



# SAFEGUARDING AND CHILD PROTECTION POLICY

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## 1. INTRODUCTION

1.1 Safeguarding is defined as-

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best life chances.

1.2 The Open Doors Project is committed to safeguarding and promoting the welfare of all the children who take part in its activities. We believe that-

- All children/young people have the right to be protected from harm.
- Children/young people have the right to be safe and feel safe.
- Children/young people need support which matches their individual needs.
- All children/young people have the right to speak freely and voice their opinions.
- All children/young people must be encouraged to respect each other's values and support each other.
- All children/young people must be supported to meet their social, emotional, and educational needs.
- We should work towards the prevention of victimisation, bullying, exploitation, extreme behaviours, and discriminatory views.
- All adults (staff and volunteers) have an important role in safeguarding children/young people and protecting them from abuse.

1.3 Further information can be found in the government statutory guidance document, 'Working together to safeguard children.'

## 2. OVERALL AIMS

2.1 This policy will contribute to safeguarding our children/young people and promoting their welfare by-

- Clarifying standards of behaviour for staff/volunteers.
- Contributing to the establishment of an ethos within the Project, built on mutual respect, and shared values.
- Encouraging children/young people and parents to participate.
- Alerting staff/volunteers to the signs and indicators of the different forms of abuse, and signs of safeguarding concerns.
- Developing staff/volunteer awareness of the risks and vulnerabilities children/young people face.
- Addressing concerns at the earliest possible stage.
- Reducing the potential risks children/young people face of being exposed to violence, extremism, exploitation, or victimisation.

2.2 This policy will contribute to supporting our children/young people by-

- Identifying and protecting the most vulnerable.
- Identifying individual needs where possible.
- Designing plans to meet any individual needs.

2.3 This policy will contribute to the protection of our children/young people by-

- Implementing the child protections/safeguarding policies and procedures.
- Working in partnership with children/young people, parents, and agencies.

### 3. KEY PRINCIPLES

3.1 These are the key principles of safeguarding, as stated by the Birmingham Safeguarding Children Board-

- Always see the child first.
- Never do nothing.
- Do with, not to, others.
- Do the simple things better.
- Have conversations, build relationships.
- Outcomes not outputs.

3.2 In addition, the Open Doors Project has identified these key principles.

- Every child is entitled to rich and rounded experiences, within and outside of education.
- As a non-profit making CIC, the Project should use resources appropriately to ensure good safeguarding practice.
- Where issues arise, directors and members should speak out to ensure the best possible safeguarding practice.

### 4. EXPECTATIONS

4.1 All staff/volunteers will-

- Be familiar with this safeguarding policy.
- Be subject to processes and checks.
- Be alert to signs and indicators of possible abuse (see Appendix One for definitions and indicators).
- Complete appropriate Safeguarding training.
- Record concerns and give the record to the Designated Safeguarding Lead (DSL).
- Deal with a disclosure of abuse from a child/young person in line with the guidance in Appendix Two- inform the DSL immediately, and provide a written account as soon as possible.

## 5. THE DESIGNATED SAFEGUARDING LEAD (DSL)

5.1 Our DSL is Kate Millington. They have the lead responsibility, oversight and accountability for child protection, and will be responsible for co-ordinating all child protection activity.

5.2 The DSL will, where appropriate, be made aware of existing safeguarding concerns relating to the children/young people involved with the Project.

5.3 Where the Project has concerns about a child, the DSL should take any further steps as necessary.

5.4 Child protection information will be dealt with in a confidential manner. Staff will be informed of relevant details only when the DSL feels their having knowledge of a situation will improve their ability to interact with a child/young person or their family. A written record will be made of what information has been shared with whom, and when. Child protection records will be stored securely and access to these records will be restricted by the DSL.

5.5 Parents/guardians will be aware of any information held on their child. **Do not disclose to a parent/guardian any information held on a child if this would put the child at risk of significant harm.**

## 6. DIRECTORS

6.1 The Directors are the accountable body for safeguarding within the Open Doors Project.

6.2 The Directors will ensure that-

- The Project has a safeguarding policy, to be reviewed yearly.
- The Project ensures the appropriate checks are carried out on all new staff/volunteers.
- At least one of the Directors acts as a DSL.
- The DSL is appropriately trained.
- Staff/volunteers are made aware of the Project's arrangements for child protection, and their responsibilities regarding it.
- The Project addresses and remedies any safeguarding deficiencies brought to its attention without delay.
- The Project has procedures for dealing with allegations of abuse against staff/volunteers.

## 7. OUR ROLE IN THE PREVENTION OF ABUSE

7.1 We will provide opportunities for children/young people to develop skills, attitudes, and knowledge that promote their safety and well-being.

7.2 Our safeguarding policy cannot be separated from the general ethos of the Open Doors Project, which should ensure that all children/young people are treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.

7.3 All staff and volunteers have an important role in promoting good safeguarding practises within the Open Doors Project.

## **8. SAFEGUARDING CHILDREN/YOUNG PEOPLE WHO ARE VULNERABLE TO EXTREMISM**

8.1 There have been occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children/young people to hold extreme views, including views justifying political, religious, sexist, homophobic, or racist violence. This includes steering them into a narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation. The threat from terrorism may include the exploitation of vulnerable people, to involve them in terrorism or activity in support of terrorism.

8.2 The Open Doors Project is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

8.3 If any staff/volunteer has concerns that a child/young person may be at risk of radicalisation or involvement in terrorism, they should speak with the DSL.

## **9. RESPONDING TO AN ALLEGATION ABOUT A MEMBER OF STAFF**

9.1 This procedure should be used in any case in which it is alleged that any staff/volunteer or director 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.
- Behaved in a way that indicates they are unsuitable to work with children.

9.2 All staff/volunteers within the Project should report any safeguarding concerns about an individual's behaviour to the DSL, unless the concern relates to the DSL. In the case that the concern relates to the DSL, it must be reported immediately to the Local Authority Designated Officer in children's social care, and they will decide on any action required.

## **10. CHILDREN/YOUNG PEOPLE WITH ADDITIONAL NEEDS**

10.1 The Open Doors Project recognises that while all children/young people have a right to be safe, some children/young people may be more vulnerable to abuse, for example those with a disability or special educational need.

**APPENDIX ONE**  
**DEFINITIONS AND INDICATORS OF ABUSE**

**1. NEGLECT**

1.1 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 and development.

1.2 Neglect can be really difficult to identify, making it hard for professionals to take early action to protect a child. Having one of the signs or symptoms below doesn't necessarily mean that a child is being neglected. But if you notice multiple, or persistent, signs then it could indicate there is a serious problem.

1.3 Children who are neglected may-

- Have poor appearance and hygiene.
- Be smelly or dirty.
- Have unwashed clothes.
- Have inadequate clothing, e.g. not having a winter coat.
- Seem hungry.
- Have frequent and untreated nappy rash (if a nappy is worn).

1.4 They may have-

- Untreated injuries, medical and dental issues.
- Repeated accidental injuries caused by lack of supervision.
- Recurring illnesses or infections.
- Not been given appropriate medicines.
- Missed medical appointments such as vaccinations.
- Poor muscle tone or prominent joints.
- Skin sores, rashes, flea bites, scabies or ringworm.
- Thin or swollen tummy.
- Anaemia.
- Tiredness.
- Faltering weight or growth and not reaching developmental milestones (known as failure to thrive).

- Poor language, communication or social skills.

#### 1.5 They may be-

- Living in an unsuitable home environment, for example dog mess being left or not having any heating.
- Left alone for a long time.
- Taking on the role of carer for other family members.

## 2. PHYSICAL ABUSE

2.1 if a child often has injuries, there seems to be a pattern, or the explanation doesn't match the injury then this should be investigated.

#### 2.2 Bruises-

- Commonly on the head but also on the ear or neck or soft areas - the abdomen, back and buttocks.
- Defensive wounds commonly on the forearm, upper arm, back of the leg, hands or feet.
- Clusters of bruises on the upper arm, outside of the thigh or on the body.
- Bruises with dots of blood under the skin.
- A bruised scalp and swollen eyes from hair being pulled violently.
- Bruises in the shape of a hand or object.

#### 2.3 Burns-

- Can be from hot liquids, hot objects, flames, chemicals or electricity.
- On the hands, back, shoulders or buttocks; scalds may be on lower limbs, both arms and/or both legs.
- A clear edge to the burn or scald.
- Sometimes in the shape of an implement for example, a circular cigarette burn.
- Multiple burns or scalds.

#### 2.4 Bite marks-

- Usually oval or circular in shape.
- Visible wounds, indentations or bruising from individual teeth.

#### 2.5 Fractures or broken bones-

- Fractures to the ribs or the leg bones in babies.
- Multiple fractures or breaks at different stages of healing.

## 2.6 Other injuries and health problems-

- Scarring.
- Effects of poisoning such as vomiting, drowsiness or seizures.
- Respiratory problems from drowning, suffocation or poisoning.

2.7 Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

## 3. SEXUAL ABUSE

3.1 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetration or non-penetrative acts. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the Internet).

3.2 Children who are sexually abused may-

- Stay away from certain people.
- Avoid being alone with people, such as family members or friends.
- Seem frightened of a person or reluctant to socialise with them.
- Show sexual behaviour that's inappropriate for their age.
- Become sexually active at a young age.
- Use sexual language or know information that you wouldn't expect them to.
- Have physical symptoms such as anal or vaginal soreness, an unusual discharge, sexually transmitted infections (STI), or pregnancy.

## 4. EMOTIONAL ABUSE

4.1 Emotional abuse may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber-bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

4.2 Children/young people who are being emotionally abused or neglected may:



- Be overly-affectionate towards strangers or people they haven't known for very long.
- Lack confidence or become wary or anxious.
- Not appear to have a close relationship with their parent.
- Be aggressive or nasty towards other children and animals.
- Use language, and/or act in a way or know about things that you wouldn't expect them to know for their age.
- Struggle to control strong emotions or have extreme outbursts.
- Lack social skills or have few, if any, friends.

## 5. RESPONSES FROM PARENTS

5.1 The following responses from parents/guardians/family may suggest a cause for concern-

- Delay in seeking treatment which is obviously needed.
- Unawareness or denial of injury, pain, or loss of function.
- Incompatible explanations offered, or reluctance to give information about injuries/illnesses.
- A persistently negative attitude towards the child/young person.
- Alcohol or other drug misuse.
- Violence or other abuse between adults in the household.

## 6. DISABLED CHILDREN

6.1 When working with children with disabilities, adults must be aware that there are additional possible indicators of abuse-

- A bruise in a site that might not be a concern on an ambulatory child, such as the shin or knee, might be of concern in a non-mobile child.
- Not getting enough help with feeding, leading to malnourishment.
- Poor toileting arrangements.
- Lack of stimulation.
- Rough handling.
- Extreme behaviour modification, such as deprivation of medication, food, clothing, wheelchair/accessibility equipment, etc.
- Unwillingness to try to learn a child's means of communication, e.g. PECS or Makaton.
- Ill-fitting equipment, e.g. leg splints.
- Misappropriation of a child's finances.
- Inappropriate invasive procedures.

## APPENDIX TWO

### DEALING WITH A DISCLOSURE OF ABUSE

1.1 (NSPCC guidance) If you're in a situation where a child discloses abuse to you, there are a number of steps you can take.

- **Listen carefully to the child.** Avoid expressing your own views on the matter. A reaction of shock or disbelief could cause the child to 'shut down', retract or stop talking
- **Let them know they've done the right thing.** Reassurance can make a big impact to the child who may have been keeping the abuse secret
- **Tell them it's not their fault.** Abuse is never the child's fault and they need to know this
- **Say you believe them.** A child could keep abuse secret in fear they won't be believed. They've told you because they want help and trust you'll be the person to believe them and help them
- **Don't talk to the alleged abuser.** Confronting the alleged abuser about what the child's told you could make the situation a lot worse for the child
- **Explain what you'll do next.** If age appropriate, explain to the child you'll need to report the abuse to someone who will be able to help
- **Don't delay reporting the abuse.** The sooner the abuse is reported after the child discloses the better. Report as soon as possible so details are fresh in your mind and action can be taken quickly.

1.2 Report all disclosures to the Open Doors Project DSL immediately, and provide a written record as soon as possible.

1.3 Hearing a disclosure can be traumatic for the adults involved. Staff/volunteers should speak to the DSL if support or advice is needed.

### **APPENDIX THREE**

#### **ALLEGATIONS ABOUT STAFF/VOLUNTEERS AT THE OPEN DOORS PROJECT**

1.1 If a child/young person makes an allegation about a member of staff, volunteer, or director, the DSL should be informed immediately.

1.2 The DSL must exercise, and be accountable for, their professional judgement on the action to be taken, e.g. notifying the Local Authority Designated Officer (LADO) for advice on how to proceed.

1.3 Where an allegation has been made against the DSL, the other directors should take on the role of liaising with the LADO.