

CHILD PROTECTION and SAFEGUARDING POLICY

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CHILD PROTECTION POLICY STATEMENT

1. Open Door Community Foundation (hereafter referred to as Open Door) believes that every individual who comes into contact with us should be treated with dignity and respect, have their choice respected and not be forced to do anything against their will – this is of particular concern to children who are often more vulnerable to abuse. Open Door is committed to safeguarding all children and young people who come into contact with the charity, regardless of gender, ethnicity, disability, sexuality or beliefs.
2. Safeguarding is everyone's responsibility and all staff and volunteers recognise and accept their responsibilities to develop awareness of the issues that may cause harm to children and promote the concept of the individual's right to be treated with dignity and respect, and live in safety.
3. This policy applies to anyone employed directly or indirectly by Open Door and includes board members, staff, volunteers, work placements, trainers and consultants. This policy is available to independent contractors and should be implemented as good practice.
4. Open Door's work amongst children and young people (a "child" or "young person" is defined as being a person under the age of 18) carries a particular responsibility for their protection, well-being and development, and every adult shares a measure of responsibility in this.
5. It is the responsibility of every adult to prevent the physical, sexual, emotional or spiritual abuse of or the neglect of children and young people and to report any actual or suspected abuse that comes to light.
6. All those who wish to work with Open Door will be subject to the agreed procedures for the appointing of workers in this area of work.
7. Open Door will appoint a Designated Safeguarding Lead and, if possible, a Deputy. The names of these people will be clearly displayed in any space regularly used for activities and given to all staff and volunteers, along with out of hours contact numbers where appropriate.
8. The Board of Open Door are committed to an annual review of this policy.

Signed _____

Chair of the Board

Date _____

I. UNDERSTANDING ABOUT ABUSE

- I.1.1. The majority of Open Door projects are aimed at adult, but even with projects aimed at adults, workers should be aware of these procedures and be alert to the fact that adults often have their own, or relate to other children who may be experiencing abuse. Workers should be therefore remain vigilant.

I.2. Concept of Significant Harm

- I.2.1. Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.
- I.2.2. There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.
- I.2.3. Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.
- I.2.4. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.
- I.2.5. Sometimes 'significant harm' refers to harm caused by one child to another (which may be a single event or a range of ill treatment) and which is generally referred to as 'peer on peer abuse.'

I.3. Definitions of Child Abuse and Neglect

- I.3.1. The definitions as recommended by the London Safeguarding Children board (5th Edition) are as follows:
- I.3.2. **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 fabricates the symptoms of, or deliberately induces, illness in a child.
- I.3.3. **Emotional abuse**
Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:
 - Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
 - Imposing age or developmentally inappropriate expectations 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;
 - Seeing or hearing the ill-treatment of another;

- Serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children;
 - Exploiting and corrupting children.
- I.3.4. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- I.3.5. **Sexual abuse**
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not 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 such as masturbation, kissing, rubbing, and touching outside of clothing.
- I.3.6. Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- I.3.7. Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003.
- I.3.8. Section B3 of the London Child Protection Procedures provides further guidance on sexually active children.
- I.3.9. **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.
- I.3.10. Neglect may occur during pregnancy as a result of maternal substance abuse.
- I.3.11. Once a child is born, neglect may involve a parent failing to:
- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
 - Protect a child from physical and emotional harm or danger;
 - Ensure adequate supervision (including the use of inadequate care-givers);
 - Ensure access to appropriate medical care or treatment.
- I.3.12. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- I.3.13. Additional consideration might be given to the following definitions:
- I.3.14. **Spiritual Abuse**
The misuse of power amongst religious groups. Leaders should not be so controlling that people are denied choice and freedom – even to make mistakes.
- I.3.15. **Organised 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 young people, 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.

1.3.16. **Risks of harm to the unborn child**

It is possible that workers may come across or are able to anticipate the likelihood of significant harm with regard to an expected baby (e.g. domestic violence, substance misuse, or mental ill health) These concerns should be addressed as early possible so that a full assessment can be undertaken by appropriate agencies.

1.4. **Where abuse can occur**

- 1.4.1. Child abuse can take place in a number of different settings, of which the following are examples:
- 1.4.2. It is likely to occur most commonly where the child knows the individual/s and is trusted. This can be a parent, carer, baby-sitter, sibling, relative, or friend of the young person or of the family.
- 1.4.3. The abuser is sometimes someone in authority such as a teacher, youth worker, children's worker or other person in a position of power.
- 1.4.4. The abuser is sometimes a paedophile or other person who sets out to join organisations to obtain access to children and young people.
- 1.4.5. Open Door has a responsibility to act if abuse comes to light and, as far as possible, to protect young people and young people from the possibility of being abused within the organisation.

This Policy is important because children have said that they need:

- **Vigilance:** to have adults notice when things are troubling them
- **Understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon
- **Stability:** to be able to develop an on-going stable relationship of trust with those helping them
- **Respect:** to be treated with the expectation that they are competent rather than not
- **Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans
- **Explanation:** to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- **Support:** to be provided with support in their own right as well as a member of their family
- **Advocacy:** to be provided with advocacy to assist them in putting forward their views
- **Protection:** to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee.

Taken from Working Together to Safeguard Children 2018

2. RECOGNISING POSSIBLE YOUNG PERSON ABUSE

2.1.1. The following behavioural signs *may* be indicators of young person abuse, but care should be taken in interpreting them in isolation.

2.1.2. Physical signs

- any injuries, bruises, bites, bumps, fractures, etc. which are not consistent with the explanation given for them.
- injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
- injuries which appear to have been caused by a weapon e.g. cuts, welts, etc.
- injuries which have not received medical attention.
- instances where young people are kept away from the group inappropriately or without explanation.
- self-mutilation or self-harming e.g.. cutting, slashing, drug abuse.

2.1.3. Emotional signs

- changes or regression in mood and behaviour, particularly where a young person withdraws or becomes clinging. Also depression/aggression.
- nervousness or inappropriate fear of particular adults e.g.. frozen watchfulness sudden.
- changes in behaviour e.g.. under-achievement or lack of concentration inappropriate relationships with peers and/or adults e.g.. excessive dependence attention-seeking behaviour.
- persistent tiredness, wetting or soiling of bed or clothes by an older child.

2.1.4. Signs of neglect

- regular poor hygiene
- persistent tiredness
- inadequate clothing
- excessive appetite
- failure to thrive e.g. poor weight gain, consistently being left alone and unsupervised

2.1.5. Indicators of possible sexual abuse

- any direct disclosure made by a young person concerning sexual abuse.
- young person with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play.
- preoccupation with sexual activity through words, play or drawing.
- young person 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
- other emotional signs (see above) may be indicative of sexual or some other form of abuse

3. DISCLOSURE

3.1. How to react when a young person wants to talk about abuse

3.1.1. General points

- Take seriously what the young person says (however unlikely the story may sound)
- Keep calm
- Look at the young person directly
- Be honest
- Let them know you will need to tell someone else - don't promise confidentiality
- Reassure them they are not to blame for the abuse
- Be aware that the young person may have been threatened
- Never push for information

3.1.2. Helpful things to say or show

- Show acceptance of what the young person says
- "I am glad you have told me"
- "It's not your fault"
- "I will help you"

3.1.3. Avoid saying

- "Why didn't you tell anyone before?"
- "I can't believe it"
- "Are you sure this is true?"
- Never make false promises
- Never make statements such as "I am shocked!", or "don't tell anyone else"

3.1.4. Concluding

- Again, reassure the young person that they were right to tell you and that you take them seriously
- Let the young person know what you are going to do next and that you will let them know what might happen
- Immediately refer the matter to someone appropriately qualified

3.2. What to do once a **CHILD** or young person has talked about abuse

- 3.2.1. If the disclosure made by the young person to a worker suggests that there is a serious risk of abuse if he/she returns home from the activity attended, the worker should consider reporting the matter immediately to the Designated Safeguarding Lead. The Safeguarding Lead (or Deputy) should then decide whether or not an immediate referral to Social Services or the Police is appropriate. In the event of the worker having difficulties contacting the Safeguarding Lead or Deputy in time, the worker should consider whether or not to make a direct referral to Social Services or the Police him/herself before the young person leaves the activity.
- 3.2.2. Make notes as soon as possible (preferably within an hour of the interview), writing down exactly what the young person said and when he/she said it and what was happening immediately beforehand (e.g. description of the activity). Record dates and times of these events and when you made the record. *Keep all handwritten notes, even if these are subsequently typed up.*
- 3.2.3. You should not discuss your suspicions or allegations with anyone other than those named in the above points.

- 3.2.4. Workers are encouraged to report their concerns about possible abuse and to do so directly to Social Services or the Police if they believe inappropriate or insufficient action has been taken.
- 3.2.5. Consider your own feelings and seek pastoral support if needed. Please do not divulge specific information regarding the young person/young person or the case.

4. RESPONDING TO ABUSE

4.1. What to do if you suspect that abuse may have occurred

- 4.1.1. You must report concerns (but not the details) as soon as possible to the relevant Line Manager in the first instance. He/she will consult with the nominated Designated Safeguarding Lead (Safeguarding Lead).
- 4.1.2. In the event that the Line Manager is implicated or is not available, the worker should go straight to the Safeguarding Lead.
- 4.1.3. In the absence of all the above named people, advice should be sought from the CCPAS, telephone number **0845 1204551**. This is a 24 hour Helpline. Alternatively please phone your local Social Services Young people and Families Team or the Emergency Out of Hours Service whose numbers should be clearly displayed appropriately in offices and other places of work.
- 4.1.4. In the event that Social Services cannot be contacted, phone the Child Protection Team based at your local Police Station whose number should be clearly displayed appropriately in offices and other places of work.
- 4.1.5. It is, of course, the right of any individual as a citizen to make direct referrals to the young person protection agencies or seek advice from. However, we hope that workers will use the procedure outlined above. If, however, you feel that the Safeguarding Lead has not responded appropriately to your concerns, then it is open to you to contact the relevant organisation listed above directly. It is our intention that by making this statement that we demonstrate the commitment of Open Door to effective child protection.
- 4.1.6. Further information about the procedures and processes entered into by Social Services and the Police can be found in Section 0.

4.2. Allegations of physical injury, neglect or emotional abuse

- 4.2.1. The procedures in the following paragraphs should be followed according to the type of abuse suspected. Where physical injury, neglect or emotional abuse is suspected the co-operation of parents/guardians will normally be sought, except where this would place the young person at greater risk or where emergency attention is required. However, where sexual abuse is suspected the Safeguarding Lead will *not* speak to parents/guardians as this may make the task of investigation by the Police or Social Services much harder.
- 4.2.2. If a young person has a physical injury or symptom of neglect or emotional abuse, the Safeguarding Lead, will follow the following procedures:
 - Speak with the parent/guardian and suggest medical help attention is sought for the young person. The doctor will then initiate further action, if necessary. If appropriate, the parent/guardian will be encouraged to seek help from the Child and Family Service Social Services Department. However, under circumstances where deliberate injury is apparent or where allegations by a young person that a parent or family member has inflicted physical injury, then the parents should not be informed but contact immediately made with the Social Services.

- If the parent/guardian is unwilling to seek help, then it may be appropriate for another person to offer to go with them. If they still fail to act the Safeguarding Lead should in cases of real concern, follow the reporting procedures outlined above.
- Where emergency medical attention is necessary, this must be sought immediately.

4.3. Allegations of sexual abuse

- 4.3.1. In the event of allegations or suspicions of sexual abuse, the Safeguarding Lead will:
- 4.3.2. Contact the Social Services Child Protection Officer/Police Child Protection Team directly. The Safeguarding Lead will not speak to the parent (or anyone else), as there is always the possibility that they could be involved. If named people are innocent, talking with them before contacting the authorities may find it harder for them to be cleared.
- 4.3.3. If, sexual intercourse is alleged to have occurred very recently, then contact the police immediately so that any physical evidence is preserved and a specialist medical practitioner can examine the person. Do not interfere with any evidence such as stained clothing. If the allegations concern events more than a week old then Social Services or the Police must be informed promptly.
- 4.3.4. If, for any reason, the Safeguarding Lead is unsure whether or not to follow the above, then advice from the CCPAS will be sought and followed. The CCPAS will confirm its advice in writing in case this is needed for reference purposes in the future.
- 4.3.5. Under no circumstances will the Safeguarding Lead attempt to carry out any investigation into allegations or suspicions of sexual abuse. The role of the Safeguarding Lead is to collect and clarify the precise details of the allegation or suspicion and to provide this information to the Social Services Department, whose task it is to investigate the matter under Section 47 of the Childrens Act 1989.
- 4.3.6. Whilst allegations or suspicions of sexual abuse will normally be reported to the Designated Safeguarding Lead, the absence of the Safeguarding Lead or Deputy should not delay referral to the Social Services Department.
- 4.3.7. Exceptionally, should there be any disagreement between the person in receipt of the allegation or suspicion and the Safeguarding Lead or Deputy as to the appropriateness of a referral to the Social Services Department, that person retains a responsibility as a member of the public to report serious matters to the Social Services Department, and should do so without hesitation.
- 4.3.8. The Board will support the Safeguarding Lead or Deputy in their role and accept that any information they may from time-to-time have in their possession will be shared in a strictly limited way on a need to know basis.

4.4. Information Sharing

- 4.4.1. Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.
- 4.4.2. Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.
- 4.4.3. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements:

- all organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCB; and
- no professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care.

4.4.4. Information Sharing: Guidance for practitioners and managers (2008) supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. See the Department for Education guidance on information sharing.

4.4.5. In some circumstances it may be appropriate to agree an 'Information Sharing Protocol' with other agencies to inform what it is appropriate to share, while maintaining confidentiality.

4.5. SAFEGUARDING ACTION FORM and CAUSE FOR CONCERN FORM

4.5.1. The **Safeguarding Action Form** should be completed as accurately as possible, and within 24 hours after the disclosure or suspicions of abuse. Where possible use the person's own words, sticking to the facts and avoiding opinion. You will need to record what questions were asked as well as the answers or information given.

4.5.2. Please remember that it is not your role to verify or prove that the information given is true. It is simply your role to listen, record and report any concerns, allegations or disclosures to the appropriate people. This is true no matter who the alleged abuser is.

4.5.3. The **Cause for Concern Form** is also available to record concerns that don't yet warrant further action, but which are concerns or observations which you may wish to log with the Designated Safeguarding Lead.

4.5.4. Both the Safeguarding Action Form and the Cause for Concern form should be readily available to staff and volunteers both digitally and in paper format.

4.6. Summary

In summary, when responding to abuse or concerns you should:

WHAT TO DO	WHAT NOT TO DO
<ul style="list-style-type: none"> • Listen to and acknowledge what is being said. • Try to be reassuring & remain calm. • Explain that you would like to pass this information on to the appropriate people and ask their consent to do so. • Explain clearly what you will do and what will happen next. • Try to give them a timescale for when and how you / the Designated Safeguarding Lead will contact them again. • Take action – don't ignore the situation. • Be supportive. 	<ul style="list-style-type: none"> • Do not promise confidentiality. • Do not show shock, alarm, disbelief or disapproval. • Do not minimise what is being said. • Do not ask probing or leading questions, or push for more information. • Do not offer false reassurance. • Do not delay in contacting the Designated Safeguarding Lead. • Do not contact the alleged abuser. • Do not investigate the incident any further. • Never leave an adult at risk to wait to hear from someone without any idea of when or

<ul style="list-style-type: none"> • Tell them that: <ul style="list-style-type: none"> ○ They were right to tell you; ○ You are taking what they have said seriously; ○ It was not their fault; • Be open and honest. • Give contact details for them to report any further details or ask any questions they may have 	<p>how that may be.</p> <ul style="list-style-type: none"> • Do not pass on information to those who don't need to know, not even for prayer ministry.
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5. HELPING VICTIMS OF ABUSE

- 5.1.1. Open Door will commit to support any child/young person through any legal processes that may become necessary as a result of any disclosure. Workers will make it a priority to be available to attend meetings, courts, etc with any young person who would appreciate such support, where it is appropriate.
- 5.1.2. Open Door will seek to support young people through the difficult times they may face with appropriate care and attention. We are committed to the ongoing support of victims of abuse through arranging pastoral care, counselling and advice. We will seek to build positive self esteem in young people through the attitudes and actions of all adults from Open Door they come into contact with.
- 5.1.3. Workers should make every effort to cooperate with and work in partnership with other appropriate agencies to ensure the best outcome for the young person concerned.

6. SUPERVISION OF ACTIVITIES AND PRACTICE ISSUES FOR PROJECTS INVOLVING CHILDREN DIRECTLY

6.1. Introduction

- 6.1.1. The majority of Open Door projects are aimed at adults, but where children are present or involved in an activity the following practice guidelines apply.
- 6.1.2. Every worker of each project should have a clear understanding of what they are doing and what is expected of them, and activities should be planned in a way which reduces opportunities for abuse to occur. The guidance which follows seeks to ensure the safety and well-being of young people and young people and their protection from abuse, whilst also protecting workers from false allegations.

6.2. Young person Supervision

- 6.2.1. **Ratio of adults to Children.** While it is recognised that the majority of Open Door's work is with young people the following figures are shown to inform good practice. Number of adults who should be present for a specific indoor/outdoor activity or holiday event. These are:

Age group	Adults : Children
0 to 2 years	1 : 3
2 to 3 years	1 : 4
3 to 8 years	1 : 8
9+	1 : 15

- 6.2.2. The following guidelines should be adopted wherever possible, recognising that Open Door's work takes place in a variety of contexts and situations. Where guidelines are not appropriate they should be discussed with your Line Manager:
- 6.2.3. There should usually be at least one male and one female worker onsite, if it is a mixed gender activity.
- 6.2.4. In school settings, a member of the school staff should always be present or in the case of one to one work be easily reached.
- 6.2.5. Where possible, ensure that a worker is not alone with a young person/young person but when circumstances lend themselves to this happening, another worker will be informed and where appropriate doors will be left open.
- 6.2.6. Where confidentiality is important and a child/young person is being seen on their own, then ensure that others know the interview is taking place and that someone else is around in the building.

- 6.2.7. No person under 16 years of age should be left in charge of any children of any age. Nor should child or young people attending a group be left alone at any time.
- 6.2.8. A register of young people attending a club or activity should be kept. This is also to include a register of workers/volunteers/visitors; times of arrival and departure if any individual is not attending the whole session.
- 6.2.9. A record of each activity/session should be kept. Workers should record unusual events with each leader recording what they witnessed.
- 6.2.10. A separate Accident Recording Book should be maintained.

6.3. Boundaries

- 6.3.1. All workers are responsible for establishing and maintaining appropriate boundaries, and for ensuring that meeting their own emotional needs is not dependent on their relationships with young people. Workers involved in projects should be provided with staff and volunteer handbooks that specifically deal with issues related to safe practice and boundaries. Generically all workers are encouraged to attend in-house and/or accredited child protection training.

6.4. Personal care

- 6.4.1. Workers should ensure that the level of personal care given is appropriate and related to the age and ability of the young person.

6.5. Touch

- 6.5.1. Physical contact between adults and young people can be quite healthy and encouraged in public settings, and discouraged where an adult is alone with a young person. The following guidelines should be followed:
- 6.5.2. Keep everything in public. A hug in the context of a group is very different from a hug behind closed doors
- 6.5.3. Touch should be related to the young person's needs, not the worker's
- 6.5.4. Touch should be age-appropriate and generally be initiated by the young person rather than the worker
- 6.5.5. Avoid any physical activity that is, or may be construed as, sexually stimulating to the adult or young person, e.g.. fondling, touching private parts of the body, etc.
- 6.5.6. Young people are entitled to determine the degree of physical contact with others except in exceptional circumstances, i.e. when young children need medical attention.
- 6.5.7. Team members should take responsibility for monitoring one another in the area of physical contact. They should be free to constructively challenge a colleague if necessary.
- 6.5.8. With some pieces of work it may be that the team involved decide to adopt a policy of non-touch, and this policy should be upheld by all staff and volunteers where implemented.

6.6. Respect

- 6.6.1. Workers should treat all young people with dignity and respect in attitude, language used and actions. There should be respect for the privacy of young people and questionable activity should be avoided. (e.g. rough/sexually provocative games or comments).

6.7. Restraint

- 6.7.1. Any form of physical response to misbehaviour is unlawful unless it is by way of restraint. On those occasions when it proves necessary for workers to restrain a

young person or young person physically to prevent him/her from inflicting injury to others or damage to property, only the minimum force necessary should be used.

6.8. Venues and transport

- 6.8.1. Parental consent will be obtained for all organised activities, outings and residential trip outside usual group times.
- 6.8.2. Arrangements for transporting young people must also be with the knowledge of the Line Manager and with parental approval. In some circumstances it may be unwise to carry a particular young person/young person on their own.
- 6.8.3. All workers driving any vehicle transporting young people must hold a valid driver's license for the type/class of vehicle that they are driving. All vehicles used in the transportation of young people must have a valid road fund license, be appropriately insured, have a valid MOT certificate, have back seat seatbelts, and comply with all appropriate legislation and regulations. Seat sharing is not permitted.

6.9. A Duty of Care

- 6.9.1. The physical safety and well-being of young people and young people worked with must be the highest priority. Workers have a legal 'duty of care' to act as a careful parent would. This means that if a worker causes loss or injury by failing to carry out his/her responsibilities in a careful way, the worker (and possibly Open Door) could be held liable in civil law for negligence. The duty of care involves exercising adequate supervision, which will depend on age, maturity and the particular circumstances pertaining to the young person. Supervision can mean giving adequate advice and instructions rather than constantly watching a young person.
- 6.9.2. Open Door has a legal duty under the Occupier's Liability Act 1957 to take such care as is reasonable in the circumstances to see that visitors to any sites are safe for the purpose for which they are on the premises. Workers are advised to check that:
 - A First Aid kit is available and well stocked during all activities
 - Fire extinguishers are available and fire drills are held periodically
 - Clear instructions are posted in case of emergency
 - Electrical sockets and appliances are safe
 - Equipment and furniture is kept well maintained and safe, and no sharp edges are protruding
 - All accidents are recorded in an *Accident Record Book*.
- 6.9.3. If any of the above are missing or unsafe, the Project Manager should be informed immediately.

6.10. Internet Use

- 6.10.1. Open Door will install and maintain a suitable filtering programme on all computers that are to be used by children or young people.
- 6.10.2. Workers will not allow use of the internet by children or young people without appropriate adult supervision.

6.11. Use of Images

- 6.11.1. Open Door may use photographs or video recordings of young people participating in projects.
- 6.11.2. Use will be restricted to marketing activities and/or for the benefit of participants.
- 6.11.3. Open Door will only use images where consent is given by parents (or young person if over 16).
- 6.11.4. Care should be taken to ensure that images are appropriate, particularly around residential or water based activities.

6.12. Home Visits

- 6.12.1. Open Door operates a Home Visits policy as part of the Health and Safety policy. All staff who are making visits to the homes of young people should use the risk assessment within this policy.

6.13. Guidelines For Discipline

- 6.13.1. Discipline is the education of a person's character. It includes nurturing, training, instruction, chastisement, verbal rebuke, teaching and encouragement. It brings security, produces character, prepares the young person for life,
- 6.13.2. Work on each individual young person's positives, do not compare them with each other, but encourage and build them up, giving them responsibility for simple tasks.
- 6.13.3. Build healthy relationships with young people and be a good role model, setting a good example. You can't expect young people to observe ground rules if you break them yourself.
- 6.13.4. Take care to give quieter and well behaved young people attention and don't allow some young people to take all your time and energy.
- 6.13.5. Be consistent in what you say and ensure that other team members know what you have said – this avoids manipulation.
- 6.13.6. Look honestly at your programme – if young people are bored, they misbehave. Is the programme at fault?
- 6.13.7. **NEVER** smack or hit a young person and don't shout – change voice tone if necessary.
- 6.13.8. **Never discipline out of anger.** Call on support from other workers if you feel you may deal with the situation unwisely in your anger.
- 6.13.9. Lay down ground rules e.g. no swearing, racism or calling each other names, a respect for property, and make sure the young people understand what action will be taken if not kept.
- 6.13.10. Each young person is unique, special and individual, and each young person needs a different method of being dealt with. We need to ask why the young person is behaving that way.
- 6.13.11. Separate young people who have a tendency to be disruptive when together. Give them a chance, warn them and only separate if they are disruptive as a last resort.
- 6.13.12. Have the young person sit right in front of you or get another worker to sit next to the young person.
- 6.13.13. Be pro-active and encourage helpers to be pro-active and not wait to be told to deal with a situation.
- 6.13.14. Take the young person aside and talk to them, challenge them to change, whilst encouraging them on their strengths.
- 6.13.15. Warn a young person that you will speak to their parents and do so if necessary. Warn them, send them outside the room/activity (take care regarding supervision of this). If a young person's behaviour is constantly disruptive, seek advice and guidance from a Line Manager.
- 6.13.16. Further information on Behaviour management can be found in the Behaviour Policy.

6.14. Helping young people to protect themselves

- 6.14.1. Young people should have access to an independent adult outside of Open Door. For this reason, we promote the NSPCC and Child Line phone numbers and make

use of their publicity. The NSPCC Child Protection Help line is **0800 800 5000**; Child Line is **0800 1111**.

- 6.14.2. Opportunities should be taken to teach safety generally, and to help young people to develop common sense rules. Workers should be willing to listen to and talk about a young person's suspicions and expressions of feeling uncomfortable.
- 6.14.3. Workers should be aware of their own personal skills and limitations in helping young people and should seek advice at the earliest opportunity as well as signposting to appropriate professionals where necessary. Asking for help should not be seen as failing as a worker or of failing that particular young person.

7. GANGS, YOUTH VIOLENCE AND EXTREMISM

7.1. Gangs and Youth Violence

- 7.1.1. Due to the nature of our work, Open Door staff and volunteers may come across young people who are involved in or on the periphery of gangs.
- 7.1.2. The risk or potential risk of harm to the young person in a gang may be as a victim, a perpetrator or both – in relation to their peers or to a gang-involved adult in their household.
- 7.1.3. A child who is affected by gang activity or serious youth violence can be at risk of significant harm through physical, sexual and emotional abuse. See section x for definitions of harm. Significant harm is defined in section
- 7.1.4. Violence is a way for gang members to gain recognition and respect by asserting their power and authority in the street, with a large proportion of street crime perpetrated against members of other gangs or the relatives of gang members.
- 7.1.5. Youth violence, serious or otherwise, may be a function of gang activity. However, it could equally represent the behaviour of a child acting individually in response to his or her particular history and circumstances.

7.2. Girls & sexual exploitation

- 7.2.1. There is evidence of a high incidence of rape of girls who are involved with gangs. Some senior gang members pass their girlfriends around to lower ranking members and sometimes to the whole group at the same time. Very few rapes by gang members are reported,
- 7.2.2. Gang members often groom girls at school using drugs and alcohol, which act as disinhibitors and also create dependency, and encourage / coerce them to recruit other girls through school / social networks.
- 7.2.3. See also the London procedure for safeguarding sexually exploited children (and the London procedure for safeguarding trafficked and sexually exploited children (Section B3), available at www.londonscb.gov.uk.

7.3. Response

- 7.3.1. Staff and Volunteers should always take what the child tells them seriously. They should assess this together with the child's presenting behaviours in the context of whatever information they know or can gather from the child about the risk factors described in the risk assessment framework for children affected by gangs and serious youth violence.
- 7.3.2. Potentially a child involved with a gang or with serious violence could be both a victim and a perpetrator. This requires staff and volunteers to assess and support his/her welfare and well-being needs at the same time as assessing and responding in a criminal justice capacity.

- 7.3.3. If an employee or volunteer is concerned that a child is at risk of harm as a victim or a perpetrator of serious youth violence, gang-related or not, they should follow the same procedures as for any other suspicion of abuse.
- 7.3.4. Workers should consider making contact with local Gangs Prevention Officer or equivalent.

7.4. Violent extremism

- 7.4.1. Particularly from their teenage years onwards children can be vulnerable to getting involved with radical groups through direct contact with members or, increasingly, through the internet. This can put the child at risk of being drawn in to criminal activity and has the potential to cause significant harm.
- 7.4.2. Staff and Volunteers need to understand these risks and know how to access local support for the young person and their families.
- 7.4.3. If an employee or volunteer is concerned that a child is at risk of harm as a result of involvement with extremism, they should follow the same procedures as for any other suspicion of abuse.
- 7.4.4. Workers should consider making contact with local Prevent Extremism Officer or equivalent.

8. SELF-HARMING AND SUICIDAL BEHAVIOUR

8.1. Introduction

- 8.1.1. People can harm themselves for a number of reasons. Some young people cut or brand themselves as a sign they are part of a particular group and like any other form of self-harm it is a risky thing to do. Other young people harm themselves for reasons, which are often linked to relationships - it could be a recent conflict, a break up in the family or with a girl or boyfriend, or it may be linked to abuse. Sometimes it can be related to being lonely or confused about your sexuality or how you are affected by people's reaction to your sexuality.
- 8.1.2. Any child or young person, who self-harms or expresses thoughts about this or about suicide, must be taken seriously and appropriate help and intervention, should be offered at the earliest point. Any worker who is made aware that a child or young person has self-harmed, or is contemplating this or suicide, should talk with the child or young person without delay.

8.2. Definition

- 8.2.1. Definitions from the Mental Health Foundation (2003) are:
 - Deliberate self-harm is self-harm without suicidal intent, resulting in non-fatal injury;
 - Attempted suicide is self-harm with intent to take life, resulting in non-fatal injury;
 - Suicide is self-harm, resulting in death.
- 8.2.2. Deliberate self-harm is a common precursor to suicide and children and young people who deliberately self-harm may kill themselves by accident.
- 8.2.3. Self-harm can be described as wide range of behaviours that someone does to themselves in a deliberate and usually hidden way. In the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered. Many children and young people may struggle to express their feelings and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them.

8.3. Indicators

- 8.3.1. The indicators that a child or young person may be at risk of taking actions to harm themselves or attempt suicide can cover a wide range of life events such as bereavement, bullying at school or a variety of forms of cyber bullying, often via mobile phones, homophobic bullying, mental health problems including eating disorders, family problems such as domestic violence and abuse or any form of child abuse as well as conflict between the child and parents.
- 8.3.2. The signs of the distress the child may be under can take many forms and can include:
- Cutting behaviours;
 - Other forms of self-harm, such as burning, scalding, banging, hair pulling;
 - Self-poisoning;
 - Not looking after their needs properly emotionally or physically;
 - Direct injury such as scratching, cutting, burning, hitting yourself, swallowing or putting things inside;
 - Staying in an abusive relationship;
 - Taking risks too easily;
 - Eating distress (anorexia and bulimia);
 - Addiction for example, to alcohol or drugs;
 - Low self-esteem and expressions of hopelessness.

8.4. Risks

- 8.4.1. An assessment of risk should be undertaken at the earliest stage and should consider the child or young person's:
- level of planning and intent;
 - frequency of thoughts and actions;
 - signs of depression;
 - signs of substance misuse;
 - previous history of self-harm or suicide in the wider family or peer group;
 - delusional thoughts and behaviours;
 - feeling overwhelmed and without any control of their situation.
- 8.4.2. Any assessment of risks should be talked through with the child or young person and regularly updated as some risks may remain static whilst others may be more dynamic such as sudden changes in circumstances within the family or school setting.
- 8.4.3. The level of risk may fluctuate and a point of contact with a backup should be agreed to allow the child or young person to make contact if they need to.
- 8.4.4. The research indicates that many children and young people have expressed their thoughts prior to taking action but the signs have not been recognised by those around them or have not been taken seriously. In many cases the means to self-harm may be easily accessible such as medication or drugs in the immediate environment and this may increase the risk for impulsive actions.
- 8.4.5. If the young person is caring for a child or pregnant the welfare of the child or unborn baby should also be considered in the assessment.

8.5. Protective and supportive action

- 8.5.1. In cases where the child or young person is in need of urgent medical attention do not hesitate to call emergency services or seek medical intervention.
- 8.5.2. For less urgent circumstances, a supportive response demonstrating respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability will find it more difficult to express their thoughts.

8.5.3. Worker should talk to the child or young person and establish:

- If they have taken any substances or injured themselves;
- Find out what is troubling them;
- Explore how imminent or likely self-harm might be;
- Find out what help or support the child or young person would wish to have;
- Find out who else may be aware of their feelings.

8.5.4. And explore the following in an appropriate private environment:

- How long have they felt like this?
- Are they at risk of harm from others?
- Are they worried about something?
- Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- What other risk taking behaviour have they been involved in?
- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?

8.6. Do not:

- Panic or try quick solutions;
- Dismiss what the child or young person says;
- Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future;
- Disempower the child or young person;
- Ignore or dismiss the feelings or behaviour;
- See it as attention seeking or manipulative;
- Trust appearances, as many children and young people learn to cover up their distress.

8.7. Recording and Referral

- 8.7.1. Any disclosure of self-harm by a young person should be reported to the Designated Safeguarding Lead and appropriate notes recorded in the same way other safeguarding concerns are recorded.
- 8.7.2. The child or young person may be a Child in Need of services, which could take the form of an early help assessment or a Common Assessment Framework (CAF) support service or they may be likely to suffer significant harm, which requires child protection services.
- 8.7.3. The referral should include information about the background history and family circumstances, the community context and the specific concerns about the current circumstances, if available.
- 8.7.4. Consideration should also be given to making a referral to Mental Health services (CAMHS or other independent providers).

8.8. Issues – information sharing and consent

- 8.8.1. The best assessment of the child or young person's needs and the risks they may be exposed to requires useful information to be gathered in order to analyse and plan the support services. In order to share and access information from the relevant professionals the child or young person's consent will be needed.

- 8.8.2. Professional judgement must be exercised to determine whether a child or young person in a particular situation is competent to consent or to refuse consent to sharing information. Consideration should include the child's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues. A child at serious risk of self-harm may lack emotional understanding and comprehension and the Fraser guidelines should be used.
- 8.8.3. Informed consent to share information should be sought if the child or young person is competent unless:
 - The situation is urgent and there is not time to seek consent;
 - Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime.
- 8.8.4. If consent to information sharing is refused, or can/should not be sought, information should still be shared in the following circumstances:
 - There is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else or is likely to prejudice the prevention or detection of serious crime, and;
 - The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing, and;
 - There is a pressing need to share the information.
- 8.8.5. Workers should seek to keep parents informed and involve them in the information sharing decision even if a child is competent or over 16. However, if a competent child wants to limit the information given to their parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply.
- 8.8.6. Where a child is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.

8.9. Further information

The links relate to publications about self-harm and suicide with sections about children and young people:

- 'Preventing suicide in England: a cross government outcomes strategy to save lives' September 2012.
- Mental Health Foundation (2003) Suicide amongst children and young people
- Truth Hurts: Report of the National Inquiry into Self-harm among Young People. Mental Health Foundation 2006
- NSPCC Inform. Dealing with Self Harm. Services for Children and Young People(2008)
- Hawton, K, Rodham, K and Evans, E (2006), By Their Own Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley
- Websites:
 - www.selfharm.org.uk
 - www.firstsigns.org.uk
 - www.basementproject.co.uk
 - www.nshn.co.uk
 - www.papyrus-uk.org
 - www.getconnected.org.uk

9. CHILD SEXUAL EXPLOITATION

9.1. Definition

9.1.1. The definition of child sexual exploitation is set out in the DfE document: Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation (February 2017) and is as follows:

9.1.2. *'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:*

In exchange for something the victim needs or wants; and/or

For the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.'

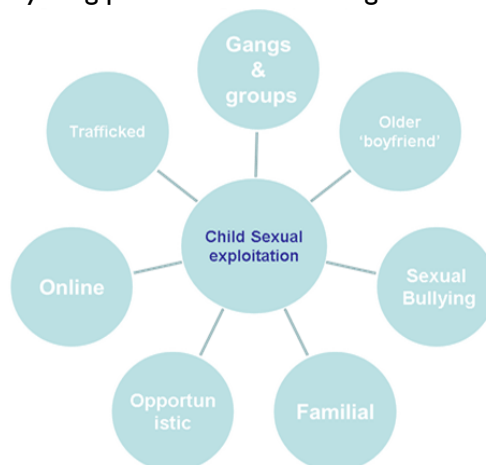
9.1.3. Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third person/s) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

9.1.4. Child sexual exploitation (CSE) can occur through the use of technology without the child's immediate recognition; for example being persuaded to post images on the internet / mobile phones without immediate payment or gain.

9.1.5. Violence, coercion and intimidation are common. Involvement in exploitative relationships is characterised by the child's or young person's limited availability of choice as a result of their social, economic or emotional vulnerability.

9.1.6. A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation.

9.1.7. There are a number of models that describe the different routes through which young people are drawn into sexual exploitation, the most common of which are depicted below. However, workers should note that these are not static, and young people are drawn in and out of them:



9.2. Principles

9.2.1. The principles underpinning a multi-agency response to the sexual exploitation of children and young people include:

- Sexually exploited children should be treated as victims of abuse, not as offenders;
- Sexual exploitation includes sexual, physical and emotional abuse and, in some cases, neglect;
- Children do not make informed choices to enter or remain in sexual exploitation, but do so from coercion, enticement, manipulation or desperation;
- Children under sixteen cannot consent to sexual activity;

- Child sexual exploitation covers a range of offences which will need differing responses from a range of agencies;
- Young people who are sexually exploited or at risk of will have varying levels of need, may have multiple vulnerabilities and be caught up in different risks situations. This calls for a multi-agency response and good coordination;
- Many sexually exploited children have difficulty distinguishing between their own choices and the sexual activities they are coerced into;

9.3. Vulnerability factors to sexual exploitation

- 9.3.1. Sexually exploited children do not always fit a specific profile, and workers should always keep an open mind to the possibility that a child may be at risk of exploitation.
- 9.3.2. However, children may be more vulnerable to sexual exploitation if they have experience of one or more of the following:
- Living in a chaotic or dysfunctional household (including parental substance use, domestic abuse, parental mental health issues, parental criminality).
 - History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect).
 - Recent bereavement or loss.
 - Gang association either through relatives, peers or intimate relationships (in cases of gang associated CSE only).
 - Attending school with young people who are sexually exploited.
 - Learning disabilities.
 - Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
 - Friends with young people who are sexually exploited.
 - Homeless.
 - Lacking friends from the same age group.
 - Living in a gang neighbourhood.
 - Living in residential care.
 - Living in hostel, bed and breakfast accommodation or a foyer.
 - Low self-esteem or self-confidence.
 - Young carer.
 - Having been trafficked, either into or within the UK
- 9.3.3. Workers also need to be vigilant to 'hidden' victims such as boys, children with disabilities or from BME communities.
- 9.3.4. The following signs and behaviour are generally seen in children who are already being sexually exploited:
- Missing from home or care.
 - Physical injuries.
 - Drug or alcohol misuse.
 - Involvement in offending.
 - Repeat sexually-transmitted infections, pregnancy and terminations.
 - Absent from school.
 - Change in physical appearance.
 - Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites.
 - Estranged from their family.
 - Receipt of gifts from unknown sources.
 - Recruiting others into exploitative situations.
 - Poor mental health.
 - Self-harm.

- Thoughts of or attempts at suicide.

9.4. Recognition and referral

- 9.4.1. In cases where a child displays indicators that they may have been trafficked, whether from overseas or within the UK, we have a duty to refer the case to the relevant authority by submitting a National Referral Mechanism referral form; (see Modern Slavery: duty to notify, Home Office 2016).
- 9.4.2. Workers should be alert and competent to identify and act upon concerns that a child is at risk of or experiencing abuse through sexual exploitation. They are often well placed to receive and verify information about sexual abuse and exploitation of children and young people in the local community.
- 9.4.3. Where a worker has immediate concerns they should, together with their designated safeguarding lead, make a referral to LA children social care. Where the concerns are not immediate or are unclear, staff should discuss the case with their agency's designated safeguarding lead.

10. CHILD ABUSE LINKED TO FAITH or CULTURE

- 10.1.1. Workers should be aware of the potential for abuse that takes place in the context of religious or cultural practices.
- 10.1.2. Abuse of children should never be excused by cultural or religious beliefs.
- 10.1.3. Consideration may be given to the following;
 - Honour based violence
 - Forced marriage
 - Female genital mutilation (FGM)
 - Male circumcision
 - Spirit Possession or witchcraft
- 10.1.4. Further information and guidance should be gathered about these subjects where workers suspect abuse is taking place.
- 10.1.5. Workers should seek to be knowledgeable about the practices and associated risks.

11. ABUSE RELATED TO INTERNET AND ICT

11.1. Introduction

- 11.1.1. Information and communication technology (ICT)-based forms of child physical, sexual and emotional abuse can include bullying via mobile telephones or online (internet) with verbal and visual messages.
- 11.1.2. This section focuses on child sexual abuse. However, the procedure should be followed in other instances of ICT-based abuse e.g. physical abuse (such as, children being constrained to fight each other or filmed being assaulted).
- 11.1.3. The making, distribution and viewing of child sexual abuse images is instrumental in the ongoing sexual abuse of children, within organised abuse (sexual exploitation, sex rings and trafficking), within and outside the family and with adults and children, both known and unknown. Online abuse cannot be separated from offline abuse.
- 11.1.4. The distribution of child abuse images continues to grow (a recent UK police operation seized over 750,000 images). Research shows that in the UK, over eight million children have access to the internet and a high proportion of these children (1 in 12), have met someone offline who they initially encountered in an online environment.

11.2. Recognition and Response

- 11.2.1. The impact on a child of ICT-based sexual abuse is similar to that for all sexually abused children. However, it has an additional dimension of there being a visual record of the abuse.
- 11.2.2. ICT-based sexual abuse of a child constitutes **significant harm** through sexual and emotional abuse.
- 11.2.3. Workers should be alert to the possibility that:
 - A child may already have been / is being, abused and the images distributed on the internet or by mobile telephone;
 - An adult or older child may be grooming a child for sexual abuse, including for involvement in making abusive images. This process can involve the child being shown abusive images;
 - An adult or older child may be viewing and downloading child sexual abuse images.

11.3. Concern about Particular Child/ren

- 11.3.1. Where the concerns involve a particular children or young people, workers should use the Cause for Concern or Action forms in the same way as with other concerns.

11.4. Concern about an Adult

- 11.4.1. Workers may identify a concern through a relationship with a child or an adult, from visits to the family home or from information shared by the victim's friends or family.
- 11.4.2. A worker who has a concern should discuss this with their line manager and / or their Designated Safeguarding Lead.
- 11.4.3. Where concerns are about a colleague, workers may also wish to use the Whistleblowing procedure.
- 11.4.4. A concern about an adult should be shared even where there is no evidence to support it. A referral should be made to the police about the adult. The police must consider the possibility that the individual might also be involved in the active abuse of children and their access to children should be established, including family and work settings, and a referral made to local authority children's social care.

11.5. Impact on Children and Young People

- 11.5.1. Children have great difficulty in talking about their abuse, some denying that it is their image even when there is categorical proof. The reasons for this include that children:
 - Can experience intense feelings of powerlessness, knowing that there is nothing they can do about others viewing pornographic pictures / films of themselves (and sometimes their coerced sexual abuse of others) indefinitely;
 - Express concerns over how pornography will be viewed (i.e. that they enjoyed it or were complicit in its production);
 - Are aware that the sexual abuse they endured to produce the pornography can be distributed commercially or non-commercially for the arousal of others. They are also aware that it can be used to groom and abuse other children;
 - Suffer in the knowledge that there is a permanent record of their sexual abuse and this knowledge has implications for the need for long-term support and treatment of the children to reflect the harm that indefinite circulation can cause.
- 11.5.2. Children may also be shown images of their own abuse by their abuser, and they typically hold a personal responsibility for not stopping their own abuse and that of others involved. All these aspects reflect the impact of the grooming process of the

abusers, who endeavour to make the child feel that it is their fault and that they could have stopped the abuse.

- 11.5.3. The **NSPCC Report Remove Tool** enables young people under the age of 18 to report a nude image or video of themselves which has appeared online. The Internet Watch Foundation will review these reports and work to remove any content which breaks the law.

11.6. Chat Room Grooming and Offline Abuse

- 11.6.1. Grooming of children online is a faster process than usual grooming, and totally anonymous. The abuser develops a 'special' relationship with the child online (often adopting a false identity), which remains a secret to enable an offline meeting to occur in order for the abuser to sexually harm the child. The abuser grooms online by finding out as much as they can about their potential victim, establishes the risk and likelihood of the child telling, finds out about the child's family and social networks and, if safe enough, will isolate their victim, usually through bribes or threats, and gain control.
- 11.6.2. Abusers may use child sexual abuse images to break down the child's barriers to sexual behaviour (and communicate to the child the abuser's sexual fantasies). Repeated exposure to abusive images is intended to diminish the child's inhibitions and give the impression that sex between adults and children is normal, acceptable and enjoyable.
- 11.6.3. There is an additional dimension to the silencing of children who have been groomed in chatrooms. Children's behaviour on the net is far less inhibited. They will talk about things and people and use language that they wouldn't in their everyday lives and they are fearful of those close to them finding out what they have said.
- 11.6.4. Children who have been 'duped' into believing that their online contact is a 'friend' have a serious concern of their own peer group finding out that they have been 'foolish' enough to be conned in this way. The majority say they would have told no one about their abusive experiences.

12. PARTNERSHIPS

- 12.1.1. When working in partnership, particular attention should be given to child protection and safeguarding arrangements.
- 12.1.2. Any contracts or service level agreements should contain specific reference as to whose policy is applicable and where responsibility for coordination lies.
- 12.1.3. Where responsibility lies with other organisations, staff and volunteers should be clear about the arrangements but also be reminded of the possibility of acting unilaterally if concerns are not acted upon.
- 12.1.4. Where Open Door staff are working in another context such as a school, it is reasonable for that organisation to request the DBS details of any Open Door staff and volunteers involved. This information should be transmitted confidentially and should include the following information:
 - Full name
 - Date of Birth
 - DBS Disclosure Number
 - DBS Disclosure Date
- 12.1.5. Open Door staff are under no obligation to provide further personal details about staff or volunteers to partner organisations. In addition, Open Door is not obligated to provide copies of disclosures, although an individual may choose to.

- 12.1.6. Open Door should seek the same information when working with staff/volunteers from other organisations. Advice should be sought where organisations refuse this information.

13. DESIGNATED SAFEGUARDING LEAD

13.1. Appointment

- 13.1.1. Open Door shall appoint a person to take on the role of Designated Safeguarding Lead.
- 13.1.2. The name and a photograph of the Designated Safeguarding Lead should be clearly displayed for all to see.

13.2. Training

- 13.2.1. The Designated Safeguarding Lead should be trained to the appropriate level for this role. This training will come by different names (sometimes “Designated Person” training or Level 3 training), and advice should be sought from the Local Safeguarding Children Board about the appropriate course.

13.3. Role Description of Designated Safeguarding Lead

- 13.3.1. to ensure that all who apply to work with young people are appropriately vetted in terms of references and enhanced DBS Disclosures.
- 13.3.2. to ensure that the guidelines given in this policy and its procedures are observed and, in particular, that proper levels of training and supervision are maintained by all projects.
- 13.3.3. to ensure that training opportunities are available so that all staff and volunteers update their training at least bi annually.
- 13.3.4. to work with the Board to ensure a register of volunteers and paid workers is kept, including date of issue and certificate numbers of DBS disclosures, up-to-date records of all Child Protection training undergone by them; and to make volunteers and workers aware of when their training falls short of what is required.
- 13.3.5. where any specific allegations of child abuse are made, to ensure that proper procedures are adhered to.
- 13.3.6. The post and holder will be subject to annual review by the Board of Trustees at the same time review of the whole policy takes place.

14. APPOINTMENT OF WORKERS

14.1. Purpose and nature of procedures

- 14.1.1. The following procedures are designed to promote the effectiveness of Open Door’s work and to protect both children, young people and workers. They will help ensure individuals’ gifts are used in the best ways. The procedures involve all potential staff and volunteers being treated as potential job applicants.

14.2. Safer Recruitment Training

- 14.2.1. It is recommended that at least one member from the organisation undertakes Safer Recruitment Training, a specific programme of training (usually 1 day) that addresses steps that should be taken to ensure that our workforce remains resistant to people who have inappropriate intentions. This would usually be the Designated Safeguarding Lead, but other staff or Board Members with recruitment responsibility might also find the training useful.

- 14.2.2. Safer Recruitment training can usually be sourced through the Local Safeguarding Children's Board or via e-learning on the DfE website.

14.3. Appointing workers or volunteers

- 14.3.1. There needs to be sensitivity and flexibility when it comes to filling in forms, especially when a potential volunteer is making tentative enquires about helping with the work, or for whom there may be a language or literacy difficulty. Sometimes it may be more appropriate for the forms to be completed during an informal interview, with the applicant checking and signing them. Nevertheless, it remains very important to adhere to the following agreed procedures:
- 14.3.2. Prospective workers will be asked to complete a relevant application form requesting basic personal details, recent current and previous addresses, and any experience looking after or working with children/young people, references from people not directly involved in any way with Open Door and details of any charges or convictions. (Disclosure of a criminal record may not in itself prevent appointment, as it is the nature of any offence that will be considered).
- 14.3.3. Expectations of other recruitment processes may be set out in additional volunteer or staff recruitment policies.
- 14.3.4. The applicant will be told more about the work and current needs and Open Door's expectations, and will have the opportunity to raise points and ask questions. The interviewing panel will explore the applicant's experience of and attitudes towards working or contact with children and young people, and expectations about possible work with the project. The following factors will be taken into account:
- Support of the aims of Open Door's work
 - Ability to provide warm and consistent care
 - A willingness to respect background and culture of people in their care
 - Commitment to treat all people as individuals and with equal concern
 - Physical health, mental stability, integrity, flexibility
 - Willingness to work as a team member
- 14.3.5. A decision will be made by the interviewing panel whether or not to appoint an applicant. Appointment will be confirmed in writing and the applicant will be provided with a job/task description of the worker's responsibilities and the name of the main person who will give support. Volunteers will be asked to sign a declaration saying that they have read this document and understand their duty to protect the young people and young people they come into contact with. Paid employees will have a statement to this effect within their Employment Contract.
- 14.3.6. Job and Role Descriptions will always contain reference to duty to ensure the safety and protection of young people we are in contact with.
- 14.3.7. Appointment to any post within Open Door will always be subject to a satisfactory DBS Disclosure and References.

14.4. Disclosure and Barring Service (DBS) disclosures

- 14.4.1. All applicants who will be working directly with children and young people (or Vulnerable Adults) will be asked to complete an online Disclosure Application for a Disclosure and Barring Service (DBS) criminal records check.
- 14.4.2. As certificates are sent to the applicant, Open Door will only authorise a worker to work with children or young people when the original certificate has been viewed and verified and the details recorded.

- 14.4.3. Applicants shown as having convictions will be confidentially referred to the Chair of the Board for judgement on suitability to work in the context applied for. This will include the use of a pro-forma risk assessment (see Section 0). The Chair should seek external confidential advice where appropriate.
- 14.4.4. Disclosure certificates undertaken by other organisations will **NOT** be accepted unless the applicant has registered their certificate with the DBS updating service and we are able to verify this is the case.
- 14.4.5. No worker or volunteer shall work unsupervised with young people before a DBS Disclosure is received and checked.
- 14.4.6. DBS Disclosures must be renewed every 3 years.

14.5. Young people, volunteering and vetting procedures

- 14.5.1. Vetting procedures as outlined above relate to all staff and volunteers over the age of 16 years.
- 14.5.2. By the very nature of our work, we will encourage some young people to become volunteers with the projects that we operate, while they might still be described as a client or user of our services. In these cases the same vetting procedures must be applied before young person becomes a volunteer.
- 14.5.3. In cases where a young person volunteering is younger than 16, the checks must be carried out when they turn 16.

14.6. Criteria for not appointing workers

- 14.6.1. Open Door's responsibilities towards those it works with means that on occasion it will exclude people from work with children and young people. This will happen where it is known that the individual has a criminal record for offences relating to young people or sexual behaviour. Failure to disclose a criminal record will also lead to exclusion from work with children and young people. Even where real change has taken place in the life of the individual, it would be unwise to place an individual in a position of temptation, and refusal would be for the benefit of the individual concerned as well as for the young people. Applicants will also not be appointed where an unsatisfactory reference is received.
- 14.6.2. Where Open Door has reservations about the overall suitability of someone to undertake work with children/young people in the specific context of the project then an appointment will not be made.

14.7. Working with offenders

- 14.7.1. Should a known sex offender apply to work with Open Door, the person will be refused work on either a voluntary or paid basis.
- 14.7.2. As a Christian organisation however we would want to assist the person to find more appropriate work and would work with the person to contact other agencies and churches who may be able to help.

14.8. Management and supervision

- 14.8.1. Open Door has a system of line management in place to provide supervision and accountability. This will include monitoring of ongoing work, line management meetings and reviews in accordance with other Open Door employment policies and procedures.

14.9. Whistle Blowing policy

- 14.9.1. Open Door operates a Whistle Blowing policy which all staff and volunteers should be made aware of.

15. DEALING WITH ALLEGATIONS OF ABUSE AGAINST STAFF

15.1. Introduction

- 15.1.1. Despite all efforts to recruit safely there will be occasions when allegations of abuse against children and young people are raised.
- 15.1.2. It is essential that any allegation of abuse made against a member of staff or volunteer is dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation.
- 15.1.3. This guidance should be used in respect of all cases in which it is alleged that a member of staff (including a volunteer) has:
 - behaved in a way that has harmed a child, or may have harmed a child;
 - possibly committed a criminal offence against or related to a child; or
 - behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.
 - This includes behaviour at any time, not just when engaged with Open Door.
- 15.1.4. There may be up to four strands in the consideration of an allegation:
 - Notification of Local Authority Designated Officer (LADO)
 - a police investigation of a possible criminal offence;
 - enquiries and assessment by children's social care about whether a child is in need of protection or in need of services;
 - consideration by Open Door of disciplinary action in respect of the individual.

15.2. Notification of relevant persons

- 15.2.1. Open Door must inform the relevant local authority designated officer (LADO) immediately an allegation is made. This will be carried out by the Designated Safeguarding Lead, who will also inform the Chair of the Board (informing of the LADO is not dependent on approval from the Chair). The Chair will do this if the allegation relates to the Safeguarding Lead,
- 15.2.2. The LADO will advise whether or not informing the parents of the child/ren involved will impede the disciplinary or investigative processes. Acting on this advice, if it is agreed that the information can be fully or partially shared, Designated Safeguarding Lead should inform the parent/s. In some circumstances, however, the parent/s may need to be told straight away (e.g. if a child is injured and requires medical treatment).
- 15.2.3. The parent/s and the child, if sufficiently mature, should be helped to understand the processes involved and be kept informed about the progress of the case and of the outcome where there is no criminal prosecution. This will include the outcome of any disciplinary process, but not the deliberations of, or the information used in, a hearing.
- 15.2.4. The Designated Safeguarding Lead should seek advice from the LADO, the police and / or LA children's social care about how much information should be disclosed to the accused person.

15.3. Confidentiality

- 15.3.1. Every effort should be made to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

15.4. Record Keeping

- 15.4.1. It is important that a clear and comprehensive summary of any allegations made, details of how the allegation was followed up and resolved, and a note of any action taken and decisions reached, is kept on a person's confidential personnel file, and a copy provided to the person concerned. The purpose of the record is to enable accurate information to be given in response to any future request for a reference if the person has moved on. It will provide clarification in cases where a future DBS Disclosure reveals information from the police about an allegation that did not result in a criminal conviction. And it will help to prevent unnecessary reinvestigation if, as sometimes happens, an allegation re-surfaces after a period of time. The record should be retained at least until the person has reached normal retirement age or for a period of 10 years from the date of the allegation if that is longer.

15.5. Timescales

- 15.5.1. It is in everyone's interest to resolve cases as quickly as possible consistent with a fair and thorough investigation. Every effort should be made to manage cases to avoid any unnecessary delay. The time taken to investigate and resolve individual cases depends on a variety of factors including the nature, seriousness and complexity of the allegation.
- 15.5.2. Government guidance states that it is reasonable to expect that 80 per cent of cases should be resolved within one month, 90 per cent within three months, and all but the most exceptional cases should be completed within 12 months.

15.6. Considerations

- 15.6.1. In all circumstances allegations made against members of staff will be reported to and dealt with by the CEO, and in their absence the Chair of the Board of Trustees, with the advice of the LADO and Police, Social Care services.
- 15.6.2. In all cases, investigating individuals are recommended to seek independent professional advice from CCPAS (details listed at the end of this document.)
- 15.6.3. The procedures need to be applied with common sense and good judgement. In rare cases allegations will be so serious as to require immediate intervention by children's social care and/or police. Others that meet the criteria in paragraph 15.1.3 may seem much less serious and on the face of it will not warrant consideration of a police investigation, or enquiries by children's social care.
- 15.6.4. However, it is important to ensure that even allegations that appear less serious are seen to be followed up and taken seriously.
- 15.6.5. If the complaint or allegation is such that it is clear that an investigation by police and/or enquiries by social care are not necessary, or the Police/Social Services decide that is the case, the Chair of the Board should decide next steps. For employed staff members this will usually involve initiation of the Disciplinary Procedures. This process remains a "without prejudice" and depending on the nature and circumstances of the allegation and the evidence and information available, will range from taking no further action to summary dismissal or a decision not to use the person's services in future.

15.7. Suspension

- 15.7.1. The possible risk of harm to children posed by an accused person needs to be effectively evaluated and managed – in respect of the child(ren) involved in the allegations, and any other children in the individual's home, work or community life. In some cases that will require the Chair of the Board to consider suspending the person until the case is resolved.

- 15.7.2. Suspension should be considered in any case where there is cause to suspect a child is at risk of significant harm, or the allegation warrants investigation by the police, or is so serious that it might be grounds for dismissal. However, a person must not be suspended automatically, or without careful thought. Again, advice should be sought from the LADO and CCPAS. The Chair should also consider whether the result that would be achieved by suspension could be obtained by alternative arrangements.
- 15.7.3. It should be stressed to the employee that Suspension in these cases is a neutral act, until better understanding of the situation can be ascertained and will be on full pay.
- 15.7.4. The accused member of staff should:
 - Be treated fairly and honestly and helped to understand the concerns expressed and processes involved;
 - Be assisted in finding appropriate pastoral and legal support;
 - Be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process;
 - If suspended, be kept up to date about events in the workplace.

15.8. Information Sharing

- 15.8.1. In a discussion with Police/Social Services, Open Door should share all relevant information they have about the person who is the subject of the allegation, and about the alleged victim.
- 15.8.2. Children's social care should adopt a similar procedure when making enquiries to determine whether the child or children named in the allegation is in need of protection or services so that any information obtained in the course of those enquiries which is relevant to a disciplinary case can be passed to Open Door without delay.

15.9. Action Following a Criminal Investigation or a Prosecution

- 15.9.1. The police or the Crown Prosecution Service (CPS) should inform the employer straightaway when a criminal investigation and any subsequent trial is complete, or if it is decided to close an investigation without charge, or not to prosecute after the person has been charged.

15.10. Action on Conclusion of a Case

- 15.10.1. If the allegation is substantiated and the person is dismissed or Open Door ceases to use the person's services, or the person resigns or otherwise ceases to provide his or her services, the Chair of the Board should take advice on whether a referral is required to the Disclosure and Barring Service.
- 15.10.2. In cases where it is decided on the conclusion of the case that a person who has been suspended can return to work, the Line Manager should consider how best to facilitate that. Most people will benefit from some help and support to return to work after a very stressful experience. Depending on the individual's circumstances, a phased return and/or the provision of a mentor to provide assistance and support in the short term may be appropriate. The Line Manager should also consider how the person's contact with the child or children who made the allegation can best be managed if they are still attending a programme.

15.11. Resignations and Compromise Agreements

- 15.11.1. The fact that a person tenders his or her resignation, or ceases to provide their services, must not prevent an allegation being followed up in accordance with these procedures. It is important that every effort is made to reach a conclusion in all cases of allegations bearing on the safety or welfare of children, including any in which the person concerned refuses to cooperate with the process. Wherever possible, the person should be given a full opportunity to answer the allegation and make

representations about it, but the process of recording the allegation and any supporting evidence, and reaching a judgement about whether it can be regarded as substantiated on the basis of all the information available, should continue even if that cannot be done or the person does not cooperate. It may be difficult to reach a conclusion in those circumstances, and it may not be possible to apply any disciplinary sanctions if a person's period of notice expires before the process is complete, but it is important to reach and record a conclusion wherever possible.

- 15.11.2. By the same token so called "compromise agreements" by which a person agrees to resign, the employer agrees not to pursue disciplinary action, and both parties agree a form of words to be used in any future reference, must not be used in these cases. In any event, such an agreement will not prevent a thorough police investigation where that is appropriate. Nor can it override the statutory duty to make a referral to the DBS where circumstances require that.

15.12. Learning Lessons

- 15.12.1. At the conclusion of a case in which an allegation is substantiated the Board should review the circumstances of the case to determine whether there are any improvements to be made to procedures or practice to help prevent similar events in the future.

15.13. Action in respect of False Allegations

- 15.13.1. If an allegation is determined to be false, the Designated Safeguarding Lead should refer the matter to children's social services to determine whether the child concerned is in need of services, or may have been abused by someone else. In the rare event that an allegation is shown to have been deliberately invented or malicious, the Board may wish to consider withdrawing services from the young person, or the police should be asked to consider whether any action might be appropriate against the person responsible.

15.14. Summary

15.14.1. ***Allegation made to Open Door***

The allegation should be reported to the Designated Safeguarding Lead immediately. The Safeguarding Lead will inform the appropriate LADO as soon as possible and work in partnership with them and police/social services where necessary.

15.14.2. ***Allegation made to the police or children's social services***

If an allegation is made to the police, the officer who receives it should report it to the force designated liaison officer without delay. The police would be expected to contact the organisation at the earliest opportunity where this information would be passed to the Safeguarding Lead without delay. Similarly, if the allegation is made to children's social care the person who receives it should report it to the organisation without delay.

16. FURTHER ADVICE AND SUPPORT

- 16.1.1. Information and guidance can be sought from the following sources. This list is not exhaustive.
 - Booklet: "What to do if you're worried a child is being abused" - <https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>
 - HM Government – "Working Together to Safeguard Children 2018" – <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

- National Society for Prevention of Cruelty to Children (NSPCC) - www.nspcc.org.uk
- Churches Child Protection Advisory Service (CCPAS) - www.ccpas.co.uk
- Get Safe Online - www.getsafeonline.org
- Every Child Matters (DCSF) - www.everychildmatters.gov.uk
- London Safeguarding Children Board - www.londonscb.gov.uk

17. CONTACT DETAILS FOR SAFEGUARDING REFERRALS

17.1. Birmingham City Council

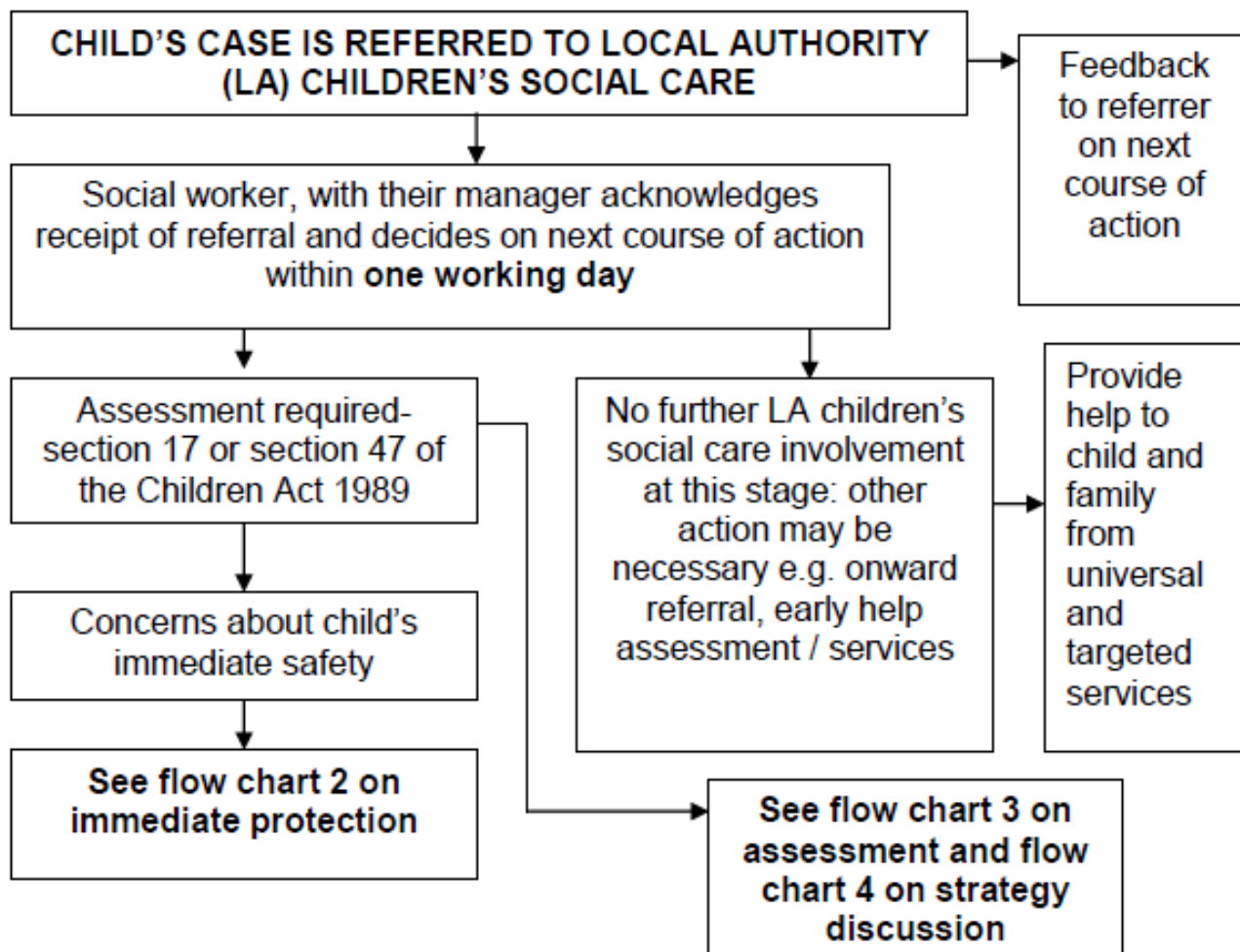
- If you have any concerns about the safety and/or welfare of a child or young person telephone the Children's Advice & Support Service (CASS) on 0121 303 1888 or e-mail secure.cass@birmingham.gcsx.gov.uk (for secure email), or cass@birminghamchildrenstrust.co.uk (non-secure)
- Outside of normal office hours please call 0121 675 4806 for the Emergency Duty Team
- Information about referrals can be found here:
www.lscpbirmingham.org.uk/index.php/safeguarding-concerns
- Birmingham Safeguarding Children Board: <https://www.lscpbirmingham.org.uk/>

FLOW CHARTS REGARDING CHILD PROTECTION REFERRALS

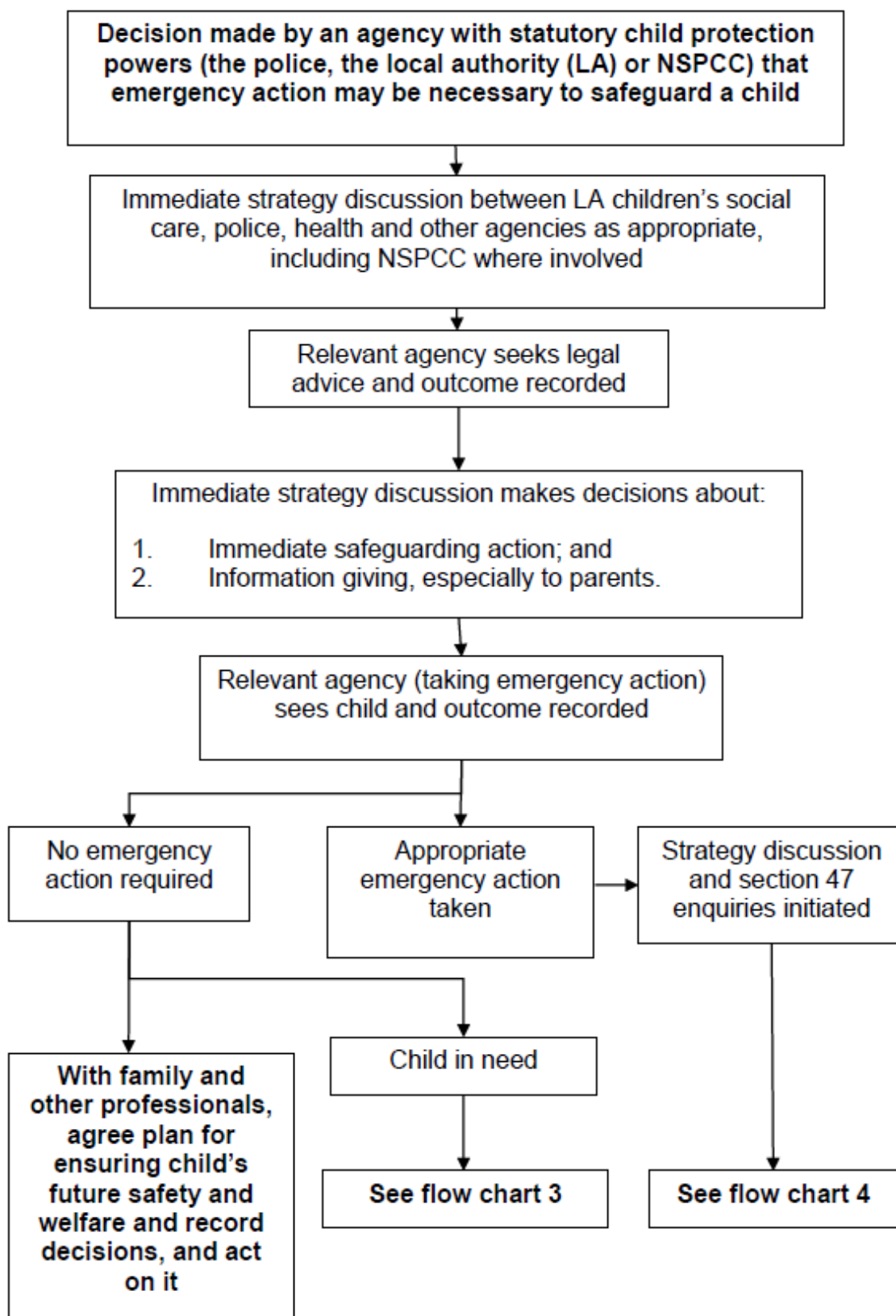
Taken from 'Working Together to Safeguard Children 2018'

www.workingtogetheronline.co.uk/

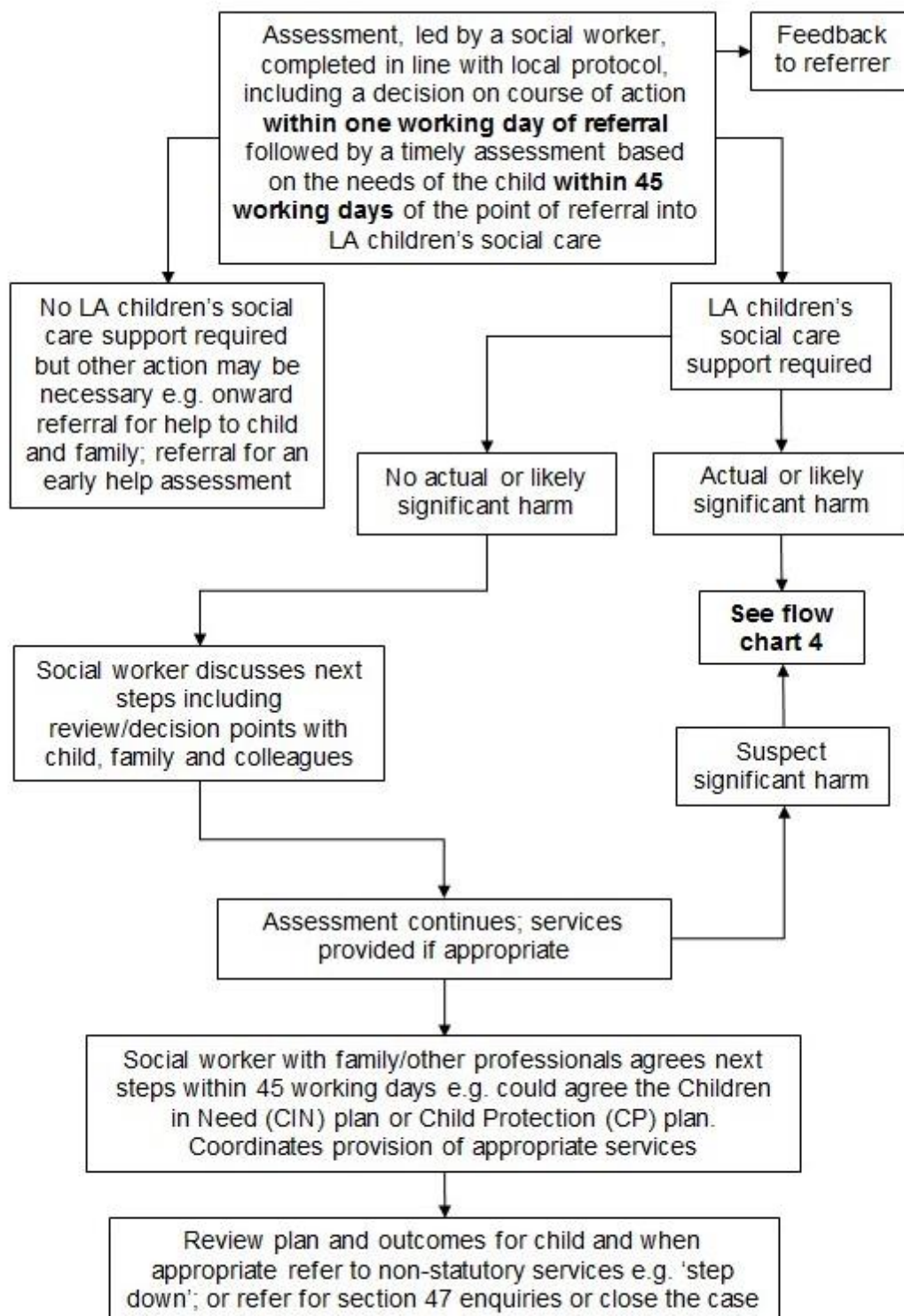
Flow Chart I: Action taken when a child is referred to local authority children's social services



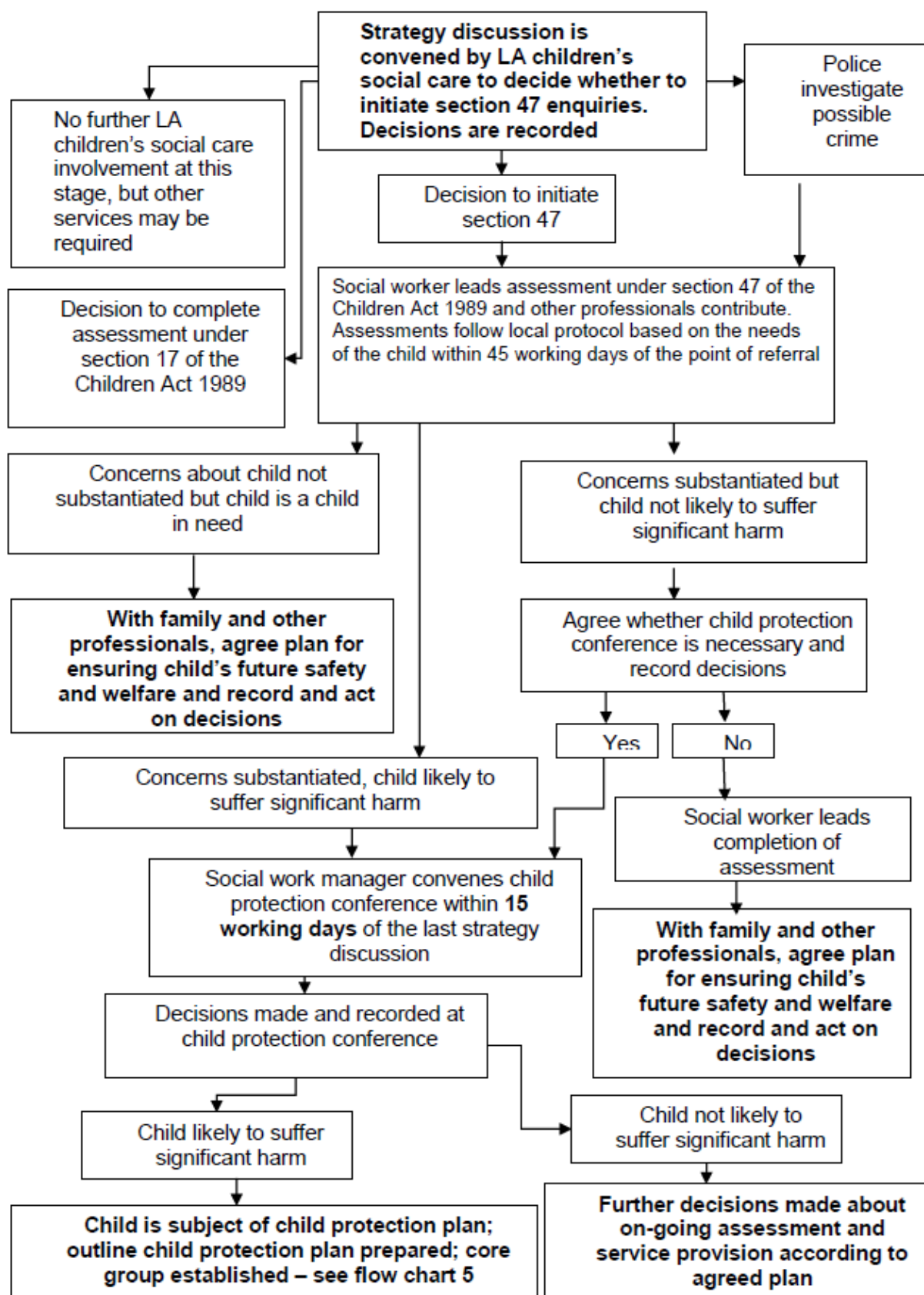
Flow Chart 2: Immediate Protection



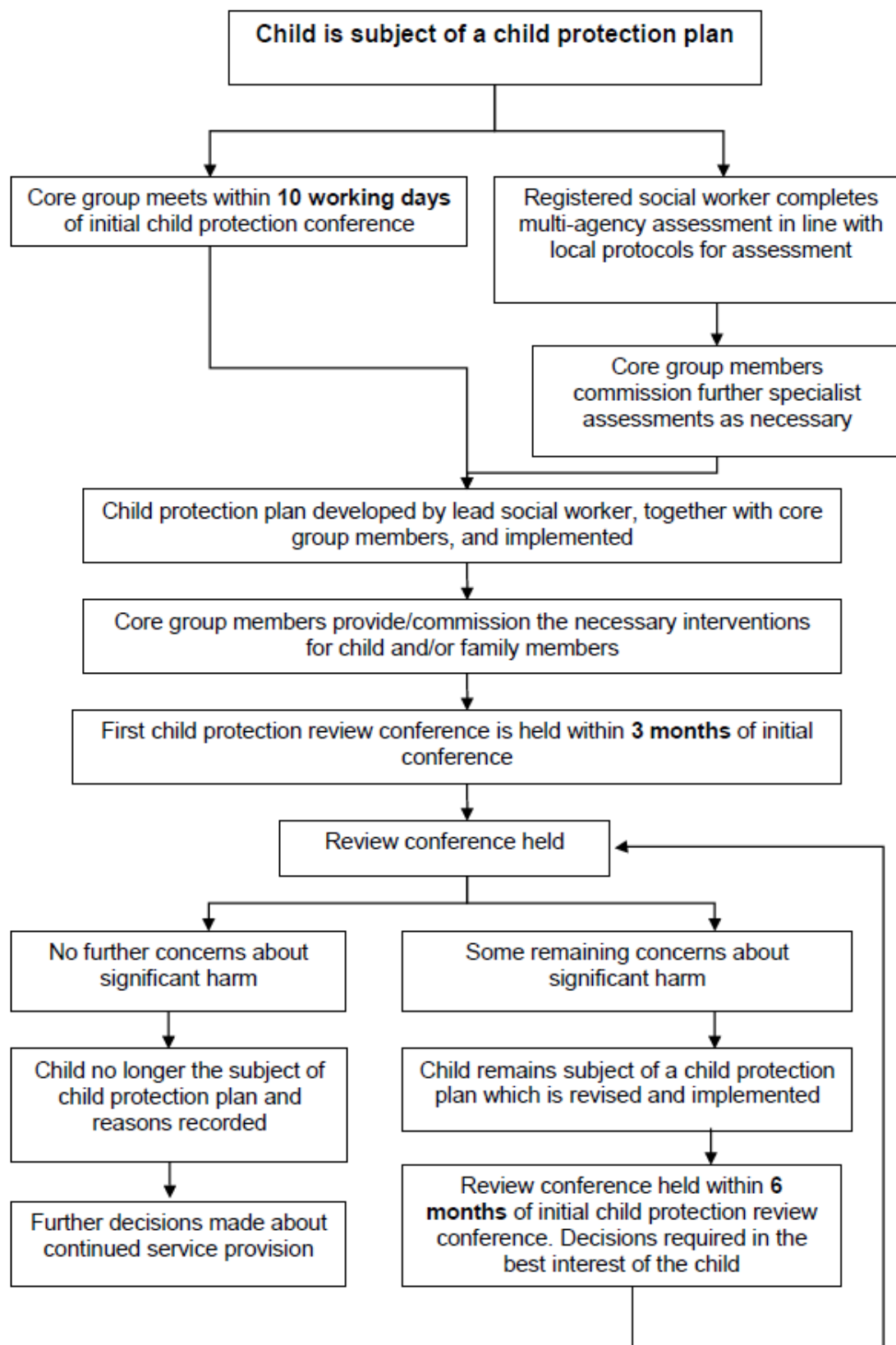
Flow Chart 3: Action taken for an assessment of a child under the Children Act 1989



Flow Chart 4: Action following a strategy discussion



Flow Chart 5: What happens after the child protection conference, including the review?



SAFEGUARDING FORMS

Please see the following three pages for the Safeguarding Forms.

The **Cause for Concern** form is for recording mild concerns that your team should be aware of or be attentive to.

Situations involving actual disclosures or specific suspicions of abuse should be written up on the **Safeguarding Action Form** as soon as possible. The Designated Safeguarding Lead should also be informed as soon as possible and always within 24 hours of any disclosure being made or concern raised.

This document can be downloaded and printed as many times as is necessary. It is suggested that the Designated Safeguarding Lead has some blank forms at the ready. If you decide to complete an electronic copy of the form, each box will expand automatically to accommodate your comments.

SAFEGUARDING CAUSE FOR CONCERN FORM

NOTE: This form is for mild concerns that we as a team should be aware of or be attentive to. Situations involving actual disclosures or specific suspicions of abuse should be written up on the Safeguarding Action Form as soon as possible. The Designated Safeguarding Lead should also be informed as soon as possible.

Please write a brief account of the concern that you have. Please use factual statements in short sentences and separate out your concerns about the situation from the facts.

Your Name:	Your Role:
Date of session:	
Session type:	
Full name/s of person you are concerned about:	
Their date of birth (if known):	
What is your concern about this person?	
What action are you and/or the team proposing to take?	
Signed:	Dated:

Please ensure that this form is returned to the Designated Safeguarding Lead promptly.

SAFEGUARDING ACTION FORM

NOTE: Safeguarding issues may arise in relation to Open Door participants of any age (children, young people and adults. This form may be used for all age groups.

Please write an account of the situation on the form below. Please attach any handwritten notes and or use additional pages if necessary. Please use factual statements and separate out your concerns about the situation from the facts. Return this form to the Designated Safeguarding Lead as soon as possible. If you email it, you also need to ensure that you get hold of this person and actually speak to them to ensure they have received the form.

About you:

Your Name:	Your Role:
Date of session:	Time:
Session type:	

About the participant (child/young person/adult):

Full Name:	Date of Birth (if known):
Home Address:	
School/college attended (if known & applicable):	
What was going on in the session when this issue was raised? Where were you and the person? What time was it? Was anyone else hearing the conversation? What activity was taking place?	

What did you observe or what was discussed/disclosed?	
Do you have any additional concerns in addition to what the person told you?	
What action have you taken or are proposing to take?	
Signed:	Dated:

Please contact your Designated Safeguarding Lead as soon as possible to discuss this disclosure. Hanging on to this form for a week, or simply emailing it without speaking to the DSL is not acceptable.

RISK ASSESSMENT FOR VOLUNTEER OR EMPLOYEE WHO DECLARES CONVICTIONS

This form should be used by managers to record the notes and outcome of an investigation in relation to the disclosure of criminal and barring information of employees, volunteers and job applicants.

1. Applicant Details

Is the DBS applicant a:	Job Applicant		Existing Employee		Volunteer/ Contracted Staff	
Name						
Job/Role Title						

2. Disclosure & Barring Information Disclosed By:

DBS Certificate	
Disclosed by individual	
Disclosed by third party (e.g. another employee, member of the public, police etc)	

3. Short Term Action (to be completed when disclosure made)

1.	No immediate action required	
2.	Redeployment to another role while further investigation is undertaken.	
3.	Modify role while further investigation is undertaken.	
4.	Suspension while investigation continues.	
5.	Offer on hold (Job applicants/volunteers)	

4. Interview Questions & Notes

Q1.	Are the details on your DBS certificate accurate? If not why? (If this is the case the applicant should be advised to refer the issue to the DBS and an interim decision should be made.)
Q2.	Did you disclose the offences when you applied for this position/ when the offences occurred if already employed?
Q3.	What are the offences that have been disclosed? (Is the offence a one off or have several offences been disclosed?)
Q4.	Please can you explain the circumstances of each offence disclosed?
Q5.	Has there been a change in your circumstances which is relevant to the offences e.g. domestic/financial situation?
Q6.	Are you subject to a police investigation currently?

Q7.	Is there anything further it would be helpful for the reviewer to know/consider?
Q8	Is there anything you would like to ask?

5. Next steps

- a) Decide the outcome of the investigation in a timely manner. Consider the following before making your final decision:
 - Was the offence a 'one off' or do they have several convictions?
 - How long ago were the offences committed?
 - How old were they when the offences were committed?
 - Is the type of offence/s relevant to the duties of the role?
 - Were there particular circumstances at the time that led to the offending? Which have now changed? What evidence is there of this change?
 - What is the person's attitude to the offences?
- b) Inform the employee/job applicant/volunteer of the outcome in a timely manner
- c) Ensure that this Risk Assessment is kept in their employment or volunteer file.

6. Final Decision (to be completed after the interview)

		Please select	Date
1.	To continue in post/Progress offer of employment		
2.	Sanction imposed at hearing (please describe below)		
3.	Dismissal/withdrawal of offer of employment		
Detailed justification of final decision			

Risk Assessment Completed by:

Signature	
Name	
Job Title	
Date	

Date	Changes made
Version 1.2 22 nd Nov 2022	Section 4.5 added – Action and Cause for Concern forms. Forms added to Appendix
Version 1.1 26 th Oct 2022	1.2.5 – added paragraph on peer on peer abuse. 0 – Updated definition and guidance on Child Sexual Exploitation 11 – Additional section on Internet based abuse and grooming 14.4.3 - Reference to Criminal Conviction Risk Assessment added in recruitment section and form added to appendix. 17 – Added contact details for Birmingham Child Protection services References to “Working Together” updated to 2018 edition Flow Chart 3 updated from Working Together 2018
Draft Version 5 th February 2016	Policy Created

<p>Most recent review by Board of Trustees:</p> <p>This policy is due for review by the Board of Trustees:</p>
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