



## *Child Safeguarding Policy – April 2024*

Open Door Charity (ODC) has produced this document in conjunction with advice from The Charity Commission and NSPCC.

### 1. Purpose:

- ODC is a mental health organisation registered as a charity that provides immediate support to young people and adults. The purpose of this document is to outline the responsibilities of the organisation, management and volunteers to ensure the utmost duty of care is provided to children who access the charity.
- This document should enable all staff and volunteers to act with confidence and demonstrate responsibility to ensure the protection of children through the course of the charity's operations as well as the prevention of harm and abuse.

*The United Nations Convention on the Rights of the Child defines child as "a human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier".*

### 2. Equality and Diversity:

All children who access the charity will be regarded with the same protection regardless of age, disability, gender, racial heritage, religion, sexual orientation or identity. ODC will not tolerate any anti-discriminatory behaviour against anyone involved with the charity including children.

- ODC Centre promotes diversity throughout the culture of the charity.
- The Equality Act 2010 is the governing legislation the charity will follow in accordance with its operations to ensure Equality is fulfilled.
- The Equality Act 2010 provides the Charity Exception Rule, which enables the charity to define the group of people it will support which is 17-30 year-olds.

### 3. Monitoring:

- This policy will be reviewed annually or when a significant organization

change takes place at ODC.

- Safeguarding procedures and processes should be discussed on a regular basis between charity management and annually with charity trustees.
- Implementation of the policy is the responsibility of management.
- All staff and volunteers must adhere and act in accordance with the Child Safeguarding Policy.
- All staff and volunteers must have a recent Advanced DBS check. This can be provided by another organisation for a volunteer providing it is the original copy. ODC policy is to renew DBS's annually.
- References will be requested for all staff appointments alongside personal identification.

#### 4. Promoting Good Practice:

All staff and volunteers should adhere to the following principles and action:

- Working in an open environment where possible except when confidentiality is required in mentoring sessions. (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets).
- Make ODC enjoyable: promote fairness, confront and deal with bullying.
- Treat all children equally and with respect and dignity.
- Always put the welfare of the child first.
- Maintain a safe and appropriate distance with members (e.g. it is not appropriate for staff or volunteers to have an intimate relationship with a child under any circumstances.)
- Avoid unnecessary physical contact with children. Where any form of manual/physical support is required it should be provided openly and with the consent of the child.
- Be an excellent role model including: not smoking, using language that may be deemed offensive or drinking alcohol in the company of children.
- Provide enthusiastic and constructive feedback rather than negative criticism.
- Recognising the developmental needs and capacity of the young person and do not risk sacrificing welfare in a desire for personal achievements. This means avoiding excessive workloads and not pushing them against their will.
- Keep a written record of any safeguarding incident raised in the course of

working with a child.

- Ensure all safeguarding concerns are raised with management as soon as possible.
- Maintaining confidentiality except when a breach is necessary in line with protocol regarding to suicidal behaviour/ safeguarding issues in which case management must be informed and the necessary course of action and relevant bodies will be informed.
- Ensuring that all staff and volunteers undergo sufficient and on-going training in order to carry out safeguarding responsibilities.

## 5. Preventing Poor Practice:

The following are regarded as poor practice and should be avoided by all personnel:

- Unnecessarily spending excessive amounts of time alone with a child away from others
- Taking a child alone in a car on journeys, however short.
- Taking a child to your home or exchanging personal details with them (including communication outside of a professional capacity).
- Allow or engage in inappropriate touching of any form.
- Allowing children to use inappropriate language unchallenged.
- Making sexually suggestive comments to a child, even in fun.
- Allow allegations made by a child to go unchallenged, unrecorded or not acted upon.
- If during your care you accidentally hurt a child, the child seems distressed in any manner, appears to be sexually aroused by your actions and/or if the child misunderstands or misinterprets something you have done, report any such incidents as soon as possible to another colleague and make a written note of it. Parents should also be informed of the incident.

## 6. Child Abuse: Dealing with suspicions and allegations

*Child abuse is any form of physical, emotional or sexual mistreatment or lack of care/neglect that leads to injury or harm. It commonly occurs within a relationship of trust or responsibility and is an abuse of power or a breach of trust. Abuse can happen to a*



*young person regardless of their age, gender, race or ability.*

Forms of abuse:

- Physical Abuse: May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.
- Psychological Abuse: Including: emotional abuse, threats, deprivation of contact, humiliation, intimidation, coercion, verbal abuse, isolation or withdrawal from services.
- Sexual Abuse: Involves forcing or enticing an individual to take part in sexual activities, whether or not the vulnerable adult is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
- Financial and material Abuse: Covering exploitation and pressure in connection to will's, property, inheritance or financial transactions.
- Neglect or acts of omissions: Included in this are ignoring medical or physical care needs, withholding of medication or adequate nutrition and failure to provide access to appropriate health, social care or educational services.
- Discriminatory Abuse: In the form of racist, sexist and other forms of harassment.

## 7. Reporting

It is not the responsibility of anyone working at ODC in a paid or unpaid capacity to decide whether or not child abuse has taken place. However, there is a responsibility to act on any concerns through contact with the appropriate authorities so that they can then make inquiries and take necessary action to protect the young person. This applies BOTH to allegations/ suspicions of abuse occurring within ODC and to allegations/ suspicions that abuse is taking place elsewhere.

We may become aware of possible abuse in various ways: we may see it happening, we may suspect it happening because of signs or it may be reported to us by someone else or directly by the young person affected. In the last of these cases, it is particularly important to respond appropriately. If a child says or indicates that they are being abused, all charity personnel will follow the below procedure:

- Stay calm so as not to frighten the young person.
- Reassure the child that they are not to blame and that it was right to tell.

- Listen to the child, showing that you are taking them seriously.
- Keep questions concise and relevant so that there is a clear and accurate understanding of what has been said. The law is very strict and child abuse cases have been dismissed where it is felt that the child has been led or words and ideas have been suggested during questioning. Only ask questions to clarify.
- Inform the child that you have to inform other people about what they have told you. Tell the child this is to help stop the abuse continuing.
- Safety of the child is paramount. If the child needs urgent medical attention call an ambulance, inform the doctors of the concern and ensure they are made aware that this is a child protection issue.
- Record all information.
- Report the incident to the management.
- Management will then decide which relevant body needs to be informed e.g. police, social services.

#### Internal Inquiries and Suspension:

- The Charity Management and / or trustees will make an immediate decision about whether any individual accused of abuse or misconduct should be temporarily suspended pending further police and/ or social services inquiries alongside an internal investigation.
- ODC will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. This may be a difficult decision; especially where there is insufficient evidence to uphold any action by the police. In such cases ODC must reach a decision based upon the available information which could suggest that on the balance of probability, it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout.

## 8. Suicide Prevention & Self-Harm Mentor Procedures

Please refer to Mentor Handbook for advice on conversations revolving around suicide/abuse/trauma/self-harm and how to spot signs.

When running a Bazaar or Electric Islands session, the programme will ask each week for the member to rate their feelings of depression, anxiety and suicide or self-harm. If they measure 4 and above on the suicide scale then this needs to be raised immediately with staff but needs to be dealt with sensitively with the member.

- **REMAIN CALM**



- DO NOT ALWAYS RELY ON THIS SCALE - if they rate themselves below 4 but you still feel there is a risk then please still follow the safeguarding procedure with suicide and self-harm. If they mention something during a session that indicates they are at risk, being abused or are generally unsafe then this MUST BE REPORTED TO STAFF IMMEDIATELY, ESPECIALLY BEFORE THE MEMBER LEAVES. In this moment, the manager can give you the suicide safeguarding checklist of questions to ask the member as well to help you construct your conversation.
- Talk to the member about their situation using the questions on the checklist and try and get as much information if you can. However - DO NOT INTERROGATE. Something along the lines of - 'I'm so sorry you feel this way/I am sorry this has happened to you/Thank you for being honest with me - I know how difficult it can be to talk about.'
- ALWAYS REMIND THE MEMBER ONCE THEY HAVE DISCLOSED SOMETHING THAT YOU HAVE TO LET THE PROJECT LEAD AWARE AS YOU ARE A VOLUNTEER. However, you want to make sure they are reassured, and that breaking confidentiality is beneficial for them. 'So when you signed up to do the programme you (or your carer/guardian/parent) would've received a welcome pack with some rules around confidentiality. I am going to be informing my manager about what you disclosed to me just now - however we're going to look at ways to help you and that is why I need to let the Manager know. [IF UNDER 18 they must also be informed that the manager will make contact with their emergency contact - again just reassure them this isn't to get them into trouble - it is to help them]. I am going to do that now but don't worry I will be coming back with a plan to help you with your feelings and we will look at this together, okay?' - Use your own personality and compassionate traits to help ease the member as well.
- Inform the manager. If they aren't around there will always be another member of staff or an ambassador. They will give you or direct you to the safety plans for suicide/self harm depending on the issue. If the issue is regarding abuse or anything else. The manager will advise in that moment what to do this could include signposting to another service, advice, or perhaps the Manager needs to come in to talk to the member to find out more. IF AT ANY POINT YOU SUSPECT OR THE MEMBER INFORMS YOU THEY HAVE PLANS TO ACT ON THEIR FEELINGS OF SUICIDE THEN INFORM MANAGER STRAIGHT AWAY - DO NOT DO THE SAFETY PLAN ON YOUR OWN IN THIS INSTANCE.
- Sometimes safeguarding procedures might take up the whole session - this is fine. The most important thing is that the member leaves feeling safer and better. If they are still at risk then do not let them leave. MAKE SURE THEY LEAVE WITH THEIR SAFETY PLAN COMPLETED AND ASK THEM TO



COME BACK WITH IT EACH WEEK FOR YOU BOTH TO REFER TO.

- After the session inform your manager of the outcome of the conversation and hand over the Suicide Safeguarding Checklist. The manager will go through the checklist to ensure every action needed has been taken and you will both sign this to confirm.
- The risk log will then be updated with details and a call will be made in the week to the member.

Sometimes people flag repeatedly. Still inform your manager of this and with guidance they will help you to establish next steps and what we can do to help them further. ALWAYS REVIEW THE SAFETY PLAN WITH THE MEMBER WHEN YOU SEE THEM EVEN IF THEY SAY THEY ARE FEELING BETTER.

The implementation of this policy is the responsibility of charity management & trustees.

Alex Shears, Head of Safeguarding , [alexshears@opendoorcharity.com](mailto:alexshears@opendoorcharity.com), 0151 639 4545

John Latham, Safeguarding Lead at Board level, [info@opendoorcharity.com](mailto:info@opendoorcharity.com)