



Child Protection Policy

Adopted by Selig in June 2022

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1 Introduction

Selig Suffolk Hope into Action (HIA) is primarily a project for homeless adults/over 18s. However, we do on occasion house children with their parents. We will only house children where the accommodation is deemed suitable for them.

2 Summary

This policy seeks to instruct HIA staff and volunteers about how to recognise signs of child abuse and to know the appropriate actions to take in such circumstances. It also advises staff how to keep themselves safe from false allegations and gives general instructions about keeping children safe in HIA accommodation.

3 Policy objectives

HIA takes its responsibility to protect and safeguard the welfare of children entrusted to its care seriously and it is committed to:

- Exercising care when appointing staff and volunteers and to checking their suitability for the work.
- Ensuring that everyone working with children has undergone a Disclosure and Barring Service (DBS) check at enhanced level.
- Providing support, training and supervision for those people who work with children.
- Treating all children with dignity and respect.
- Building a culture of safety in which children are protected from abuse and harm.
- Providing an environment where children feel safe and can voice their worries if they feel uncomfortable.
- Having a system for dealing with concerns about possible abuse.
- Supporting victims of abuse.
- Establishing and maintaining good links with the statutory childcare authorities.
- Reviewing its Child Protection Policy at least every two years.

HIA would like the onus and responsibility for child protection to ultimately be on the tenant ('tenants' are the occupiers including 'licensees' where applicable), parent and/or legal guardian of the child. HIA accepts keeping the child safe is of utmost importance.

4 Procedures

HIA recognises that many children can be victims of neglect and/or physical, sexual, or emotional abuse. This Child Protection Policy has been written to help all HIA's employees, and volunteers safeguard children in its accommodation and to promote their welfare. Accordingly, HIA has adopted this document, (hereafter called 'the policy'). The policy sets out the procedures to be used when relating to the following areas:

1. Responding to allegations of abuse, including any against HIA employees or volunteers
2. Supporting victims of abuse
3. Appointing staff
4. Safe practice issues and safety guidance

4.1 Responding to allegations of abuse

4.1.1 Definitions of abuse

Abuse & neglect are forms of maltreatment. A person may abuse or neglect a child by:

- *inflicting harm or*
- *failing to act to prevent harm*

Children may be abused in a family, an institution, the community, by someone who is familiar to them or a stranger. It is important to recognise that four different kinds of child abuse have been identified: physical, emotional, sexual abuse and neglect. (See Working Together to Safeguard Children, 2018) A child may suffer more than one category of abuse at any one time. Fuller definitions of the types of child abuse are laid out in Appendix 5.4 of this policy.

4.1.2 Possible indicators of abuse

Certain signs may be indicators of abuse, and these are detailed in Appendix 5.5 of this policy. However, there may be other explanations, so it is important not to jump to conclusions but rather to seek advice.

We have a Safeguarding Lead to deal with child protection issues and any concerns about a child should be discussed with them first.

If concerns in any way involve the Safeguarding Lead, then the report should be made to the Customer First.

CONTACTS

If a child is in immediate danger call 999

If there is no immediate danger contact our Safeguarding Lead – Julia Hancock - 07900 073 721 (office hours)

If you cannot get hold of our Safeguarding Lead call Customer First on 0808 800 405 – they are open 24 hours a day, 7 days a week. They will liaise with the Multi Agency Safeguarding Hub (MASH) as needed – also contact your Line Manager or the safeguarding team at HIA UK

4.1.3 If you suspect abuse may have occurred

It is, of course, the right of any individual as a citizen to make direct referrals to the child protection agencies, although we hope that members of HIA Suffolk will use the procedure laid out in this policy.

4.1.4 Allegations of physical abuse or symptoms of neglect

If a child has a physical injury or symptoms of neglect, the Safeguarding Lead will:

- Take advice from medical services (NHS 111 for example) as to whether emergency medical attention is necessary; if so, it will be sought immediately. The Safeguarding Lead will inform the attending doctor of any suspicions of abuse.
- Contact Customer First for advice in cases of deliberate injury or were concerned about the child's safety. **The parents will not be informed by HIA in these circumstances.**
- In other circumstances, the Safeguarding Lead will speak with the parent/carer and suggest that medical help/attention is sought for the child. The doctor will then initiate further action, if necessary.
- If appropriate, the parent/carer will be encouraged to seek help from Customer First.
- Where the parent/carer is unwilling to seek help, if appropriate, the Safeguarding Lead or person(s) who know the individual best from HIA or the partner church, may offer to go with them. If they still fail to act, the Safeguarding Lead should, in cases of real concern, contact Customer First for advice.
- Where the Safeguarding Lead is unsure whether to refer a case to Customer First, advice will be sought and followed, without sharing information.

4.1.5 Allegations of sexual abuse

In the event of allegations or suspicions of sexual abuse, the Safeguarding Lead will:

- Contact 999 or Customer First directly. The Safeguarding Lead will **NOT** speak to the parent / carer (or anyone else).
- If, for any reason, the Safeguarding lead is unsure whether to follow the above, then advice will be sought and followed.
- **Under no circumstances will the Safeguarding Lead (or any other person suspecting abuse) attempt to carry out any investigation into the allegation or suspicions of sexual abuse.** The role of the Safeguarding Lead or the person who becomes aware of the allegation is to collect and clarify the precise details of the allegation or suspicion and to provide this information to Customer First, whose task it is to investigate the matter.
- Whilst allegations or suspicions of sexual abuse will normally be reported to the Safeguarding Lead, the absence of the Safeguarding Lead or Deputy should not delay referral to Customer First.
- Exceptionally, should there be any disagreement between the person in receipt of the allegation or suspicion and the Safeguarding Lead as to the appropriateness of a referral to Customer First, that person retains a responsibility as a member of

the public to report serious matters to Customer First and should do so without hesitation.

- HIA will support the Safeguarding Lead in their role and accept that any information they may have in their possession will be shared only in a strictly limited way and on a 'need to know' basis.

4.1.6 If a child wants to talk to you about abuse

It is possible that a child may want to talk to you if they feel worried, unsafe, or uncomfortable about how another person has treated them. It is important that you respond in such a way as to make them feel you are taking their concerns seriously and you should read and follow the guidelines laid out in Appendix 5.8 of this policy.

4.1.7 What to do once a child has talked to you about abuse

- Make notes as soon as possible (preferably within an hour of being told).
 - Write down exactly what the child said and what you said in reply. The safeguarding template (Appendix 11) or Incident template (Appendix 12) should be completed, depending on whether you believe this is a one off 'incident' or an ongoing safeguarding concern
 - Describe how the child seemed at the time of talking to you (e.g., agitated, scared, calm, matter of fact)
 - Make a note of what was happening immediately beforehand (e.g., description of activity)
 - Record dates and times the events took place (if the child can say)
 - Sign and date your notes
 - Keep your line manager informed of happenings and your response
 - Email your report to Safeguarding lead
 - Keep all hand-written notes securely, even if they are subsequently typed up. It is recommended that confidential safeguarding information and reports are not stored in tenant folders, but elsewhere, in a lockable facility
- You should not discuss your suspicions or the allegations with anyone other than your line manager or Safeguarding Lead.
- Once a child has talked about abuse, the Safeguarding Lead should consider whether it is justified for a child to return home to a potentially abusive situation. On rare occasions it might be necessary to take immediate action by contacting Customer First and/or police to discuss putting into effect safety measures for the child so that they do not return home.

4.2 Supporting victims of abuse

HIA is committed to supporting victims of abuse and their families, but if an investigation is being carried out, HIA will have to follow the advice of those agencies dealing with the alleged abuse case. In certain instances, children will be removed to another area for their own safety.

If a child has made an allegation of abuse against a family member, which is being investigated, HIA must remain impartial and offer support to the whole family, but it must work alongside the child protection agencies/police and take their advice.

In the case of an allegation of abuse being made against another member of HIA staff, the Safeguarding Lead will assign an alternative staff member to support the alleged victim. HIA will also seek support for the alleged perpetrator (for example, a third-party counsellor may be appointed).

4.3 Appointing Staff

Those who have a desire to work with children and adults at risk must be able to fulfil the following criteria:

- Must not be on either of the barred lists on the disclosure
- Have a commitment to the activities of HIA
- Have a calling to work with children and vulnerable adults
- Be prepared to take appropriate training opportunities
- Be able to function as part of a team
- Be expected to commit to the work

In appointing workers, HIA will be responsible for the following:

1. Prospective workers will be asked to complete an application form and there will be a requirement for any previous offences to be declared.
2. On completion of a satisfactory application form, at least two staff members, one of whom will be a member of the management team, will interview the applicant. Knowledge and experience of safeguarding will be discussed during the interview.
3. References will always be requested.
4. Before an appointment is made, the applicant will be given a conditional offer of employment dependant on the status of their DBS check, which they will then be asked to complete.
5. HIA will supply the applicant with this Child Protection Policy.
6. The recruit will undergo a probationary period of six months.
7. During this probationary time, feedback will be obtained from those working with the recruit. Feedback will be recorded as part of the recruit's personnel file.
8. Following a satisfactory probationary period, the appointment will be confirmed in writing.

9. Regular support will be given to the worker.
10. The worker will be expected to attend regular supervision meetings with his or her line manager.

4.4 Review of Church Partners:

As part of the due diligence with church partners, Hope into Action will review the church's adults at risk policy (and Child Protection Policy or Safeguarding Children and Young People Policy, if one exists) and ensure that the church conducts appropriate screening of volunteers with the Disclosure and Barring Service (DBS) and adopts safeguarding measures.

In the event of a safeguarding incident, Hope into Action will lead to responding and the Hope into Action policy will take precedence. However, if the allegation of abuse is against a church volunteer then the church will lead on the investigation.

Volunteers should not start supporting tenants until a DBS check has been returned.

4.5 Safe practice issues and safety guidance

HIA recognises that safe practices will ensure the protection of children and reduce potential risk. Accordingly, all workers will use the guidelines and advice outlined in Appendices 5:4-5:14

4.5.1 Before a child is admitted into Hope into Action accommodation

1. Consideration should be given to changing the house rules, so no partners are allowed to stay overnight in the house. Likewise, visitors and supervision of children need to be discussed and agreed standards set.
2. There should be no locks on children's bedrooms (if they are being provided with their own).
3. Where the child is under three years staff may deem it appropriate to contact other people / organisations supporting the child or parent (such as health visitor / social worker etc.), to create a cohesive support network.
4. Before admission to the property, staff will brief the tenant who is the child's parent/carer about the risks to the child of being in an HIA house. The parent/carer will sign an agreement accepting responsibility for the safety and security of the child whilst they are in the HIA house. (Appendix 5.15) A risk assessment on the property will be carried out, considering the children's age and needs (e.g., toddlers and /or food allergies etc.). See Appendix 5.14
5. The parent must agree to always supervise their child whilst in the property and advise staff when the child is being left in the care of adults at the property. In such instances, the parent will advise staff how s/he can be contacted in an emergency.

4.5.2 After a child is admitted into Hope into Action accommodation

1. Staff must attend all relevant child protection and other meetings concerning the child.
2. Staff must make a detailed, written record of all contacts with professionals involved with the child. The time, date, place, and type of contact should be recorded and the substance of what was discussed together with a summary of the actions to be taken by each participant.
3. Staff must include an assessment of the child's needs and how they are being met on the tenant carer's personal development plan.
4. A written record must be kept of any concerns about the child's care, development, or wellbeing. Details of any individuals or organisations whose advice has been sought regarding these concerns must be kept along with a record of any advice given.
5. In the event of a safeguarding concern, the procedures outlined in this Child Protection Policy should be put into place immediately.

4.5.3 If tenants become pregnant during their stay at a Hope into Action house

HIA will seek to find alternative accommodation for pregnant tenants and explore all potential move on options. We understand that sharing a home with other individuals may not be the best option for a baby and new mum. If HIA decide that the mum and baby can stay at the property; section 4.5.2. (Above) must be adhered to. The following steps must also be taken:

1. Staff must contact the tenant's probation officer, social worker, and midwife/health visitor to discuss the care of the child. All care decisions and plans for the child must be recorded.
2. The child's mother should be encouraged and supported to attend all antenatal appointments.

4.5.4 Good practice

Safe practices will promote the protection of children and minimise potential risk. Where possible, staff and volunteers should never be alone in a room with a child, and if the occasion deems it unavoidable the door should be left open, and another person should be told of the situation. Being transparent and open always is a major key to staying safe. It offers protection to the child and to the worker who may become the subject of false allegations. (See Appendix 5.10)

If a worker feels uncomfortable about any situation at any time, they must discuss it with their line manager or the Safeguarding Lead. It may help later if a written record is made of the conversation or concern.

4.6 Declaration on abuse and trust

HIA undertakes to follow the principles found within the Abuse of Trust guidance issued by the Home Office¹. It will therefore be unacceptable for those people in a position of trust to engage in any behaviour, which might allow a sexual relationship to develop whilst the relationship of trust continues.

For more information:

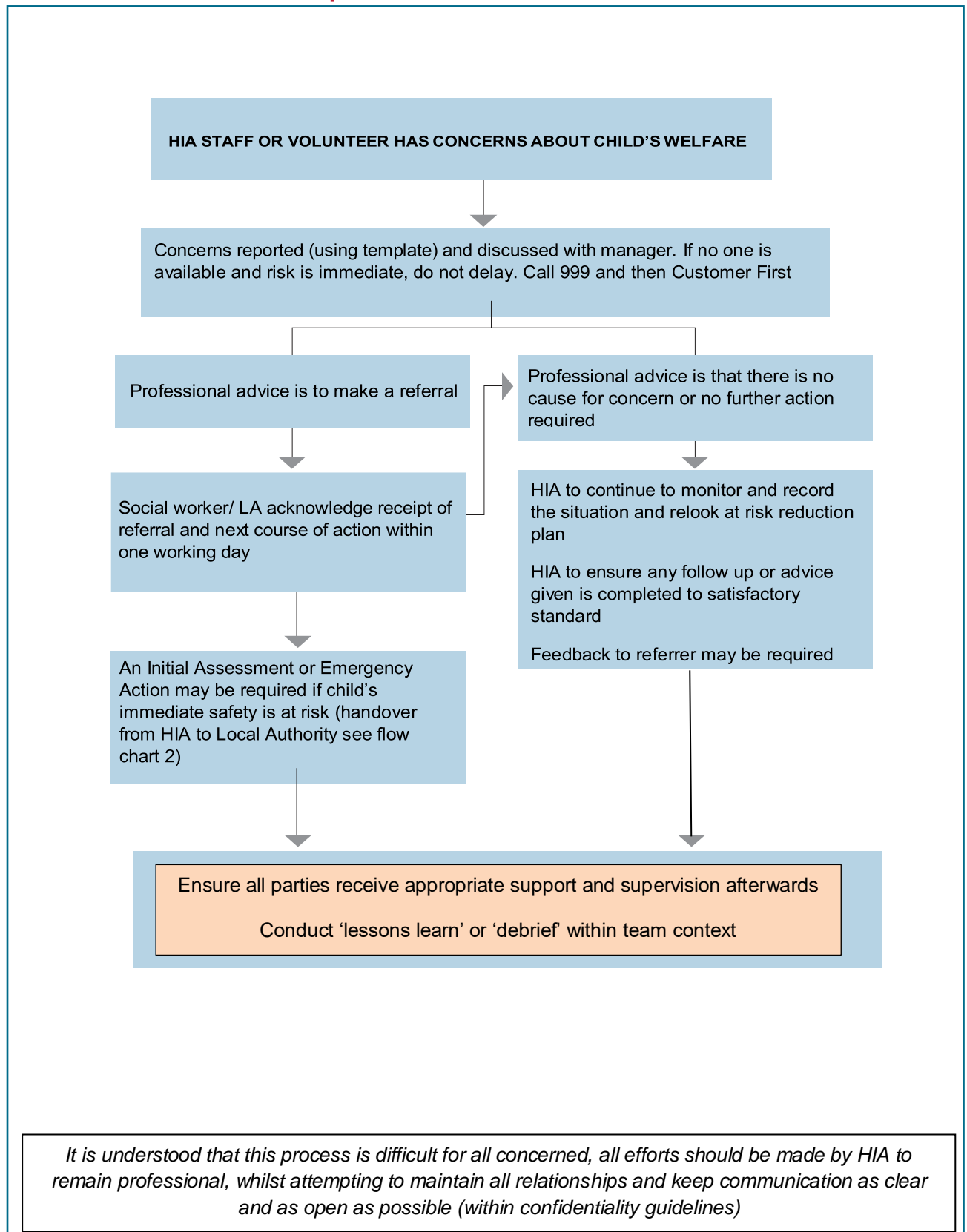
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

1

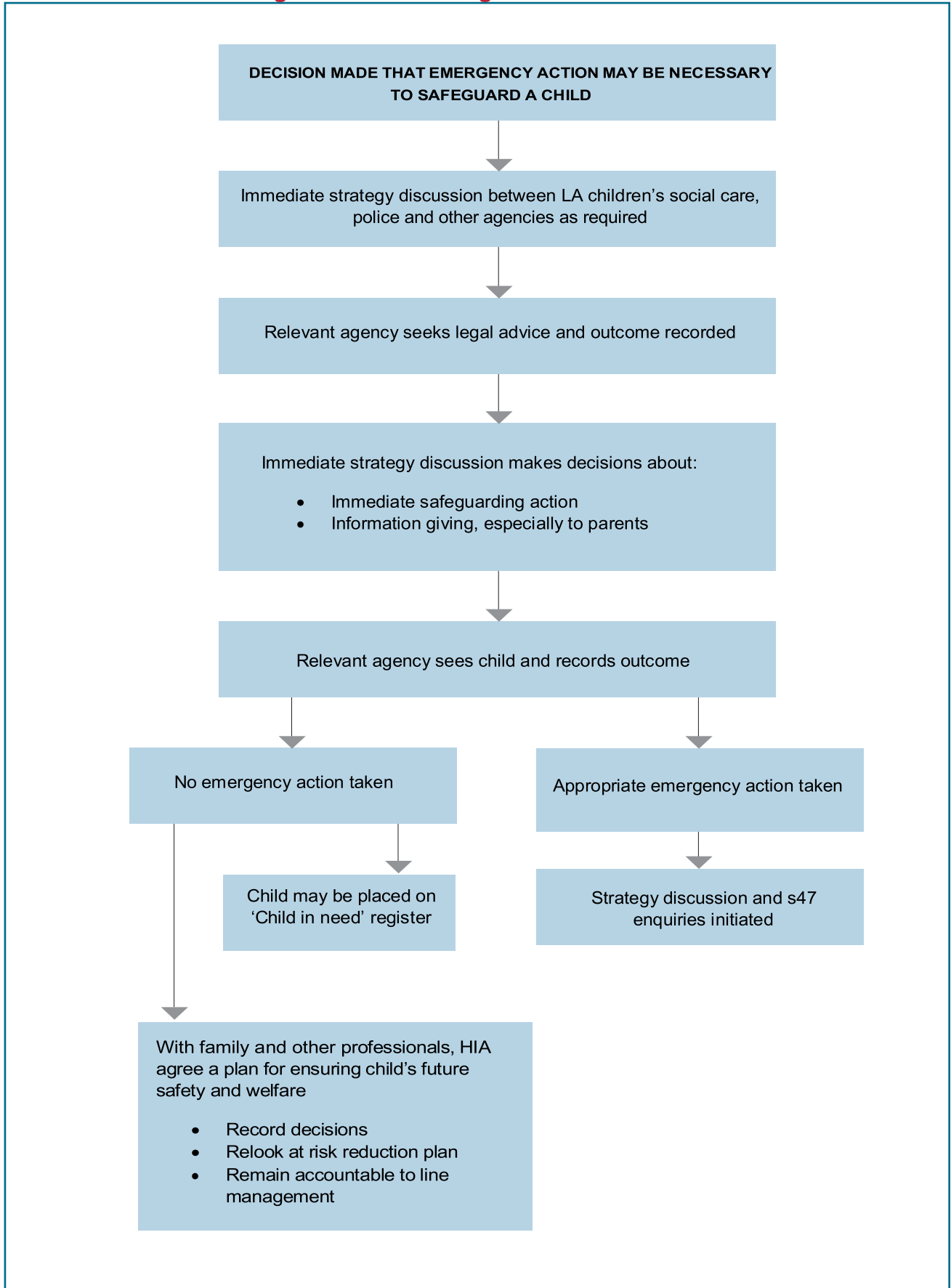
<http://webarchive.nationalarchives.gov.uk/20120107090456/https://www.education.gov.uk/publications/eOrderingDownload/Caring%20for%20Young%20People%20and%20the%20Vulnerable.pdf>

5 Appendices

5.1 Flow Chart 1 – Referral process



5.2 Flow chart 2 – Urgent action to safeguard children



5.3 Contact Numbers

See above under 4.1.2

5.3.1 Definitions of abuse

The following definitions of child abuse recommended for registration are as stated in the joint government departments' document, 'Working Together to Safeguard Children' published in 2018.

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

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 feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g., rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate caretakers, 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.

Emotional Abuse

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 as far as they meet the needs of another person. 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 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.

Professionals should be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs.
- has special educational needs.
- is a young carer.
- is showing signs of engaging in anti-social or criminal behaviour.
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence; and/or is showing early signs of abuse and/or neglect.

5.3.2 Possible Indicators of abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered. However, there may be other explanations, so it is important not to jump to conclusions but rather to seek advice from the Safeguarding lead or Customer First.

Signs of possible physical abuse

- Any injuries not consistent with the explanation given for them
- Injuries, which occur to the body in places that are not normally exposed to, falls, rough games etc.
- Injuries which have not received medical attention
- Neglect – under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care, etc.
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexpected tummy pains
- Bruises, bites, fractures etc. which do not have an accidental explanation
- Cuts/scratches/substance abuse
- Changes in routine

Signs of possible Sexual Abuse

- Any allegations made by a child concerning sexual abuse
- Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play
- Sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home

- Severe sleep disturbances with fears, phobias, vivid dreams, or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders – anorexia, bulimia

Signs of possible emotional abuse

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also, depression/aggression, extreme anxiety
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

Signs of possible neglect

- Withdrawn, or suddenly behaves differently
- Poor personal hygiene; may include wetting bed or soiling themselves
- Anxious, clingy
- Low mood, depressed or symptoms of self-harm
- Aggressive, defensive, and easily irritated
- Problems sleeping, possible nightmares
- Issues around eating (under or over)
- Poor school attendance
- Risk taking behaviour

5.3.3 How to respond to a child wanting to talk about abuse

It is not easy to give precise guidance, but the following may help:

- Show acceptance of what the child says (however unlikely the story may sound)
- Don't ask leading questions
- Keep calm
- Be honest
- Tell the child you will need to let someone else know – **do not promise confidentiality**
- Even when a child has broken a rule, they are not to blame for the abuse
- Be aware that the child may have been threatened or bribed not to tell
- Never push for information. If the child decides not to tell you after all, then accept that and let them know you are always ready to listen

5.3.3.1 Helpful things you may say

- I believe you (or showing acceptance of what the child says)
- Thank you for telling me

- It's not your fault
- I will help you

5.3.3.2 Do not say

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true? Why? How? When? Who? Where?
- Never make false promises
- Never make statements such as, "I am shocked, don't tell anyone else"
- Certain questions are allowed such as: 'how come' and 'who'

5.3.3.3 Conclusion

- Again, reassure the child that they were right to tell you and show acceptance
- Let the child know what you are going to do next and that you will let them know what happens (you might have to consider referring to Children's Services or the police to prevent a child or young person returning home if you consider them to be seriously at risk of further abuse)
- Contact HIA's Safeguarding lead or Deputy or go directly to Children's Services/Police/NSPCC
- Consider your own feelings and seek pastoral support if needed

5.4 Contract form is in HIA UK SharePoint

5.5 Guidelines for parental boundaries and discipline

Whilst the child is living with a parent (or legal guardian) in a Hope into Action house, responsibility for the control and discipline of that child lies with their parent. At the outset of the family moving into a Hope into Action house, staff must discuss with the parent the need for boundaries and discipline for the child. The message that discipline of the child should not be carried out in anger should be made clear to the parent.

Children feel safer if they know what the ground rules are (what they are allowed to do and not do) and what will happen if they do not keep the rules. Agree the boundaries with the child's parent at the outset of the licence and make sure that the parent sticks to them. Consistency is the key, and this eliminates the opportunity for manipulation of the situation by the child. Respect for each other and other tenants in the house should be the foundation, e.g., no racism or calling each other names, no swearing or fighting, no taking another person's property without their consent, listening politely without interruption when someone else is talking, etc.

1. Make sure the child's ground rules are printed and on display in the house to serve as a constant reminder. Do not make a long list. (For example, 'respect one another' covers racism, calling one another names, listening when someone else is talking, etc.), 'act safely', 'respect the other tenants' property' should cover most eventualities. Use pictures instead of words for young children.
2. Value each child as an individual. If there are several children in the house do not compare them with each other but encourage and build up each child.
3. Build healthy relationships with children and be a good role model, setting a good example. You cannot expect children to observe ground rules if you break them yourself.
4. If there is more than one child in the house, take care to give equal attention to the children and do not allow the more dominant characters to take all your time and attention; the quieter and well-behaved children need you too.
5. NEVER smack or hit a child. Do not roughly handle them.
6. If you see an aggressive or violent incident between one or more of the children speak calmly but with authority and let them know that physical violence will not be tolerated, that you will listen to each one's complaint and try to treat them fairly.
7. Do not shout to gain attention; if you need to, change the tone of your voice and not the volume. The only circumstance you may use a 'good shout' is if

you see a child going towards danger and you need to stop them quickly. In that case, you may shout their name followed by 'stop'.

8. Each child is unique, special, and individual, and each child needs a different method of being dealt with. If a child is misbehaving, try to find out why, (e.g., are they bored, unwell, upset about something, being bullied, etc.)
9. Be watchful for potential difficulties and intervene without waiting for the situation to escalate out of control.
10. If there is an incident take a child aside in sight but out of hearing of an adult and talk to them; do not 'show them up' in front of others; try to understand why something has happened or a child has responded in the way they have. Encourage them in their strengths and challenge them about inappropriate behaviour.

5.6 Child supervision

5.6.1 General points

When any child is residing in or visiting a Hope into Action house, it is the responsibility of the child's parent to keep the child safe. This involves providing the child with 24/7 supervision. (The term 'supervision' is defined as the child being in sight and within hearing of the supervising adult for the purposes of this policy. If the child is asleep in another room, the parent is expected to make frequent checks on the child.)

If the house has other tenants, the child should not be 'babysat' at the Hope into Action property. Whilst at the house, the child should always remain the named tenant's responsibility and others should not be left alone with the child at the house.

If the Hope into Action tenant has sole occupancy of the property (and no one else, unrelated lives there), it is up to the parent whether they choose to allow someone else to come in and babysit. The individual should be a responsible adult over the age of 18 who is sound of mind, is not under the influence of drugs or alcohol and who has no previous history of violence or offences against children. The person who is looking after the child should be given details of the parent's whereabouts, a contact telephone number and any relevant information about the child's health and medical needs e.g., food allergies and any medication required with written instructions on how to administer it.

The tenant should inform their staff whenever their child is being left in the care of an adult in a Hope into Action house. Ideally, the individual should not have the tenant's key, but lend a spare copy only for the duration of time that they are babysitting. The individual should also be made aware of the HIA Out of Hours / Emergency phone procedure.

5.6.2 Personal care tasks and toileting

Hope into Action staff should never take a tenant's child to the toilet or carry out any personal care tasks for the child such as bathing or nappy changing.

Toilets are areas that provide a degree of privacy. They can, therefore, be used by adults or older children to take advantage of younger ones. (Remember it is not always adults that abuse children.) When you are in a house where children are present be vigilant about the use of the toilet and take note of who is using it and for how long. Take the child's parent with you to check on the child if you are at all uncomfortable.

5.6.3 Children from the community

Sometimes children with no adult supervision will come to the Hope into Action house to play with one of the children resident there without the knowledge of their parents. The following are guidelines recommended by Thirtyone:Eight

- On arrival, welcome child/children and attempt to gain some information about them, i.e., name, age, where they live, telephone number, and then record.
- Enquire if the child's parents are aware of where they are, and whether they are expected home at any time. Ring parent if possible. Make sure the child leaves the house to get home on time.
- If a tenant has sole occupancy of a HIA and is living there with his/her child, sleepovers by visiting children are permissible once or twice a week if the tenant parent has sought the permission of the parents of the visiting child. If the parent is sharing a HIA house with other, non-related tenants then sleepovers by visiting children are **not** permitted.

5.7 Safe working practices: protecting yourself from false allegations of abuse

5.7.1 In general

- Secure an enhanced DBS check before you start working with children and keep a copy of your DBS check. Declare any previous offences.
- Read, understand, and implement HIA's Safeguarding Adults at Risk and Child Protection Policies and follow the guidelines therein. Complete and sign a copy of the Contract for teams. (See copy on HIA UK SharePoint)
- Ensure that you access additional child protection training if a child is moved into a HIA house you are involved with in any capacity.
- Ensure that there is always another adult in the house with you when a child is present in the building.
- Do not show favouritism to a particular child or spend too much time with one child unless it is professionally appropriate to do so.

- If a child wants to ‘tell you a secret’ or talk to you privately do not leave the room but stay where other people can see you and just draw to one side out of hearing of others.
- Never give a child food, drinks, sweets, or medication.
- Do not take photos or video of the child without parental consent unless there is a genuine safeguarding concern. Use work phones for this and not personal ones if possible.
- Do not keep photographs or personal details about the child on your home computer.
- If a child’s challenging behaviour causes you difficulties, ask your line manager for help and advice.
- Do not tell a child ‘secrets’ or use inappropriate language or discuss ‘adult’ information with him/her.
- If you have concerns requiring immediate action discuss them with your line manager (if necessary) then with the Safeguarding lead who is the designated person who coordinates child protection issues. You may need to complete a HIA Safeguarding Report (see Appendix 5.11)
- Record your concerns and unusual occurrences in writing on a Hope into Action Safeguarding Incident Reporting Form (see Appendix 5.12) giving ‘what, when, how, why’ details. Record the names of any adults who witnessed the incident and their contact details. (You may need an independent witness to corroborate what happened later.) Forward the form by e-mail to the Safeguarding lead as soon as possible.
- Always complete an Incident Form when a child is injured, or you have a cause for concern and ensure that the parent/carer signs and dates it on the same day. Write down the names of any adults who were witnesses to the incident or accident and ask them to countersign.
- Record the times you go in and out of the house and whether the child was present. You may need a witness or to use this information later.
- Do not invite or allow children unattended into your private home and dissuade situations where you are lone working and not in a public place where others can see / hear you.

5.7.2 Inappropriate talk

Treat the child with respect – never shame or belittle him especially in front of others.

- Do not use sexually explicit language, nor allow children to use it. Be concerned if a child talks in such a way that it shows they have knowledge beyond their years about sexual activity. In such circumstances, discuss your concerns with the Safeguarding lead.
- Do not allow swearing.
- Do not allow the use of abusive language when discussing people of different faiths, cultures, races, genders abilities or sexual orientation.
- Do not use words that condemn, judge, or discourage another person, nor allow children to use them.

5.7.3 Inappropriate touch

Workers may show appreciation, affection, support or sympathy with a hug or an arm around the shoulder. This is fine and is not to be discouraged, but when working with children it is important to remember 'boundaries. Never touch a child in an intimate way or on the 'bathing suit' area of the body. Keep your touch to an arm round the shoulder or holding a hand. If a child wants to sit on your lap, gently discourage it and suggest they sit beside you. Again, remember the open and transparent rule; be aware that you may be open to false claims of abuse, so eliminate the risk by staying in rooms with other people.

- Only hug a young child if they indicate they want you to.
- Never play rough and tumble games with children.
- Never carry out personal care tasks for a child such as toileting, nappy changing or bathing.

5.7.4 Transport

It is inappropriate to transport a tenant's child alone in your car. Always insist that the child's parent is with them. Before making any car journey with a child on board check that your insurance covers the journey and that you have an appropriate safety seat in place for the child to use. Ensure that arrangements for transporting children are with the knowledge and approval of your line manager.

If it is unavoidable to transport a child alone, it is good practice to ask another adult to accompany you.

When advising church volunteers about lifts in cars, discuss the situation and honestly look at the pros and cons. It is ultimately up to the volunteer and church leader to decide a policy on this, but HIA would advise to not take children unaccompanied without some sort of agreement with the parent (preferably signed).

For further information on this issue please refer to the **ROSPA Guidelines** <https://www.rospa.com/> . Likewise, if you would like any advice on how to keep a child/ baby safe (e.g.: cot safety / baby proofing the home etc.) please speak to colleagues and consult with HIA Operations team in Support Centre (01733 558301)

5.8 Safeguarding Report Template is in HIA UK SharePoint

This form should be used by staff and completed as soon as possible. A copy should be sent to the Safeguarding Lead.

If there is more than one alleged victim a separate form should be completed.

All efforts must be made to keep the information confidential. The information should only be shared with those that need to know if it is in the best interest of the child or adult at risk. Please note that where a concern is immediate please make initial contact by telephone and return the completed form as soon as possible.

5.9 Incident Report Template – this is in HIA UK SharePoint

5.10 Emergency

If a child is in immediate danger or left alone, you should contact the police or call an Ambulance (Call 999).

The police operator will need to take your name, address, and details of what has happened. This will take time, but it is important to get all the information from you so that we can send the appropriate resources to you if necessary.

5.11 Risk assessment on property template is in HIA UK SharePoint

In addition to the standard Risk Reduction Plan for each adult tenant, an additional one for the property is advised. This ensures all risks to the children in the home have been considered.

5.15 Parental Responsibility Form is in HIA UK SharePoint Parental Responsibility Form

Tenant Name:

Hope into Action have agreed to provide you with accommodation at the following address:

You may have your child/ren (list names and dates of birth)

to live with you at this address providing you agree to the following conditions:

- to move the child in only with the agreement of staff once relevant checks and preparations have been carried out
- to provide the staff with the details of all your regular visitors so that appropriate checks may be made
- to seek the permission of staff before allowing guests to stay overnight
- to give permission for staff to contact your child's health visitor /social worker/ school and/or any other professional working with the child, if necessary
- to always supervise your child whilst in the property
- In the case of sole occupancy:
Should you be away from the house and your child/ren are left there, to appoint an appropriate adult over the age of 18 to care for the child safely. This individual must be of sound mind and not drunk or under the influence of drugs. They should not have a history of violence or have any child protection issues
To only allow sleepovers with other children at the house in agreement with staff and with consent from the child's parents and gaining their contact details. A maximum of twice a week
If you are sharing the house with other unrelated tenants:
You should never leave your child with someone else when you are not at the house, and they should never be left unattended
No sleepovers with other children are allowed
- To notify staff on every occasion that you are leaving your child at the property under the care of someone else and provide their contact details and details of where you can be contacted in an emergency. You should not leave

them with your only key, but source a spare from staff temporarily, if appropriate.

- to give permission for staff to communicate, share information (where appropriate) and liaise/ advocate on your behalf with other agencies and professionals supporting you and your child

I accept the conditions outlined above and understand that I am fully responsible for the safety, security, and wellbeing of my child/ren (list names below)

whilst living at (insert address)

Signed by Tenant:

Tenant Name:.....

Tenant Emergency Contact Number:

Date:

Signed by staff