



UNLOCKING POTENTIAL... OPENING OPPORTUNITY...

SAFEGUARDING POLICY

The Safeguarding of Young People, Families and Staff at The Door Youth Project:
Policy, Guidelines and Procedures

The contents of this document are formal policy of The Door Youth Project as authorised by the Board of Trustees. This document will be reviewed every twelve months by the trustees who will also monitor progress in its implementation.

An acceptance declaration must be signed and returned by all existing and new workers (including trainee workers) after reading the contents of this policy.

The policy was originally adopted by The Door's trustees in 2009.

This review was approved by the trustees on 13 November 2024



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1. ABBREVIATIONS

The following abbreviations and acronyms are used in this document.

Term	Expanded title
ASB	Anti-Social Behaviour
Board	Board of Trustees
CPU	Child Protection Unit
DBS	Disclosure & Barring Service
DSL	Designated Safeguarding Lead
GSCP	Gloucestershire Safeguarding Children Partnership (formerly the Gloucestershire Safeguarding Children Board (GSCB) / Executive (GSCE)
LADO	Local Authority Designated Officer
NEET	Not in Employment, Education or Training
NSPCC	National Society for the Prevention of Cruelty to Children (Registered Charity)
Service user	An individual receiving a service from The Door
SMT	The Door's Senior Management Team

2. INTRODUCTION

The Door Youth Project (“The Door”) is open so that every young person and their parents and carers can feel safe, happy, and valued with the best possible opportunity to reach their potential. Consequently, its paid workers and volunteers commit to the task of caring, protecting and safeguarding all young people and the families they come into contact with.

The Door is committed to a ‘whole organisation’ approach to supporting, resourcing, and training all its paid and volunteer workers and providing supervision, group support and regular team meetings. As part of this commitment to young people and families, The Door is committed to building close links with the children and young peoples’ directorate and the Gloucestershire Safeguarding Children Partnership (GSCP), allowing them to review our policy and practice and to assist us with any necessary changes, and following all the guidelines outlined by the lead coordinator of the Gloucestershire Safeguarding Children Partnership.

This policy seeks to ensure that The Door undertakes its responsibilities with regard to protection of children and vulnerable adults and responds to concerns appropriately. The policy establishes a framework to support paid and volunteer workers in their practices and clarifies the organisation’s expectations.

3. EXPLANATION OF TERMS

Within this document, the term 'workers' includes staff, trustees, volunteers, youthworkers, tutors, mentors, line managers, supervisors, keyworkers, and any other person directly or indirectly, paid, or unpaid, involved in the running of The Door.

The term 'young person' in this document refers to a person under 18 years of age - i.e. someone defined as a 'child' in the Children Act 1989, and the United Nations Convention on the Rights of a Child.

There are five main elements to our policy:

- Raising awareness of safeguarding issues and equipping service users with the skills needed to keep them safe both online and offline (see also Social Media Policy)
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse
- Supporting vulnerable people who have been abused in accordance with their agreed protection/support plan
- Establishing a safe environment in which service users can get support, advice, advocacy, learning opportunities and develop their potential
- A commitment to participating in a multi-agency approach to all safeguarding arrangements

The Door fully recognises its responsibilities for safeguarding young people and adults with support needs who are accessing services.

The adult safeguarding duties under the Care Act 2014 apply to an adult, aged 18 or over, who has needs for care and support (whether or not the local authority is meeting any of those needs) **and** is experiencing, or at risk of, abuse or neglect; **and** as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The term 'child' refers to anyone who has not yet reached their 18th birthday.

4. RESPONSIBILITIES

The Door fully recognises its responsibilities for safeguarding children, young people and adults with care and support needs. It is the responsibility of each worker in The Door to use their best endeavours to prevent the physical, sexual, and emotional abuse and neglect of young people and families, and to report any abuse discovered or suspected.

The Door values forgiveness and restoration. As such The Door has a responsibility for perpetrators of abuse to be signposted towards help to avoid further abusive situations. They should never be with vulnerable people without another adult present nor should they represent the Door in an official capacity. Boundaries need to be agreed and recorded to keep vulnerable people safe. Within our services, we have those who were abused and still suffer from the consequences. The Door offers a number of services to support these people. Where young people need support due to past or current experiences, these additional services should always be offered in conjunction with the statutory services and with the consent of those with parental responsibility.

The Door will ensure that:

- It has a Designated Safeguarding Lead (DSL) who will be a senior member of the management team and will undertake regular, appropriate training for this role. This role is currently fulfilled by the Intensive Support Manager.
- It has a member of staff who will act in the absence of the DSL.
- All workers understand their responsibility for referring any concerns to the DSL. In circumstances where there is risk of significant harm this must be done immediately, or in other circumstances within 1 working day.
- The DSL will ensure that concerns about abuse are discussed with and reported to the relevant local authority. In circumstances where there is risk of significant harm this must be immediately, or in other circumstances within 1 working day.
- Service users have an understanding of the responsibility placed on The Door and its staff for safeguarding vulnerable groups by setting out its obligations in appropriate publications. Staff and service user induction paperwork can be found on its website and in initial meetings following referral into The Door service.
- Effective links are developed with relevant agencies, and it co-operates as appropriate with their enquiries regarding safeguarding matters. This includes attendance at strategy meetings, initial case conferences, core group, My Plan meetings, Child Protection and Child-in-Need review meetings and safeguarding adults' conferences, providing responses for information requested by the GSCP in Serious Case Reviews, and sharing information about concerns with supporting people. The duty of care towards its service users and staff is promoted by raising awareness of illegal, unsafe, and unwise behaviour and by assisting staff to monitor their own standards and practice.
- All workers and volunteers (including trustees) attend safeguarding training, and that this is refreshed every two years via the online e-learning platform or by attending in-person safeguarding training. The DSL and their deputy need to undertake DSL refresher training every two years.
- Where an allegation is made against a worker, it is aware of and follows procedures set out by the GSCP.
- Safer recruitment practices are always followed for both paid and unpaid workers (see The Door's *Safer Recruitment Policy*).
- All staff are required to sign a declaration to state that they have read, understood, and will abide by this policy.

Additional Specific Responsibilities:

The Door's Board of Trustees has responsibility for promoting the welfare of children and vulnerable adults. The Board ensures that The Door's Safeguarding Policy is in place and appropriate, and that sufficient resources are allocated to ensure that the policy can be effectively implemented.

The Senior Management Team (SMT) will be responsible for safeguarding and will liaise with the Designated Safeguarding Lead (DSL) in matters relating to safeguarding. It will ensure that safeguarding policies and procedures are in place, available to service users and reviewed every year.

The SMT will ensure that the safeguarding policies and procedures are fully implemented and followed by all workers and that sufficient resources are allocated to enable the DSL and all other workers to discharge their responsibilities with regard to safeguarding.

The DSL will co-ordinate action on safeguarding and promoting the welfare of service users, ensuring that all know who the DSL is and who acts in their absence, they are aware of their responsibility to report and record any concerns.

The DSL will ensure that there is an appropriate method for workers to report concerns internally, in line with local arrangements for both children and adult services.

The CEO, working with the Senior Management Team, is responsible for ensuring that the policy is implemented, and roles assigned.

It is important to note that The Door is **NOT A CRISIS INTERVENTION SERVICE**. Workers at The Door are not the appropriate people for young people to be contacting for support out of hours.

This policy is linked to the GSCP (Gloucestershire Safeguarding Children Partnership).

5. PROCEDURES

The Door's procedures will be reviewed every year and updated in accordance with changes to legislation.

When workers join The Door, they will be informed of the safeguarding arrangements in place. They will be given access to this policy, safeguarding training, and will be told who the DSL is and who acts in their absence.

The induction programme will include basic safeguarding information, how to manage a disclosure (see Appendix B for good practice guidelines), when and how to record a concern, to whom to report concerns and the management of allegations against workers. At induction all workers are also required to complete the e-learning Prevent Duty package.

- Worker induction must be completed within 6 weeks of their start date
- Specific definitions of abuse, different types, and indicators, are covered at Appendix A
- Safer recruitment and selection of staff: The Door follows safe recruitment practices, and all its workers will be vetted through the system currently operated by the Disclosure and Barring Service. More detailed information can be found in the *Safer Recruitment Policy*.

6.1 INDUCTION

The induction of all newly appointed workers will include an introduction to key Door policies, including Safeguarding, Health & Safety, Social Media and Data Protection, and initial safeguarding training. This should include being made aware of the identity and specific responsibilities of those workers with designated safeguarding responsibilities.

- New workers should be provided with information about safe practice and given a full explanation of their role and responsibilities and the standard of conduct and behaviour expected
- They should also be made aware of the organisation's Rules and Disciplinary Procedures and *Whistleblowing Policy*
- The induction programme will also include comprehensive safeguarding training.

6.2 SUPPORT/SUPERVISION

- We recognise that workers who have become involved with a service user that has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting
- The Door will support such staff by providing an opportunity to talk through their anxieties with their line manager or the DSL, and to seek further support as appropriate. In addition, there are mechanisms in place to support workers, including supervision, which happen at a number of levels:
 - Team leaders / managers in service delivery roles must attend individual supervision at least every fortnight, or as agreed with their line manager
 - All other paid workers must attend individual supervision at least every 12 weeks, and attend a minimum number of team meetings and group development sessions appropriate to their role, as agreed with their line manager.
 - All volunteer workers are required to adhere to The Door Volunteer Charter which specifies the need to attend ongoing training and undertake personal/skill development. and are offered supervision on an annual and ad hoc basis
 - Volunteer mentors are invited to a volunteer review as part of their 12-week mentoring review

7. PROFESSIONAL BOUNDARIES

- The work of The Door is well planned to minimise and virtually eliminate situations where the abuse of young people and families may take place
- Professional boundaries define the limits of a relationship between a worker and service users. They are a set of standards we agree to uphold that allows this necessary and often close relationship to exist while ensuring the correct detachment is kept in place.
- The Door expects workers to protect their professional integrity and that of the organisation. Consequently all workers are expected to follow the Code of Conduct as set out below
- Young people and families who come to The Door are always introduced to a second person that they could also talk with if necessary. Closed relationships are forbidden
- If the professional boundaries and/or policies listed below are breached this could result in the initiation of disciplinary procedures

8. CODE OF CONDUCT

This applies to all locations where The Door operates. (This excludes raffle prizes, general donations and items not consumed where we operate)

All workers are to:

- Be good role models
- Be responsible for the young people and families in their care
- Be responsible for the building and its contents while on the premises
- Be available and accessible for the young people and families to talk to
- Adhere to The Door's *Social Media Policy*

8.1 DRUGS AND ALCOHOL

- At no time should there be drugs or alcohol on site – any discovered are to be removed and safely disposed of.
- Anyone presenting as, or suspected to be, under the influence of drugs or alcohol can be asked to leave .
- Anyone seen consuming alcohol or drugs on the street outside any sessions run by The Door will be refused entry to the building.
- In order to enforce the above point NO drinks are to be brought into any youthwork session run by The Door. All drinks consumed in the youthwork session should be supplied by The Door.
- For sessions involving adults, drinks purchased off the premises may be consumed but not alcohol based.

8.2 YOUTHWORK SESSIONS

- On no account should anyone over the maximum age specified for each session be allowed to enter or encouraged to loiter outside the youth centre.
- The Door staff reserve the right to refuse entry and/or ask individuals known to be over the maximum age for the session to leave.
- The Door staff reserve the right to carry out ANY necessary search of property in order to maintain the safety of service users and staff.
- ANYONE asked to leave will not be able to return on the same day (unless safety or medical reasons dictate otherwise).
- ANY decision made by ANY member of staff is final.
- Anyone aged 18+ providing or purchasing cigarettes or vapes for young people aged 18 and under will be warned first time, and if they are caught, they will be banned on the terms specified in The Door's *Inclusion Policy*.

8.3 SMOKING/VAPING

Workers should not offer cigarettes, lights or vapes to young people or family members and should refrain from smoking or vaping whilst in their presence or directly outside the youth centre.

Young people may only smoke or vape in designated areas specified in the youthwork manual, or away from any entrance to the building, both during the day and during youthwork sessions.

8.4 SECURITY

All staff are to be diligent around dangerous objects/weapons – any suspicions should be dealt with and reported immediately to the senior member of staff present.

While working on the premises at The Door (44-45, High Street, Stroud)

- The outside door is kept on the latch during organised activity and group sessions until such time as all expected participants have arrived. Then it is locked, and participants should use the entry system to gain access.
- The lobby area inside the entrance and at the top of the stairs are to be kept clear of items that could be used to cause damage or injury at all times.
- Access points and exits to the building are to be safe and well-lit.

8.5 GENERAL

At any premises, except in an agreed lone working situation, a worker must not be alone with a child or parent/carer where their activity cannot be seen.

In agreed lone working situations, refer to *The Door's Lone Working Policy* for good practice guidelines.

Workers should:

- Treat all young people and families equally and with respect
- Arrive fifteen minutes before the start of each youthwork or group session. The purpose of doing so is for briefing on recent incidents and issues being dealt with
- Arrive ten minutes before the start of a meeting). The purpose of this is to ensure you are at the meeting before the young person or family member
- Watch language, tone of voice, body language and proximity to young people and family members
- Demonstrate discipline of young people without using physical punishment, disempowering behaviour and/or abuse of power.
- Treat young people's carers/support workers in a youthwork situation the same way that The Door's youthworkers are treated when they are operating in school settings. Those that have presented relevant DBS clearance and completed The Door's safeguarding declaration (included at Appendix D below) may accompany the young person into a session, subject to

active consent from the young person, and will be given a lanyard to indicate this clearly. Other adults present will be given a distinctly different visitor lanyard which does not allow this access, and they will be asked to wait nearby.

Workers should not:

- Use abusive language
- Invade the privacy of young people or family members when they are showering or toileting
- Play rough or physical games – unless officially organised, carried out in appropriate setting and with adequate risk assessment
- Engage in sexually provocative games
- Make sexually suggestive or flirtatious comments about or to a young person, family member or workers, even in 'fun'
- Use punishment or chastisement
- Use inappropriate and intrusive touching of any form (see Appendix C below for specific guidelines on touching)
- Allow or encourage young people to involve them in excessive attention-seeking that is overtly sexual or physical in nature
- Enter into a personal relationship with a current service user, or anybody who has been a service user during the previous 12 months
- Make inappropriate use of social media as outlined in *The Door's Social Media Policy*
- Pass on service users' personal contact details
- Give personal gifts to or receive personal gifts from a service user, except where this has been agreed with the line manager and by exception. However, gifts may be provided by The Door as part of a planned activity.
- Accept money as a gift or borrow money from a service user, or lend money to one
- Sell to or buy items from a service user except where this has been agreed with the line manager and by exception
- Accept responsibility for any valuables on behalf of a service user
- Accept a gift or hospitality from an organisation as an inducement for either doing/ not doing something in their official capacity (in line with *The Door's Conflict of Interest Policy*)
- Allow anyone unknown to The Door to have unsupervised access to young people
- Arrange to meet a young person away from The Door without parental consent or without a parent or other adult being present
- Organise a trip for young people with fewer than two adults.

NOTE: In general, Department for Education guidance suggests an adult to young person ratio between 1:6 and 1:15 depending on the age of the young people and the risk level of the site visited. When organising residential visits or visits abroad there should be an absolute minimum of 3 staff in case a member of staff is unwell or injured.

Whenever possible, try to ensure there is an adult of each sex when taking out a mixed sex group, in case problems of a personal nature arise.

For more information see *The Door's Organising Trips Procedure*.

- Take a young person or small group off site without informing another member of staff (see *The Door's Lone Working Policy*)
- Engage in any scapegoating, ridiculing, or rejecting of a young person or family member
- Invite a young person, or group of young people, or family member to their home alone without an agreed Risk Assessment
- Carry young people or family members in your car, unless they have:
 - Checked with their insurance company that they are covered
 - (For a young person) Obtained parental permission preferably in writing, but in impromptu circumstances by phone
 - Ensured they always wear a seat belt
 - Ensured that they do not smoke or vape in the vehicle
 - Notified another member of staff in accordance with *The Door's Lone Working Policy*
- Share sleeping accommodation with young people during residential trips (See *The Door's Organising Trips Procedure*)
- Be guided by the views of the young people and family members involved in each situation.

9. SAFEGUARDING TRAINING AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

The Door will ensure that all workers receive comprehensive safeguarding training, that they are fully aware of the types and indicators of abuse, and that they know what course of action to take if abuse is suspected. (See Appendix A)

The Door will also ensure that our service users are made aware of the types and indicators of abuse, together with the actions that they can take if they suffer or suspect abuse or neglect by a member of The Door team, a volunteer, or any other person. Named contacts and the complaints procedure are detailed in the *Complaints Policy*.

Abuse may be a single act or one that happens repeatedly. It may be planned or reactive as well as intentional or unintentional. It can also happen due to ignorance or due to the perpetrator needing help themselves.

Abuse normally occurs when a child, young person or adult is faced with a person or a set of circumstances with a potential for harm. More information on types of abuse can be found at Appendix A

10. SPECIFIC SAFEGUARDING PRIORITIES & PROCEDURES

10.1 RADICALISATION AND 'PREVENT'

Radicalisation is considered by the NSPCC to be a child protection issue and a form of abuse.

Radicalisation is defined as causing someone to become an advocate of radical political or social reform by supporting terrorism and violent extremism.

Radicalisation of children and young people may include encouraging them to undertake violent activities on the grounds of religious belief. This may include attacks on others including suicide attacks.

There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas.

Children and young people are vulnerable to exposure to, or involvement with, groups or individuals who advocate violence as a means to a political or ideological end, including family members or friends, religious schools or groups, or through social media and the internet. This creates risk of a child or young person being drawn into criminal activity and exposure to significant harm.

Examples of extremist causes that have used violence to achieve their ends include animal rights, the far right and international terrorist organisations such as Al Qaeda and ISIS.

The following factors may make people vulnerable to exploitation:

- Identity crisis
- Personal crisis
- Personal circumstances
- Unemployment or under-employment
- Criminality

The following behavioural signs may indicate radicalisation:

- Use of inappropriate language
- Possession of violent extremist literature
- Behavioural changes
- Expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an extremist ideology

The 'Prevent' Duty

This refers to a Government strategy to stop people becoming terrorists, known as 'The Prevent Duty'. The aim of Prevent is to raise awareness and stop people from becoming terrorists or supporting terrorism. Three national objectives have been identified for the Prevent strategy

- Object 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it
- Object 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
- Object 3: work with sectors and institutions where there are risks of radicalisation which we need to address.

If workers believe that someone vulnerable is being exploited or radicalised, they should use the established safeguarding or duty of care procedures to escalate the concerns.

Further information

Preventing individuals from being drawn into serious and organised crime:

<https://www.gov.uk/government/publications/individuals-at-risk-of-being-drawn-into-serious-and-organised-crime-a-prevent-guide>

Further Prevent training

All workers, paid and volunteer, should complete the e-learning Prevent Duty training programme.

10.2 CHILD SEXUAL EXPLOITATION

Child sexual exploitation (CSE) 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 (a) in exchange for something the victim needs or wants, and/or (b) 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 (Working Together to Safeguard Children 2015).

Children in exploitative situations and relationships receive something such as gifts, money, or affection as a result of performing sexual activities or others performing sexual activities on them. Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

CSE is a hidden crime. Young people often trust their abuser and do not understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening.

It can involve violent, humiliating and degrading sexual assaults, including oral and anal rape. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection, or status. CSE does not always involve physical contact and can happen online.

Child sexual abuse online

When [sexual exploitation](#) happens online, young people may be persuaded, or forced, to:

- Send or post sexually explicit images of themselves
- Take part in sexual activities via a webcam or smartphone
- Have sexual conversations by text or online
- Abusers may threaten to send images, video, or copies of conversations to the young person's friends and family unless they take part in other sexual activity
- Images or videos may continue to be shared long after the sexual abuse has stopped.

Child sexual exploitation in gangs

Sexual exploitation is used in gangs to:

- Exert power and control over members
- Initiate young people into the gang
- Exchange sexual activity for status or protection
- Entrap rival gang members by exploiting girls and young women
- Inflict sexual assault as a weapon in conflict.

Girls and young women are frequently forced into sexual activity by gang members. Research by Beckett (2012) found girls considered to be engaging in casual sex were seen as forfeiting their right to refuse sex.

The majority of sexual exploitation within gangs is committed by teenage boys and men in their twenties (Berelowitz et al, 2012).

In law, CSE is not a specific criminal offence. It does, however, encompass a range of sexual offences and other forms of serious criminal misconduct. Perpetrators are often convicted for associated offences.

10.3 DOMESTIC ABUSE

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it is not just physical violence – domestic abuse includes emotional, physical, sexual, financial, or psychological/emotional abuse.

Abusive behaviour can occur in any relationship. It can continue even after the relationship has ended. People of all genders can be abused or be the perpetrator of abuse. Young people and children can be the perpetrators of abuse towards their parents, carers, or siblings.

Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.

Domestic abuse can include:

- Sexual abuse and rape (including within a relationship)
- Punching, kicking, cutting, hitting with an object
- Withholding money or preventing someone from earning money
- Taking control over aspects of someone's everyday life, which can include where they go and what they wear
- Not letting someone leave the house
- Reading emails, text messages or letters
- Threatening to kill or harm them, a partner, another family member, or pet.

Children and young people witnessing domestic abuse:

Witnessing domestic abuse is really distressing and scary for a child and causes serious harm.

Children living in a home where domestic abuse is happening are at risk of other types of abuse too.

Children can experience domestic abuse or violence in lots of different ways. They might:

- See the abuse
- Hear the abuse from another room

- See a parent's injuries or distress afterwards
- Be hurt by being nearby or trying to stop the abuse.

Teenagers experiencing domestic abuse

Domestic abuse can happen in any relationship, and it affects young people too. They may not realise that what's happening is abuse. Even if they do, they might not tell anyone about it because they're scared of what will happen, or ashamed about what people will think.

10.4 MODERN SLAVERY

Modern Slavery encompasses slavery, servitude, forced or compulsory labour, human trafficking, sexual exploitation (including escort work, prostitution, and pornography) and debt bondage. Criminals coerce, deceive and force individuals against their will into a life of abuse, servitude, and inhuman treatment.

The Modern Slavery Act 2015 which came into force on 31st July 2015 encourages agencies to work together to safeguard victims and prosecute perpetrators.

Possible Indicators of Modern Slavery:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped, or overcrowded accommodation and/or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers.

10.5 HARASSMENT

Harassment covers a wide range of offensive behaviour. It is commonly understood as behaviour intended to disturb or upset. In the legal sense, it is behaviour which is found threatening or disturbing.

Sexual harassment refers to persistent and unwanted sexual advances, typically in the workplace, where the consequences of refusing are potentially very disadvantageous to the victim.

Harassment can include antisocial behaviour targeted at vulnerable people in the community, by neighbours or others, because the victims are different - this links closely with discriminatory abuse.

10.6 COUNTY LINES

The National Crime Agency describes County Lines like this:

County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The 'County Line' is the mobile phone line used to take the orders of

drugs. Importing areas (areas where the drugs are taken to) are reporting increased levels of violence and weapons-related crimes as a result of this trend.

A common feature in county lines drug supply is the exploitation of young and vulnerable people. The dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement. In some cases the dealers will take over a local property, normally belonging to a vulnerable person, and use it to operate their criminal activity from. This is known as 'cuckooing' or 'home invasion'.

People exploited in this way will quite often be exposed to physical, mental, and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

As we have seen in child sexual exploitation, children often do not see themselves as victims or realise they have been groomed to get involved in criminality. It's important that we all play our part to understand County Lines and speak out if we have concerns.

How do you know if 'County Lines' drug dealing is happening in your area?

Some signs to look out for include:

- An increase in visitors and cars to a house or flat
- New and continually changing residents (e.g. different accents compared to local accent)
- Change in resident's mood and/or demeanour (e.g. secretive/ withdrawn/ aggressive/ emotional)
- Substance misuse, signs of drug paraphernalia
- Changes in the way young people you might know dress
- Young people seen in different cars/taxis driven by unknown adults
- Young people seeming unfamiliar with your community or where they are
- Truancy, exclusion, disengagement from school
- An increase in anti-social behaviour in the community
- The use of a second phone (sometimes known as a 'burner' phone)
- Returning home late, staying out all night or going missing
- Being found in areas away from home
- Increasing drug use, or being found to have large amounts of drugs on them
- Being secretive about who they are talking to and where they are going
- Unexplained absences from school, college, training, or work
- Unexplained money, phone(s), clothes, or jewellery
- Increasingly disruptive or aggressive behaviour
- Using sexual, drug-related, or violent language you would not expect them to know
- Coming home with injuries or looking particularly dishevelled
- Having hotel cards or keys to unknown places.

10.7 FEMALE GENITAL MUTILATION (FGM)

This information is based on guidance found in HM Government's Multi Agency statutory guidance on Female Genital Mutilation (FGM).

FGM is a criminal offence – it is child abuse and a form of violence against women and girls and, therefore, should be treated as such. Cases should be dealt with as part of existing structures, policies and procedures on child protection and adult safeguarding.

FGM is prevalent in around 30 countries. These are concentrated around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia.

FGM is often a deeply embedded social norm, practised by families who believe it is beneficial and is in a girl or woman's best interests. This may limit a girl's motivation to come forward to raise concerns or talk openly. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion. FGM is a complex issue - despite the harm it causes, some parents from affected communities consider it to be normal to protect their daughters and their cultural identity.

FGM is illegal in the UK.

What is FGM? FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother and/or death. The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy.

Potential risk factors may include:

- A female child is born to a woman who has undergone FGM
- A female child has an older sibling or cousin who has undergone FGM
- A female child's father comes from a community known to practise FGM
- The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children
- A woman/family believe FGM is integral to cultural or religious identity
- A girl/family has limited level of integration within UK community
- Parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law
- A girl says that she is to have a 'special procedure' or to attend a special occasion to 'become a woman' or talks about a 'long holiday' to her country of origin or another country where the practice is prevalent
- Parents state that they or a relative will take the girl out of the country for a prolonged period
- A family is not engaging with professionals (health, education or other)
- A girl talks about FGM in conversation, for example, a girl may tell other children about it
- A girl is unexpectedly absent from school
- A girl has attended a travel clinic or equivalent for vaccinations / anti-malarials.

(This list is by no means extensive and further information can be found at www.gov.uk)

11. REPORTING PROCESS

When a service user is at risk

The process outlined below details the stages involved in reporting safeguarding concerns at The Door.

Assess the situation.

Seek medical attention for the vulnerable person if needed.

If abuse is disclosed or discovered: do not delay; do not act alone; do not start an investigation e.g. Informing parents or family members.



Communicate your concerns to your immediate manager and/or The Door's Designated Safeguarding Lead.



The manager or DSL will obtain permission to make referral from vulnerable person if safe and appropriate and make a judgement about what is in the best interests if consent cannot be gained.



If needed seek advice from The Front Door ([Children and Families Helpdesk](#)) **01452 426565**, or Adult Social Care Helpdesk on **01452 426868** and, as advised and appropriate, raise the alert through The Front Door or Adult Helpdesk.



Ensure that feedback from the Local Authority is received and their response recorded.

IN AN EMERGENCY SITUATION CALL:

The Door's Designated Safeguarding Lead or one of their deputies

OR if there is an imminent risk to life call 999

ONLY IF ADVISED BY THE DESIGNATED SAFEGUARDING LEAD CALL:

09:00 – 17:00 Monday – Friday:

The Front Door (Children and Families Helpdesk): 01452 426565

<https://www.gscb.org.uk/contact-us/>

Or Adult Helpdesk: **01452 426868**

<http://www.gloucestershire.gov.uk/gsab/useful-contacts/>

Out of hours, emergencies only [children and adults]: 01452 614194 - leave message & wait for call back.

Gloucestershire Police - call 101

What will happen next?

In the case of young people, the senior member of management may take the decision to call the appropriate professional services. This could take the following course:

A strategy discussion involving Social Services, Police Safeguarding Team, the Designated Safeguarding Lead or managers from The Door, other significant professionals and the person suspecting abuse or to whom the young person has talked.

A decision will be taken as to whether an investigation is warranted. If it is, it will then be planned.

The investigation may include:

- An informal talk with the young person
- Formal police (+/- social services) video recorded interview following disclosure
- Medical examination
- Preliminary family assessment

If there is sufficient concern, a safeguarding conference will be held to decide the best course of action to protect the young person and help the family. There may be criminal prosecution of the abuser.

In the case of a family member, the senior member of management may take the decision to call the appropriate professional services. They will also discuss and refer, if necessary, any concerns to Adult Helpdesk on 01452 426868 and/or the police (101).

The procedures outlined above for abused adults/family members are specified in line with the 'Gloucestershire Safeguarding Vulnerable Adults – Multi-agency Policy and Procedures'.

[Http://www.gloucestershire.gov.uk/gsab/i-am-a-professional/multi-agency-safeguarding-policy-and-procedures/](http://www.gloucestershire.gov.uk/gsab/i-am-a-professional/multi-agency-safeguarding-policy-and-procedures/)

12. WHISTLEBLOWING

The Door recognises that service users cannot be expected to raise concerns in an environment where workers fail to do so. All workers should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues (employed by The Door or from an external agency) and refer to *The Door's Whistleblowing Policy*.

13. REPORTING AND RESPONDING TO CONCERNS ABOUT WORKERS

The Door recognises its duty to report concerns or allegations against its workers (paid or unpaid) within the organisation or by a professional from another organisation. Complaints raised by service users will be responded to according to *The Door's Complaints Policy*.

If a worker is concerned about a colleague or partner organisation worker, the process for raising and dealing with allegations is as follows:

- Report concerns, in the first instance, to their line manager and/or the Designated Safeguarding Lead (or a member of the Senior Management Team if either of these are implicated)
- Complete a written record of the concern
- Escalate the concern as necessary, contacting the GCC Front Door (Children and Families Helpdesk) or Adult Helpdesk for advice if required
- In exceptional cases, such reports should be made to the Local Authority Designated Officer (LADO) on 01452 426994
- Follow the advice provided regarding procedure
- There will be no retribution or disciplinary action taken against a worker for making such a report providing that it is done in good faith
- The Door recognises its legal duty to report any concerns about unsafe practice by any of its paid or unpaid workers to the Disclosure and Barring Service. Full details of the process and requirements of a referral can be found at <https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>

In the event that an allegation is made against a worker at The Door, either by a young person, family member or another worker, the worker accused will be suspended with immediate effect pending a full investigation into the allegation.

14. INFORMATION SHARING & CONFIDENTIALITY

The Door recognises that all matters relating to Adult and Child Protection are confidential.

The Door will only disclose any information about concerns to workers on a need-to-know basis.

All workers must be aware that they have a professional responsibility to share information with other agencies in order to safeguard adults, children and young people.

In the case of a serious concern for the immediate safety of the young person or adult or where medical intervention is required, workers should contact emergency services *immediately*. A concern should still be reported to the DSL or team leader who will coordinate adherence to this policy including external reporting.

All workers must be aware that they cannot promise service users confidentiality of any kind.

15. RECORD KEEPING

15.1 Disclosures

Any worker who receives a disclosure of abuse from a service user, notices signs or symptoms of possible abuse, or has concerns about the welfare of any vulnerable person should, following the disclosure, inform the DSL to discuss the disclosure or concern.

Workers are required to make notes as soon as possible after the event, writing down exactly what was said, using the person's own words as far as possible. All notes should be timed, dated, and signed, with name printed alongside the signature.

All records of a safeguarding nature should be stored on Salesforce within the existing service user's record. Where concerns are about a sibling or child of a client, the concern should still be recorded within the record of the service user to whom they are related.

15.2 Emergency Contact Forms (ECF)

All of The Door's youth club-based activities are open access and young people may come and go as they please, as they might do in a cafe or shop. We recognise that by providing a dedicated youth club space as a regular venue for young people that we have an enhanced duty of care over the young people in our centres. As such, as trusted adults, there is a higher likelihood that young people may make a disclosure to the youthwork team that requires either escalation or recording. ECF collect the necessary information to store basic contact details in our online database and enable the team to provide sufficient personal information to statutory bodies such as social care and police. These are required when reporting a Safeguarding incident. The form is available online for young people to complete on their phone and for parents to complete from home or ahead of a young person's first visit. Without these forms young people are more at risk if they suffer an injury and the process of maintaining adequate records is hampered.

The youthwork team should encourage young people attending centres on a regular basis to complete and return an emergency contact form with next of kin contact details. The point at which completion becomes a requirement is when a young person moves from being a one off/casual user to a regular. In practice this means they have the first month or first 3 sessions, whichever comes first, as a 'free to come and try', and then afterward there is a requirement to complete a form.

15.3 Trips

When taking young people out of our youth centres and onto other sites or locations to take part in activities such as trips, the risks are raised. Additional Trip forms are to be completed by any trip attendee with increased medical consent and confirmation of appropriate emergency contact details. (See also *Trips Policy*)

15.4 Intensive Support consent forms

Information sharing and consent forms are to be completed by those receiving any level of support from the Intensive Support team (both parents and young people) at the point of assessment. Parents must complete forms on behalf of those under 13 years of age. The form enables The Door's team to hold transparent and detailed (confidential) communication between other agencies supporting the young person, parent or carer that is working with us. The form also enables The Door to act on behalf of mentees (of any age), attend meetings with them and other agencies and advocate on their behalf in their absence. Without holding a fully completed form, we are unable to share any information about progress made while mentoring excluding anything of a safeguarding risk nature where the mentee is at significant risk of harm or abuse.

16. PREVENTION

The Door recognises that it plays a significant part in the prevention of harm to its service users by providing them with good lines of communication with trusted staff, supportive friends, and an ethos of protection.

The Door will therefore:

- Establish and maintain an environment where service users feel secure, are encouraged to talk, and are always listened to
- Ensure that everyone knows that there are workers in the organisation they can approach if they are worried or in difficulty
- Include opportunities that equip service users with the skills they need to recognise and stay safe from abuse in any support package.

17. PHYSICAL INTERVENTION

This policy acknowledges that staff must only ever use physical intervention as a last resort and that at all times it must be the minimal force necessary to prevent injury to service users, workers and visitors.

The Door understands that physical intervention of a nature that causes injury or distress to a service user may be considered under safeguarding vulnerable people, criminal justice, or disciplinary procedures.

See Appendix C for specific guidance on touching.

18. ABUSE OF TRUST

The Door recognises that adults working in the organisation are in a relationship of trust with the children, young people and adults with care and support needs in their care and acknowledge that it is a criminal offence to abuse that trust.

The Door acknowledges that the principle of equality embedded in the legislation of the Sexual Offenders Act 2003 applies, irrespective of sexual orientation. The Door recognises that the legislation is intended to protect young people who are over the age of consent but less than 18 years of age, and adults with care and support needs. However, any relationship with any The Door service user is deemed to be inappropriate and an abuse of trust, regardless of age or vulnerability – see the Code of Conduct in section 9 above.

The Door will consider any form of relationship with a service user outside professional boundaries to be potential gross misconduct. It is illegal for a person in a position of power to groom or have a sexual relationship with a person under 18 years of age. Any Door employee would be deemed to be in a position of power because of their position and the work that they undertake.

As workers at The Door are deemed to be in a position of authority, any action which causes doubt to be cast in regard to their suitability to undertake such a role will be a breach of this policy.

Examples are (the list is not exhaustive):

- Grooming any young person
- Having what is deemed to be an inappropriate relationship with a young person regardless of whether they are a Door service user or not
- Being convicted, reprimanded, or cautioned for an offence against a young person or as a perpetrator of domestic abuse or violence
- Supplying a young person with alcohol or drugs (illegal or controlled) regardless of whether they are a Door service user or not
- Supplying prescription medication where the worker is not trained or authorised to do so
- Supplying any young person with tobacco or vaping products
- Being deemed to have inappropriate relationships with any young person through social media sites or similar
- Behaving towards a young person in a way that calls into question their suitability to work in a position where they support vulnerable people or children, regardless of whether they are a Door service user or not

The DSL must be informed if any of the above is suspected, and the safeguarding procedures in this document, which will run parallel to The Door's disciplinary procedures, will be invoked.

Relationships between an established worker and a potential new service user

The Door would always ensure that a service is provided to a potential service user. Equally, The Door would aspire to protect the interests of the worker.

The Door would have to consider the individual dynamics of any given case and act accordingly. The Door may refer/signpost on to another provider, if appropriate.

The Door may consider moving a worker around the organisation to minimise any conflict of interest or contact in providing the service, or at least ensure that the worker is not directly supporting the service user.

Work on managing relationships at work would also need to be considered to avoid any coercion or pressure on employees to discuss details of cases.

Relationships between an employee and vulnerable adult service user

The Door regards as wholly unacceptable any close personal relationship between a worker and an adult service user whom they meet as a result of their employment. If this type of relationship exists/develops, the situation can be regarded as:

- An abuse of the worker's position of trust
- A breach of the standards of propriety expected in the post
- A compromise of professional standards/code of conduct

This type of relationship will be treated as potential gross misconduct, and if the worker is a paid member of staff, they will be suspended on full pay pending an investigation. Their line manager should invoke the disciplinary procedure without delay.

The Door also recognises that staff working at The Door may have an existing relationship with a service user prior to support being offered. This will be dealt with on an individual basis and as circumstances dictate to ensure both the service user and the staff member are supported.

The Door also recognises that any form of inappropriate relationship, or a relationship or action that calls into question a worker's suitability to work with service users with support needs, is unacceptable. This will be considered as gross misconduct.

19. RACIST INCIDENTS AND DISCRIMINATORY ABUSE

The Door acknowledges that repeated racist incidents or episodes of discriminatory abuse, or a single serious incident, may lead to consideration under safeguarding procedures - see The Door's *Equity, Diversity and Inclusion Policy*.

20. COMMUNICATION WITH CHILDREN, YOUNG PEOPLE AND ADULT SERVICE USERS VIA THE USE OF TECHNOLOGY AND SOCIAL MEDIA

Details of policy and procedures around use of technology and social media can be found in the Door's *Social Media Policy*.

21. HEALTH AND SAFETY

The Door's *Health & Safety Policy* reflects the consideration it gives to the Safeguarding of the service users accessing support and when undertaking trips and visits.

22. OTHER RELEVANT POLICIES

- Safer Working Practices for Adults who work with Children & Young People 2015
- The Door's *Equity, Diversity and Inclusion Policy*
- The Door's *Complaints Policy*
- The Door's *Whistleblowing Policy*
- The Door's *Lone Working Policy*
- The Door's *Social Media Policy*
- The Door's *Safer Recruitment Policy*

23. RELEVANT LEGISLATION

The principal pieces of legislation governing this policy are:

- The Care Act 2016

- Counter-Terrorism and Security Act 2015
- Working together to Safeguard Children 2015
- The Protection of Freedoms Act 2012
- Safeguarding Vulnerable Groups Act 2006
- The Children Act 2004
- The Adoption and Children Act 2002
- Care Standards Act 2000
- Human Rights Act 1998
- Public Interest Disclosure Act 1998
- The Police Act – CRB 1997
- The Children Act 1989
- Mental Health Act 1983
- NHS and Community Care Act 1990
- Rehabilitation of Offenders Act 1974
- The Domestic Abuse Act 2021

APPENDIX A - TYPES AND INDICATORS OF ABUSE

Abuse is a form of maltreatment of a child or adult. Somebody may cause abuse or neglect by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children. (Working Together to Safeguard Children 2015) In some cases the abuse may be child to parent.

Below are some of the different types of abuse and the indicators of abuse.

Physical Abuse

This is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. (Working Together to Safeguard Children 2015)

It is not accidental - victims who are physically abused suffer violence such as being hit, kicked, poisoned, burned, slapped, or having objects thrown at them. Shaking or hitting babies can cause non-accidental head injuries (NAHI). Sometimes parents or carers will make up or cause the symptoms of illness in their child, perhaps giving them medicine they do not need and making the child unwell – this is known as fabricated or induced illness (FII).

There is no excuse for physical abuse. It causes serious, and often long-lasting, harm – and in severe cases, death.

Causes of physical abuse Perpetrators of abuse may have:

- *Emotional or behavioural problems such as difficulty controlling their anger*
- *Family or relationship problems*
- *Experienced abuse themselves*
- *Parenting difficulties including unrealistic expectations of children, not understanding a child's needs or no idea how to respond to a child*
- *Health issues*

([Miller-Perrin and Perrin, 2013](#))

Non-accidental head injuries (NAHI) are caused by:

- Violent, sustained shaking
- Being thrown vigorously
- Being hit
- Hitting a hard or soft surface
- Fabricated or induced illness (FII) is when a parent or carer fakes or creates the symptoms of an illness in their child. This might include giving a child medicine, tampering with medical equipment, or falsifying test results. (Although it's not very common, FII is a serious form of child abuse.)

Signs and symptoms of physical abuse

Bumps and bruises do not necessarily mean a person is being physically abused – anyone can have accidents, trips, and falls.

There is not one sign or symptom to look out for that will say a young person is definitely being physically abused. But if a young person or adult often has injuries, there seems to be a pattern, or the explanation does not match the injury then this should be investigated.

Physical Symptoms

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

Burns or scalds

- 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

Bite marks

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

Fractures or broken bones

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

Other injuries and health problems

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

Emotional Abuse

This is defined as the persistent emotional maltreatment of a young person such as to cause severe and persistent adverse effects on their emotional development.

It may involve conveying to a young person 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 young person 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 young people. These may include interactions that are beyond their developmental capability, as well as overprotection and limitation of exploration and learning, or preventing them 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 young people frequently to feel frightened or in danger, or their exploitation or corruption.

Some level of emotional abuse is involved in all types of maltreatment of a young person, though it may occur alone.

Emotional abuse includes:

- Humiliating or constantly criticising a young people
- Threatening, shouting at a young person or calling them names
- Making the young person the subject of jokes, or using sarcasm to hurt a young people
- Blaming, scapegoating
- Making a young person perform degrading acts
- Not recognising a young person's own individuality, trying to control their lives
- Pushing a young person too hard or not recognising their limitations
- Exposing a young person to distressing events or interactions such as domestic abuse or drug taking
- Failing to promote a young person's social development
- Not allowing them to have friends
- Persistently ignoring them
- Being absent
- Manipulating a young person
- Never saying anything kind, expressing positive feelings or congratulating a young person on successes
- Never showing any emotions in interactions with a young person, also known as emotional neglect

Passive emotional abuse

When a parent or carer denies their young person the love and care they need in order to be healthy and happy it's known as passive abuse.

It is just as damaging, but it can be harder to spot than active abuse. The definitions for passive emotional abuse and emotional neglect are very similar.

Five categories of passive emotional abuse have been identified ([Barlow and Schrader McMillan, 2010](#)):

Emotional unavailability

Where a parent or carer is not connected with the child and cannot give them the love that they deserve and need.

Negative attitudes

Such as having a low opinion of the child and not offering any praise or encouragement.

Developmentally inappropriate interaction with the child

Either expecting the child to perform tasks that they are not emotionally mature enough to do or speaking and acting in an inappropriate way in front of a child.

Failure to recognise a child’s individuality

This can mean an adult relying on a child to fulfil their emotional needs and not recognising that the child has needs.

Failure to promote social adaptation

Not encouraging a child to make friends and mix among their own social peers.

Active emotional abuse

When someone intentionally scares, demeans, or verbally abuses a young person it is known as “active” abuse. This requires a premeditated intention to harm.

Active emotional abuse has been defined as:

- Spurning (rejecting)
- Terrorizing
- Isolating
- Exploiting or corrupting. ([Barlow and Schrader McMillan, 2010](#))
- Sometimes a fifth category of “ignoring” is also included ([Cawson et al, 2000](#)).

Sexual Abuse

This involves forcing or enticing a young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the young person is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving young people in looking at, or in the production of, sexual images, watching sexual activities, encouraging young people to behave in sexually inappropriate ways, or grooming a young person 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 young people. (Working Together to Safeguard Children 2015)

A young person is sexually abused when they are forced or persuaded to take part in sexual activities.

This does not have to be physical contact and it can happen online.

Sometimes the young person will not understand that what's happening to them is abuse. They may not even understand that it's wrong.

There are 2 different types of child sexual abuse. These are called contact abuse and non-contact abuse.

Contact abuse involves touching activities where an abuser makes physical contact with a young person, including penetration. It includes:

- Sexual touching of any part of the body whether the young person is wearing clothes or not.
- Rape or penetration by putting an object or body part inside a young person's mouth, vagina, or anus.
- Forcing or encouraging a young person to take part in sexual activity.
- Making a young person take their clothes off, touch someone else's genitals or masturbate.

Non-contact abuse involves non-touching activities, such as **grooming, exploitation**, persuading young person to perform sexual acts over the internet and flashing. It includes:

- Encouraging them to watch or hear sexual acts.
- Not taking proper measures to prevent them being exposed to sexual activities by others.
- Meeting a young person following sexual grooming with the intent of abusing them
- Online abuse including making, viewing, or distributing child abuse images.
- Allowing someone else to make, view or distribute child abuse images.
- Showing pornography to a minor
- Sexually exploiting a young person for money, power, or status (child exploitation)

Neglect

Defined as, the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may involve a parent or carer 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 caregivers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a young person's basic emotional needs. (Working Together to Safeguard Children 2015)

Neglect is the ongoing failure to meet a young person's basic needs and is the most common form of child abuse.

- They may be left hungry or dirty, without adequate clothing, shelter, supervision, education, medical or health care.
- They may be put in danger or not protected from physical or emotional harm.
- They may not get the love, care, and attention they need from their parents.

A young person who is neglected will often suffer from other abuse as well. Neglect is dangerous and can cause serious, long-term damage - even death.

Types of neglect ([Horwath, 2007](#))

Physical neglect

Failing to provide for a child's basic needs such as food, clothing, or shelter. Failing to adequately supervise a child or provide for their safety.

Educational neglect

Failing to ensure a child receives an education.

Emotional neglect

Failing to meet a child's needs for nurture and stimulation, perhaps by ignoring, humiliating, intimidating, or isolating them. It's often the most difficult to prove.

Medical neglect

Failing to provide appropriate health care, including dental care and refusal of care, or ignoring medical recommendations.

APPENDIX B - GOOD PRACTICE GUIDELINES - DISCLOSURE

DISCLOSURE: AS A YOUNG PERSON OR FAMILY MEMBER TALKS

It is not possible to write down exactly what to do when a young person or family member tells you about abuse. The following points are offered as guidelines.

A young person or family member may ask you to keep a secret, not tell anyone, or enquire if what they say is confidential. What do you say?

- Explain that you cannot promise not to speak to others about the information they have shared - do not offer false confidentiality.
- Listen carefully to them. DO NOT directly question them.
- Look at them directly.
- Try to keep your eye level equal to or lower than theirs
- Give them time and attention.
- Allow them to give a spontaneous account; do not stop them if they are freely recalling significant events.
- Assume that they have been threatened.
- Try to find out what they are afraid of, so that you will know how best to help.
- Make an accurate record of the information you have been given, taking care to record the timing, setting and people present, their presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- Use their words where possible.
- Reassure them that:
 - They have done the right thing in telling you.
 - They have not done anything wrong.
- Tell them what you are going to do next and explain that you will need to get help to keep them safe.
- Tell the truth.

DO NOT ask them to repeat their account of events to anyone.

Helpful things to say...

- I believe you.
- I am glad you told me.
- I care, and I will help.
- You were brave to tell.
- Even if they have broken a rule, they are not to blame for the abuse.
- I am sorry it happened.
- It is not your fault.
- You were right to tell; it is OK to tell.
- The abuser was wrong (do not say bad)

Try to avoid saying...

- Why? How? When? Where? Who?
- Why didn't you say before?
- Statements such as "This is really serious"
- Don't tell anyone else.
- I am shocked.
- Are you sure?
- I can't believe it.
- Don't make false promises.

To finish...

- Tell them again that you believe them.
- Let them know what you going to do, and as far as is possible what is going to happen next.
- Praise them for telling and surviving the abuse.
- Always finish on a positive note

The DSL will support you to ensure that young people and families have a chance to talk with an independent person.

This is achieved with the help of:

Childline **0800 1111** **NSPCC** **0808 8005000** **Samaritans** **08457 90 90 90**

Any concerns of safety or safeguarding should always be reported to the Designated Safeguarding Lead or Deputy Safeguarding Lead immediately.

GOOD PRACTICE GUIDELINES - IDENTIFIED CONCERNS WITHOUT DISCLOSURE

Because of your observations of, or information received, you may become concerned about a young person or family member who has not spoken to you.

It is good practice to ask why they are upset or how a cut or bruise was caused or respond to a young person or family member wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

If you are concerned about a young person or family member you must share your concerns. Initially you should talk to the Designated Safeguarding Lead, or (if not available) one of their deputies.

If one of those people is implicated in the concerns, talk to one of the deputies specified above.

In all such matters the worker is encouraged to reach out to their line manager for support as specified at 6.2 in this policy.

APPENDIX C - GOOD PRACTICE GUIDELINES – TOUCHING

There are some contexts in which workers will need to manage occurrences of distress and emotional upset. When a distressed person needs comfort and reassurance, this may involve appropriate physical contact. Younger people in particular may need immediate physical comfort, for example after a fall, separation from parent etc. Adults should use their judgement to comfort or reassure a young person in an age-appropriate way, whilst maintaining clear professional boundaries.

This means the worker should:

- Consider the way in which they offer comfort to a distressed person in an age-appropriate way.
- Be circumspect in offering reassurance in unsupervised or one-to-one situations, but always record such actions.
- Not assume that all children or adults seek physical comfort if they are distressed.

Additionally, the following should be adhered to:

- Keep everything in public - a hug in the context of a group is very different from a hug behind closed doors.
- Touch should be related to the young person or family member's needs, not the workers.
- Touch should be age-appropriate, and generally initiated by the young person or family member rather than the worker.
- Where a young person or family member is distressed, a comforting hand on the arm or shoulder might be appropriate.
- Rough physical games including contact sports may be appropriate – young people in particular like physical play and this should be encouraged in an organised and appropriate setting.
- Avoid physical games which disempower or inflict injury - e.g. arm wrestling.
- Avoid any physical activity which is, or could be construed as, sexually stimulating to the young person or family member.
- Young people and family members are entitled to determine the degree of physical contact with others, except in exceptional circumstances i.e., when they need medical attention.
- The use of reasonable and equal force is acceptable when necessary to restrain or remove a young person from a dangerous or threatening situation.
- 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. Concerns about possible abuse should always be reported to the DSL.

APPENDIX D: DECLARATION OF ACCEPTANCE

MUST BE COMPLETED BY ALL WORKERS

The Safeguarding of Young People, Families and Staff at The Door Youth Project: Policy, Guidelines and Procedures

I have read the Policy, Guidelines and Procedures for the protection of young people and families and staff at, and associated with, The Door Youth Project.

I hereby accept and agree to abide by this Policy, Guidelines and Procedures.

SIGNATURE

PRINT NAME

DATE

Please return to:

**Admin Team, The Door Youth Project, 44-45 High Street, Stroud, GL5 1AN
info@thedor.org.uk**