a disagreement between young people escalates to violent physical contact between the young people, staff must carefully consider the risks to the young people and themselves of any intervention they may make to stop the fight/violence. Staff may use no more than reasonable force in order to protect a young person or another staff member in a critical situation. This should be recorded and a copy given to the Designated Safeguarding Lead or deputy at the earliest opportunity.

x. Good Practice with Colleagues

DMSF staff should treat all colleagues with respect and dignity, reflecting the value and ethos of the foundation. Under no circumstances should they ridicule, argue with or scapegoat colleagues, whether with young people or on their own.

Whenever possible, staff should not undermine or challenge a colleague in front of a young person. Staff should deal with any disagreement about working procedure discreetly, preferably after the session, if it can wait, or discreetly during the session if not.

If a member of staff sees another staff member acting in ways which might be misconstrued, they should be prepared to speak to them or to the Programme Manager about their concerns. Staff should encourage an atmosphere of mutual support and care which allows all staff members to be comfortable enough to discuss and explore each other's' practice, attitudes and behaviour. If the Programme Manager is the cause of concern, and the worker feels unable to speak to them directly about this, then the staff member should speak to the Designated Safeguarding Lead.

Staff need to make an 'on the spot' decision about the work, and they don't want to discuss this in front of the young people, they should briefly excuse themselves and move away from young people, to consult with each other, discuss options and make a decision.

12. Transportation Policy

i. General Information

On any trip activity/residential with young people, staff should always carry the following:

- Identification
- Mobile phone and list of relevant phone numbers
- A list of who is on the trip with emergency contact details
- Consent forms and medical information for every young person and staff member/volunteer mentor attending
- A basic first aid kit and any emergency medication (if appropriate)
- Risk assessment

A completed list of those attending and emergency contact information for each young person should accompany staff attending the trip and with the Programme Manager.

When using transport for any activity involving staff/volunteers and/or young people staff should check that:

- Vehicles have appropriate insurance cover and the tax is in date
- Vehicles are roadworthy and in good working order

The driver of a vehicle for any activity shall be over the age of 21 and have held a licence for 2 or more years and had their licence checked by the Programme Manager. This is excluding the use of the **DMSF** minibus, drivers must be 25 years and above and have no previous convictions on their licence.

Staff must ensure that all young people are wearing seatbelts before travelling and throughout the journey and must always wear seatbelts themselves.

When travelling in convoy, each vehicle should have access to a mobile phone whilst travelling. The accompanying adult should be in charge of communications. Drivers should not use a mobile phone whilst driving.

ii. Transport, Workers and Child Protection

There should always be two workers in a vehicle, (including driver), when transporting young people aged 17 and under. This may mean increasing the numbers of workers involved in an activity if more than one vehicle is needed to transport the young people to an activity.

If the required number of staff are not available to transport all young people to an activity within policy guidelines, then the activity should be postponed or fewer young people should be taken.

In exceptional circumstances, a staff member on their own may:

- Transport two or more young people ages 16 and over, of same gender as the member of staff

- Transport one young person or a group of young people when **not** to transport them would endanger their health and safety. If there is one staff member and one young person in the vehicle, the young person must sit in the back.

In either case, the staff member should first seek permission from his/her line manager before transporting the young people on their own.

Staff should be aware of any emergency situations where to transport a young person could leave them vulnerable to allegations of inappropriate behaviour. In this case, the staff member should call for the help of another worker or call their line manager immediately.

iii. Using Workers' Cars

Staff members' cars should only be used to transport young people for work purposes if this has been agreed by Senior Management and suitable insurance for such use has been taken out.

A staff member/volunteer mentor may only transport young people in their car for work purposes without insurance cover when to not do so would endanger the health and safety of a young person. In this situation permission must be sought from his/her line manager.

iv. Using a Minibus

When using a minibus, the driver must be authorised to drive the vehicle, and meet with the hiring agencies' requirements, including a driving test in necessary. Drivers should also be authorised by **DMSF** and have held a license for 2 or more years. **DMSF** minibus specifications are separate.

It is recommended that one staff member/volunteer sit in the main body of the bus to enable any incidents to be dealt with more effectively and take responsibility for the young people's behaviour, preventing the driver from being distracted.

A **DMSF** risk assessment, specific to minibus travel, should be completed before the journey.

v. Using Public Transport

When using public transport, there should always be an appropriate number of workers to young people to ensure the safety of the young people. Where young people are using public transport to make their way to and from sessions, staff should ensure parents/carers are aware that this is taking place.

vi. Early Return from an Activity

When it is necessary for a young person to return home early from a trip/session, the lead worker should make appropriate provision for the young person's transport home.

Staff/volunteers on a trip should never be diverted from the activity to accompany a young person home, if to do so would leave the team short of workers on the trip. Similarly, diversions should not be taken when returning young people following a trip.

With parental permission, young people may travel home alone on public transport. Staff must ensure the young person is clear on their route and has appropriate money to pay.

When attending a trip, the lead staff member should inform parents/carers of any delays or changes to travel plans at the earliest opportunity in order for them to make arrangements to collect their child or when to expect them to return home.

13. Useful Contacts

Designated Safeguarding Lead

Name: Diane Modahl
Email: diane@dmsf.org.uk
Number: 07375 490085

Deputy Safeguarding Lead

Name: Rebekah Wilson
Email: rebekah@dmsf.org.uk
Number: 07534 404881

Manchester Children's Services

Email: mcsreply@manchester.gov.uk
Number: 0161 225 9293
Emergency Social Services: 0161 234 5001

Early Help Hub

Number: 0161 234 1975

NSPCC

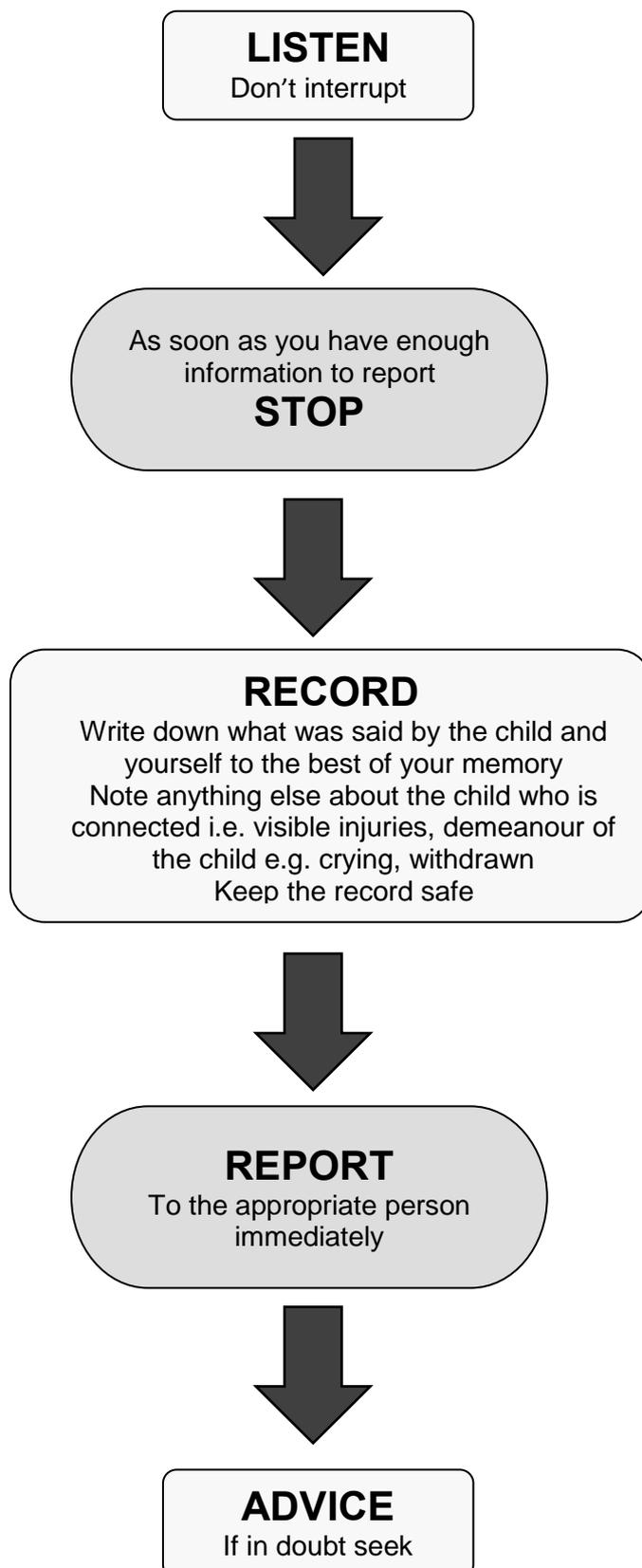
Email: help@nspcc.org.uk
Number: 0808 800 5000

Police / Emergency Services

Number: 999

14. Appendices

1. DISCLOSURE PROCESS FLOW CHART



2. ACTION FLOW CHART

