

OPEN DOOR SAFEGUARDING POLICIES

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Child Protection Policy

SAFEGUARDING CHILDREN IN HARINGEY

Haringey Safeguarding Children Partnership (HSCP) is responsible for coordinating the arrangements made by different local organisations to safeguard and promote the welfare of children. The HSCP will also approach individual organisations as and when their advice and experience in particular areas could be valuable to the production of guidance or information to the public.

The HSCP coordinates multi-agency training programmes on child protection related topics; it is recommended that all designated child protection officers and senior officials attend one or more of these courses to gain the knowledge necessary to be able to offer advice and consultancy within Open Door.

Open Door recognises that safeguarding children is the responsibility of everyone.

Open Door recognises its responsibility to safeguard and promote the welfare of children within the legal framework of the Children Acts 1989 and 2004 and the Children and Social Work Act, 2017. The management of suspected and alleged child abuse is a complex matter for voluntary organisations.

Open Door is aware that many children and young people are the victims of different kinds of abuse and that they can be subjected to social factors that have an adverse impact upon their lives – including domestic violence, substance misuse, bullying, criminal and sexual exploitation.

Open Door aims to create a safe environment within which children and young people can thrive and adults can work with the security of clear guidance.

Under the terms of the Children Act 2004 anyone under the age of 18 is considered to be a child/young person.

These guidelines are for the use of all Open Door paid staff, volunteers and visitors. We will make them available to the parents and carers of the children and young people to whom we offer a service. Through them, we will ensure that:

- Children and young people are listened to, valued and respected
- Staff are aware of the need to be alert to the signs of abuse and know what to do with their concerns.
- All paid and unpaid staff are subject to rigorous recruitment procedures
- All paid and unpaid staff are given appropriate support and training

All child protection concerns should be acted upon immediately. If you are concerned that a child might be at risk or is actually suffering abuse, you should tell the designated child protection officer within your organisation.

Our designated Child Protection Officer is: Julia Britton, Director
See section 7 – Contacts for details and for other relevant contacts

These child protection procedures will only be effective if all staff and volunteers at Open Door own and understand them. To ensure that safeguarding awareness and knowledge is embedded throughout the organisation, Open Door will undertake the following measures:

- Clearly identify designated child protection officer (CPO) and Senior Official
- Ensure CPO attends training on child protection and updates that training annually
- Ensure all staff have the appropriate level of safeguarding training every 3 years and that a log of training is kept
 - All clinicians (including Honorary Therapists) should have Child Safeguarding training to Level 3
 - All members of frontline support team should have Child Safeguarding training to level 2
- Ensure all staff and volunteers have a copy of child protection procedures including all updates and are familiar with it.
- Ensure that this policy forms part of all staff inductions and that all staff and volunteers know what to do if they have concerns about a child/young person.
- Ensure all existing staff and volunteers who have contact with children have Enhanced DBS Disclosures
- Ensure that new staff/volunteers who have contact with children/young people have Enhanced DBS checks before they start work
- Ensure that there is a single central record of DBS checks made.

These guidelines are divided into the following sections:

1. Recognising signs of abuse
2. What to do with your concerns
3. Allegations made against staff
4. Safe recruitment
5. Good practice
6. Safeguarding children in Haringey
7. Contacts

1 RECOGNISING SIGNS OF ABUSE

It can often be difficult to recognise abuse. The signs listed in these guidelines are only indicators and many can have reasonable explanations. Children may behave strangely or seem unhappy for many reasons, as they move through the stages of childhood or their families experience changes. It is nevertheless important to know what could indicate that abuse is taking place and to be alert to the need to consult further.

Someone can abuse a child by actively inflicting harm or by failing to act to prevent harm. Abuse can take place within a family, in an institutional or community setting, by telephone or on the Internet. Abuse can be carried out by someone known to a child or by a complete stranger.

If you are worried about a child it is important that you keep a written record of any physical or behavioural signs and symptoms. In this way you can monitor whether or not a pattern emerges and provide evidence to any investigation if required.

Physical Abuse

Physical abuse can involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, and suffocating. It can also result when a parent or carer deliberately causes the ill health of a child in order to seek attention; this is called Fabricated Induced Illness (FII), formerly known as Munchausen's Syndrome by Proxy. Symptoms that indicate physical abuse include:

- Bruising in or around the mouth, on the back, buttocks or rectal area; Finger mark bruising or grasp marks on the limbs or chest of a small child
- Bites
- Burn and scald marks; small round burns that could be caused by a cigarette
- Fractures to arms, legs or ribs in a small child
- Large numbers of scars of different sizes or ages

Emotional Abuse

Emotional abuse happens when a child's need for love, security, praise and recognition is not met. It usually co-exists with other forms of abuse. Emotionally abusive behaviour occurs if a parent, carer or authority figure is consistently hostile, rejecting, threatening or undermining. It can also result when children are prevented from social contact with others, or if developmentally inappropriate expectations are imposed upon them. It may involve seeing or hearing the ill-treatment of someone else. Symptoms that indicate emotional abuse include:

- Excessively clingy or attention-seeking behaviour
- Very low self-esteem or excessive self-criticism
- Excessively withdrawn behaviour or fearfulness; a 'frozen watchfulness'
- Despondency
- Lack of appropriate boundaries with strangers; too eager to please
- Eating disorders

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, causing damage to their health and development. It may involve a parent or carer failing to provide adequate food, shelter or clothing, failing to protect a child from harm or danger, or failing to access appropriate medical care and treatment when necessary. It can exist in isolation or in combination with other forms of abuse. Symptoms of physical and emotional neglect can include:

- Inadequate supervision; being left alone for long periods of time
- Lack of stimulation, social contact or education
- Inadequate nutrition, leading to ill-health
- Constant hunger; stealing or gorging food
- Failure to seek or to follow medical advice such that a child's life or development is endangered
- Inappropriate clothing for conditions

Sexual Abuse

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. This may include physical contact, both penetrative and non-penetrative, or involve no contact, such as watching sexual activities or looking at pornographic material. Encouraging children to act in sexually inappropriate ways is also abusive. Under the Sexual Offences Act 2003, any sexual activity – contact or non-contact – with a child under the age of 13, is a crime. Symptoms of sexual abuse include:

- Allegations or disclosure
- Genital soreness, injuries or discomfort
- Sexually transmitted diseases; urinary infections
- Excessive preoccupation with sexual matters; inappropriately sexualised play, words or drawing
- A child who is sexually provocative or seductive with adults
- Repeated sleep disturbances through nightmares and/or wetting

Older children and young people may additionally exhibit:

- Depression
- Drug and/or alcohol abuse
- Eating disorders; obsessive behaviours
- Self-mutilation; suicide attempts
- School/peer/relationship problems

Some members of our communities hold beliefs that may be common within particular cultures but which are against the law in England. Open Door does not condone practices that are illegal or harmful to children. Examples of particular practices are:

Forced Marriages

No faith supports the idea of forcing someone to marry without their consent. This should not be confused with arranged marriages between consenting adults.

- **Under-age Marriages**

In England, a young person cannot legally marry or have a sexual relationship until they are 16 years old or more

- **Female Circumcision**

This is against the law yet we know that for some in our communities it is considered a religious act and a cultural requirement. It is also illegal for someone to arrange for a child to go abroad with the intention of having her circumcised.

- **Ritualistic Abuse**

Some faiths believe that spirits and demons can possess people (including children). What should never be condoned is the use of any physical violence to get rid of the possessing spirit. This is physical abuse and people can be prosecuted even if it was their intention to help the child. The same is true should there be emotional abuse of a child/young person believed to be possessed.

2 WHAT TO DO WITH YOUR CONCERNS

In the event that a child makes an allegation or disclosure of abuse against an adult or another child or young person, it is important that you:

- Listen to them and/or closely observe their presentation and behaviour;
- Let them know that you take what they are saying seriously;
- Do not attempt to question or interview them yourself;
- Let them know that you will need to tell someone else in order to help them. **Do not promise to keep what they tell you secret;**
- Inform your designated child protection officer as soon as possible by phone, email or in-person. Their details can be found in section 7 of this policy.
- Make a written record of the incident or events.

Sometimes you may just feel concerned about a child but do not know whether to share your concerns or not. In this situation you should always raise your concerns with your clinical supervisor or designated child protection officer if they are not available who will help you to decide what to do. Supervisors must discuss decisions with the designated child protection officer if they are unsure about a course of action.

The responsibility for investigating allegations of abuse, whether they result from the disclosure of a child or the concerns of an adult, lies with social workers (Haringey Children's Service) and the Police Child Abuse Investigation Team (CAIT).

In an emergency: It is normally the responsibility of the designated child protection officer to make a referral to these agencies, but **if you judge the situation to be an emergency and/or you require urgent advice in the absence of the designated officer, you must report your concerns directly, using the contacts listed in section 7 of this policy.** The Children's Service also employs Child Protection Advisors (CPAs), who you can contact in office hours for further specialist guidance.

The Duty social worker or CPA will advise you when or whether to inform the child's parents or carers about any concerns. If they decide to pursue a child protection investigation, you should:

- Work closely and collaboratively with all professionals involved in the investigation, in order to keep the child safe;
- Attend a child protection conference if you are invited. You will be asked to provide information about your involvement with the child, which is why it is important to keep records of your concerns;
- Attend or make representation to any subsequent strategy meetings, child protection review conferences, core groups or child in need meetings as appropriate.

3 ALLEGATIONS MADE AGAINST STAFF OR VOLUNTEERS

Organisations that work or come into contact with children and young people need to be aware of the possibility that allegations of abuse may be made against members of their staff.

Allegations will usually be that some kind of abuse has taken place. They can be made by children and young people and they can be made by other concerned adults. Allegations can be made for a variety of reasons. Some of the most common are:

- Abuse has actually taken place;
- Something happens to a child that reminds them of an event that happened in the past – the child is unable to recognise that the situation and the people are different;
- Children can misinterpret your language or your actions because they are reminded of something else;
- Some children know how powerful an allegation can be; if they are angry with you about something they can make an allegation as a way of hitting out;
- An allegation can be a way of seeking attention.

All allegations should be brought to the notice of the designated child protection officer immediately, or delegated senior clinician. In cases where the allegation is made against this person, the complainant should approach a more senior official or take the following action him or herself:

- Make sure that the child in question is safe and away from the alleged abuser;
- Contact the Children’s Service Referral & Assessment Team relevant to where the child lives (see section 7);
- **All allegations should be reported without delay to:**

Haringey's Local Authority Designated Officer (LADO)

Email: LADO@haringey.gov.uk
T. 020 8489 2968
- Contact the parents or carers of the child if advised to do so by the social worker/officer in charge of allegations;
- Irrespective of any investigation by social workers or the police, you should follow the appropriate disciplinary procedure; common practice is for the alleged abuser to be suspended from work until the outcome of any investigation is clear;
- Consider whether the person has access to children anywhere else and whether those organisations or groups need to be informed;
- Act upon the decisions made in any strategy meeting.

All incidents should be reported to the Chair of Trustees.

All incidents should be investigated internally after any external investigation has finished, to review organisational practice and put in place any additional measures to prevent a similar thing happening again.

4 SAFE RECRUITMENT

The application of rigorous procedures for the recruitment of any staff who come into contact with children, both directly and indirectly, can reduce the likelihood of allegations of abuse being made that are founded. As an absolute minimum, the following standards should be followed:

- All prospective workers (paid and unpaid) should complete an application form which asks for details of their previous employment and for the names of two referees;
- All prospective workers (paid and unpaid) should have a new DBS disclosure before they start employment – anyone who refuses to do so should not be employed;
- All prospective workers (paid and unpaid) should be interviewed to establish previous experience of working in an environment where there is contact with children and perceptions of acceptable behaviour;
- Nobody should start work before references have been received. Referees should be reminded that references should not misrepresent the candidate or omit to say things that might be relevant to their employment;
- All appointments to work with children should be subject to an agreed probationary period;
- New members of staff should be clear about their responsibilities and wherever possible, work to an agreed job description;
- These guidelines should be available to everyone and fully discussed as part of an induction process.

5 GOOD PRACTICE

- Every organisation working with children should have a designated child protection officer who must undergo child protection training. It is the responsibility of this person to make themselves available for consultation by staff, volunteers, visitors, children and their families;
- All staff are responsible for children while on these premises and must make sure that health and safety guidelines are adhered to;
- All staff working with children should receive regular supervision from a more experienced staff member and are required to receive appropriate child protection training;

Use of premises by other organisations

- In the event that a room or rooms on the premises are used by other organizations, the letting agreement should ensure that the hiring organisation works to approved child protection procedures and/or that they read and agree to abide by these guidelines.

7 CONTACTS

For Open Door the Child Protection Officer is:

- Julia Britton, Consultant Child & Adolescent Psychotherapist, Director
Open Door – 020 8348 5947 ext 89
emergency contact number 077 621 50770

The Senior Official for purposes of this policy is:

Judy Shuttleworth, Trustee and Chair of Joint Clinical Committee:
judyshuttleworth@hotmail.com

If there are safeguarding concerns contact Social Services directly:

- MASH Team (Multi-Agency Safeguarding Hub) 020 8 489 4470 (9.00-5.00pm)
- Emergency Duty 020 8489 0000 (from 5pm)

Haringey Child Abuse Investigation Team (CAIT) (Metropolitan Police)

- 020 8345-2246

Local Authority Designated Officer (LADO)

- 020 8489 2968

NSPCC Helpline - 0808 800 5000

IMPLEMENTATION CHECKLIST

- Ensure that the premises conforms to health and safety guidelines
- Ensure that any letting arrangements are bound by contracts that include an agreement to adhere to the host organisation's child protection procedures.

VERSION – APPROVED JULY 2013 / latest re-fresh and updates 30/11/2021

Signed: Julia Britton, Director



Vulnerable Adults

Protection from Abuse Policy

This policy is based on the belief that every vulnerable adult using an Open Door service has the right to live free from abuse.

Purpose

The purpose of this policy is to:

set out the values, principles and policies underpinning all of Open Door’s work with vulnerable adults

define the procedure to be followed if abuse is suspected

define the different types and signs of abuse of vulnerable adults and indicate their possible causes and associations

indicate the legal framework within which abuse can be tackled.

Scope

These procedures cover abuse of vulnerable clients by anyone in a relationship of trust with them - friends, relatives, care staff, housing staff etc.

They are not intended to cover harassment of staff by staff or abuse of staff by clients - harassment or disciplinary procedures should be used.

Nor are they intended to cover incidents not taking place in the context of a relationship, for example a one-off theft which appears to have been perpetrated by a total stranger, burglary, mugging by a stranger in a public place, although aspects of the procedures will apply.

If the suspected abuser is an Open Door employee the disciplinary and/or the whistleblowing procedure should be followed as well as aspects of these procedures:

If the alleged abuser is employed by another agency (private, statutory or voluntary) the abuse procedure should be followed though a manager from the agency at appropriate seniority should be involved with the expectation that the worker should be suspended pending further investigation.

Professional boundaries

All clinicians employed by Open Door are bound by their professional Code of Ethics and the Code of Ethics or their professional body These includes a Code of Practice which defines appropriate professional boundaries, a procedure for making complaints against members and a procedure for disciplinary action.

Responsibility

All staff are responsible for implementing these policies and procedures, in association with their managers and with other agencies. Open Door’s Management Team is responsible for monitoring its implementation and reporting to the Board of Trustees through its Clinical Committee.

**Our designated Safeguarding Officer is: Julia Britton, Director
See Contacts for details and for other relevant contacts**

Definitions

Abuse: “Abuse is a single or repeated act, or lack of appropriate action, usually occurring within a relationship where there is an expectation of trust, and which causes harm or distress to a person”.

Vulnerable adult: “An adult who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation” (“No Secrets” Department of Health guidance 2000 / New Care Act, 2014),

Types of abuse: There are 6 main types of abuse of vulnerable adults: physical, psychological/emotional, sexual, financial, neglect, discrimination.

Collaboration with other agencies

Protecting vulnerable adults from abuse is a complex process. Staff assessment and action on abuse must almost always be in co-operation and collaboration with other agencies, such as social services, doctors and the police.

Open Door is committed to interdisciplinary working with these and other agencies, working within the guidelines of the New Care Act, 2014 government guidance. Open Door also works within the framework agreed in the LB of Haringey and set out in the document ‘*London Multi-agency Safeguarding Adults - Policy and Procedures*’ (April 2019).

Staff are expected to contact lead link abuse officers employed by Social Services and the police in their localities; obtain inter-agency policies/procedures; assist in the development of multi-agency procedures if invited; tap into multi-agency training opportunities.

Confidentiality

Staff are required to respect confidentiality and not divulge information given in confidence unless justified by assessed risk to the vulnerable adult or if required under contract with Social Services, local authorities or agreed through inter-agency protocols.

Risk and protection

Open Door acknowledges that an individuals’ rights to an independent life sometimes involving a degree of risk. Where an individual chooses to accept this risk, their wishes should be respected within the context of their capacity to anticipate and understand the risk. Where a number of individuals are at risk, a decision may need to be made to protect others which goes against an individual’s wishes. We will work with other agencies to uphold the right of vulnerable adults to protection from harm and exploitation making constructive use of the law.

Equal opportunities

Sometimes people are the victims of abuse because they belong to a particular group in society. These policies and procedures take account of people’s ethnic origins, gender, sexuality, age, religious and cultural background and are designed to counteract the abuse, whatever its underlying motivation.

Privacy, dignity, independence, choice

Vulnerable adults, for reasons of age, illness, disability or social circumstances will be respected with regards to privacy, dignity, independence and choice.

Recording

Staff must ensure that their recording of facts, incidents, assessments, referrals, case discussions are all sufficient, accurate, concise, up-to-date, legible, dated and factual. Opinions

should be kept to a minimum and backed up by factual evidence. These records must be stored in an individual file/electronic record and stored securely in a manner that safeguards the individual's right to privacy and security. These records are available to individuals on request (not third-party information) and may be used as evidence in civil or criminal prosecutions or in disciplinary proceedings.

Staff Support and Training

Support will be provided to staff dealing with serious abuse. Appropriate training on abuse will be provided to staff working with vulnerable adults.

Whistle blowing

Staff are encouraged to act when suspicious that abuse is occurring at work, no matter what the setting, who the perpetrator is or who the victim is. Open Door will respect and not penalise those who stand up for anyone who is suspected of being abused.

Register of Abusers

Under the Care Act 2014, the Government intends to introduce a statutory workforce ban mechanism for people found to be unsuitable to work with vulnerable adults. If required to do so, Open Door is willing to assist in protecting vulnerable adults by ensuring that any Open Door staff member disciplined for abusing a vulnerable adult will be added to the "Protection of Vulnerable Adults" register, and when recruiting staff will take the necessary steps to avoid employing any persons included on that register.

Advocacy

Staff are encouraged to assist victims by putting them in touch with independent advocates.

2 Protection from Abuse - Procedures

Procedure to be used in the event of actual or suspected abuse of a vulnerable adult

When to use this procedure	Whenever abuse of a vulnerable adult is suspected.
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Procedure Follow these steps:

Step	Action	Performance Standard
	<p>Someone who is unconscious clearly lacks capacity. Go straight to Step 3 - Emergency Services).</p> <p>If the situation is not an emergency, step number 4 “consultation with line manager” may be undertaken first.</p>	
1	<p>Establishing Consent by Talking to the Victim</p> <p>Within the limits of your relationship with the alleged victim, their mental capacity, and the complexities of the situation, talk to them about your concerns and the risks involved and seek their consent for any subsequent steps you feel are necessary.</p> <p>Whether and how you do this needs to be a matter of judgement, the underlying principle being that individuals should normally have a right to decide if and how they wish to be helped.</p> <p>If the victim wishes, so long as they are not the alleged perpetrator, close relatives who maintain an interest should be involved by the staff member. However, where an individual has capacity, the decision-making power rests with the individual, not the relatives.</p> <p>If consent is not given, follow step 2 to decide on self-determination and capacity.</p> <p>If language is a barrier to communication, it is important to use an independent interpreter, NOT a family member of someone from a local cultural or religious organisation of which the victim or suspected abuser is a member. Social Services usually have lists and Open Door uses a trusted interpreting service.</p>	<p>Within 24 hours of suspicions/ allegations of abuse</p>
2	<p>Exceptions to Honouring the Victim’s Wishes - Establishing Capacity and Self-Determination</p> <p>If the vulnerable adult does not want a referral to be made then their wishes should be honoured unless:</p> <ul style="list-style-type: none"> • they or others are in physical danger and/or • it is the considered assessment of the staff member and line manager that they are unable/incapable of making an informed decision for themselves* or • they are not the only person affected and risk to others needs to be considered. 	

<p>3</p>	<p>Emergency Services</p> <p>Having obtained consent or ascertained incapacity, contact emergency services (usually the police first) if a vulnerable adult appears to be in immediate physical danger or there is evidence of sexual abuse. If no immediate physical danger is apparent, proceed to step 4.</p> <p>Under no circumstances should staff members put themselves at risk.</p>	<p>Immediately</p>
<p>4</p>	<p>Consultation with Line Manager</p> <p>Discuss suspected abuse or allegation of abuse with their line manager at the earliest opportunity. If the line manager is not available or likely to be available and the staff member considers the matter sufficiently urgent, they should discuss their concerns with a suitable alternative manager and consult the on-call rota of senior clinical staff. The full facts and circumstances of the situation together with all available options and courses of action should be identified and discussed. The following points amongst others need to be considered.</p> <ul style="list-style-type: none"> • The level of the victim’s capacity to be involved in decision making • Whether independent advice from experts, whilst protecting victim’s identity, would be useful before proceeding • Whether a referral to Social Services is appropriate (it will be in most cases) • Whether the police should be brought in at this stage (in the case of sexual abuse immediate referral is essential to ensure that vital evidence is not destroyed) • Whether a doctor needs to be called 	
<p>5</p>	<p>Referral to Social Services</p> <p>If there is a suspicion of abuse or clear evidence of abuse a referral to Social Services should be made without delay, subject to the consent of the vulnerable adult if applicable.</p>	
<p>6</p>	<p>Content of Referral</p> <p>The referral to Social Services should include:</p> <ul style="list-style-type: none"> • personal details of the service user (name, address, age, ethnic origin, gender, religion, type of accommodation, family circumstances, support networks, physical and mental health, any communication difficulties). • the referrer’s job title and involvement • substance of the allegation • details of care givers • details of alleged abuser and current whereabouts and likely movements within the next 24 hours • details of any specific incidents e.g. dates, times, injuries, witnesses, evidence such as bruising 	

	<ul style="list-style-type: none"> • background of any previous concerns • awareness or not/consent or not by the abused, carers, alleged abusers of the referral 	
7	<p>Referral to Police</p> <p>In situations where there is obvious evidence of a criminal offence a simultaneous referral to the police should be made - guidance may be sought from the person taking the referral in Social Services.</p> <p>If immediate referral to the police is not indicated, the decision to do so should be notified to senior managers.</p>	
8	<p>Following Social Services Inter-Agency Guidelines</p> <p>Once a referral has been made to Social Services that department should then work within their own inter-agency guidelines on abuse of vulnerable adults. Open Door staff should be able to obtain a copy of the Social Services guidelines. Open Door staff should co-operate with Social Services and, if they are involved, the police and/or doctors, in accordance with these guidelines. The inter-agency guidelines may include the referrer’s continued involvement through:</p> <ul style="list-style-type: none"> • assistance with any communication difficulties (e.g. sensory impairment, language or speech problems). • verbal or written clarification and amplification of initial referral details • request for further monitoring • attendance at a case conference • discussions with police • request to be a key worker <p>In rare circumstances staff may feel that Social Services are being inappropriately inactive. In such circumstances the staff member should discuss with their line manager whether Open Door should take the initiative, for example by chasing up the Social Services social worker, calling a case conference ourselves or contacting a more senior officer at Social Services.</p>	
9	<p>Exploring Alternative Courses of Action</p> <p>If no referral is made in line with the vulnerable adult’s wishes, then other courses of action should be considered including utilising the help-line advice services provided by other agencies and the situation regularly monitored and reviewed by the front line worker and their line manager.</p>	
10	<p>Ongoing Work with Vulnerable Adult</p> <p>Staff should agree with their line manager a framework for working with the vulnerable adult, whether or not the referral to Social Services has been made or accepted. Within this framework, staff should continue to support and ensure the safety of the vulnerable adult as well as work with other agencies towards the elimination of the abuse.</p>	

11	<p>Locating an Independent Advocate</p> <p>Where it is felt that a vulnerable adult would benefit from having an independent person to represent their interests, and is in agreement, one of the organisations listed in Appendix A should be contacted on the victim’s behalf.</p>	
12	<p>Minimal Action Option</p> <p>Staff should be prepared to accept that in some circumstances little action apart from continued support, recording and monitoring may be the only option due to current legal limitations or the victim’s wishes.</p>	
13	<p>Support of Staff Member</p> <p>The line manager should clarify the staff member’s role, extent of their responsibility and provide the necessary support to the employee either directly or through an agreed other source.</p>	
14	<p>Recording</p> <p>Record account of abuse as verbatim as possible, assessment, options identified, and decisions and actions taken (including no further action) and continue to maintain accurate, legible, concise, factual and up-to-date records during all stages.</p> <p>Complete an Abuse of Vulnerable Adults disclosure form and pass to the appropriate manager.</p>	<p>Immediately after each event/ meeting</p> <p>After following steps 5,6,7</p>
15	<p>Keeping Line Management Informed</p> <p>In situations of suspicion of serious abuse or a series of possibly related incidents, for example a number of thefts from residents, staff should ensure that their managers’ managers are informed.</p>	
16	<p>Implications for Policy, Systems and Procedures</p> <p>The Council of Management will need to consider whether the abuse raises organisational issues which need addressing.</p>	

3 Abuse of Vulnerable Adults – Confidential disclosure form

STRICTLY CONFIDENTIAL – for use by staff

Staff who complete this form should be aware of the rights and limitations placed on them by the Public Interest Disclosure Act (1998) a commentary on which forms part of the Protection from Abuse policy. Open Door cannot advise you as to those rights and limitations but you may wish to contact ‘Protect’ (020 3117 2520), your Trades Union or Citizen’s Advice Bureau first. This Disclosure Form will be treated with the utmost confidentiality and your rights under the Data Protection Act 2018 and GDPR apply. You must fill this form in truthfully and we would ask you also to provide full information. If you do withhold information that is relevant to the disclosure from us, please seek advice from the sources identified in the first paragraph as to where and how these matters should be reported.

Part 1 (To be completed by Staff member making disclosure)

<p>Personal Details: name, designation, address and contact details</p>
<p>Disclosure: please describe very briefly the nature of the disclosure you wish to make (for example, “physical abuse”). We will ask you for a more detailed explanation below.</p>
<p>People Involved: please state the names, and contact details of people involved in this issue, whether victims, witnesses or alleged perpetrators. Do not yet describe their role or what you saw.</p>
<p>Third Parties Informed: please identify any other agencies (for example, Police, Protect etc.) and/or staff of other agencies who have been told of this issue, whether by you or someone else. Contact details of these agencies and/or people should also be provided.</p>

<p>Details of Disclosure: please give full details of the matters you wish to disclose. Please add additional sheets as necessary and attach all relevant documentation or evidence.</p>	
<p>Other Information: please give details of any other points you wish to make, for example, if you are concerned about the consequences of this disclosure for you or anyone else, whether this disclosure of the events that prompted it will have any impact on your ability to do your work, etc.</p>	
<p>Signed (Person making disclosure)</p>	
<p>Date</p>	
<p>Signed (Head of Service / Director / Trustee)</p>	
<p>Date</p>	

Part 2: To be completed by Head of Service / Director / Trustee

<p>Personal Details: name, designation, address and contact details</p>
<p>Action Plan:</p> <p>Please identify your Action Plan to investigate and resolve the matters that have been disclosed.</p> <p>Please identify the names and other details of other agencies and people you intend to involve.</p> <p>Please set out details of any Risk Assessment or Support Plan review work undertaken in the light of this disclosure.</p>

<p>Please identify whether investigatory or disciplinary action is to be/has been taken in respect to anyone and give details.</p> <p>Please identify what arrangements were/are being made (where relevant) for the protection and support of people who may be negatively affected by matters relating to this disclosure.</p> <p>Please set out clear timescales and processes being implemented or planned to resolve the disclosures reported and any consequences you can reasonably foresee that they might have.</p> <p>Please attach additional sheets as necessary and attach all relevant documentation and letters.</p>	
<p>Review date: Please identify when this Action Plan is to be reviewed.</p>	
<p>Signed (Head of Service / Director / Trustee)</p>	
<p>Date</p>	
<p>Signed (Director / Trustee) as witness</p>	
<p>Date</p>	

4 Abuse of Vulnerable Adults – Cases Log

Case	Disclosure made by	Date Part 1 Completed	Part 2 Completed by	Date Part 2 completed	Review Date 1	Review Date 2	Review Date 3	Review Date 4	Case signed off
Example	John Smith	20 Aug 2021	Sarah Jones	28 Aug 2021	30 Sep 2021	25 Oct 2021	n/a	n/a	25 Oct 2021
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OPEN DOOR – SAFEGUARDING - POLICIES, PROCEDURES

16									
17									
18									

Useful Addresses – National

Can be utilised for advice, information, support and advocacy by front-line workers or their managers.

Name of Organisation	Telephone/Email	Hours of Opening
Relatives and Residents Association	0207 359 8136 helpline@relres.org	(Monday to Friday 9.30am-1pm, and Thursdays 6-8pm)
Protect Offers advice on whistle-blowing	020 3117 2520 Contact our Advice Line - Protect - Speak up stop harm (protect-advice.org.uk)	Mon – Fri 9am - 6pm
Ann Craft Trust Protection of children and adults with learning disabilities from abuse. Provide training in this field.	0115 951 5400 ann-craft-trust@nottingham.ac.uk	Monday to Friday, 9am - 5pm
Victim Support Support for witnesses and victims of crime.	08 08 16 89 111	24/7 Support line

CONTACTS

For Open Door the Safeguarding Officer is:

Julia Britton, Consultant Child & Adolescent Psychotherapist, Director
Open Door – 020 8348 5947 ext 89
Emergency contact number 077 621 50770

The Senior Official for purposes of this policy is:

Judy Shuttleworth, Trustee and Chair of Joint Clinical Committee:
judyshuttleworth@hotmail.com

If there are safeguarding concerns, contact Social Services directly:

Contact the First Response Team (adult social services):
Telephone: 020 8489 1400
Email: firstresponseteam@haringey.gov.uk

In an **emergency** call the police on 999

Signed: Julia Britton, Director



STATEMENT OF OPEN DOOR'S ONLINE SAFETY PRINCIPLES

(July 2020/updated Nov 2020)

Open Door works with adolescents, young adults and parents/carers are part of its activities. We provide therapeutic interventions to support the mental health and wellbeing of young people aged 12 -25 and their parents/carers.

The purpose of this statement is to:

- Ensure the safety and wellbeing of children and young people is paramount when young people and adults are using the internet, social media or mobile devices.
- Provide staff, volunteers and trainees with the overarching principles that guide our approach to online safety.
- Ensure that, as an organisation, we operate in line with our values and within the law in terms of how we use online devices.

The statement applies to all staff, volunteers, trainees, young people, parents/carers and anyone involved in Open Door's activities.

Legal framework

This statement has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. Summaries of the key legislation and guidance are available on:

- Online abuse: learning.nspcc.org.uk/child-abuse-and-neglect/online-abuse
- Bullying: learning.nspcc.org.uk/child-abuse-and-neglect/bullying
- Child protection: learning.nspcc.org.uk/child-protection-system

We believe that:

- Children and young people should never experience abuse of any kind.
- Children and young people should be able to use the internet for education and personal development, but safeguards need to be in place to ensure they are kept safe at all times.

We recognise that:

- The online world provides everyone with many opportunities; however, it can also present risks and challenges.
- We have a duty to ensure that all children, young people and adults involved in our organisation are protected from potential harm online.
- We have a responsibility to help keep children and young people safe online, whether or not they are using Open Door' network and devices
- All children, regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation, have the right to equal protection from all types of harm or abuse.

- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare and in helping young people to be responsible in their approach to online safety.

We will seek to keep children and young people safe by:

- Appointing an online safety coordinator – Julia Britton, Director, Child Protection Lead
- Providing clear and specific directions to staff, volunteers and trainees on how to behave online through our Remote Working Protocols.
- To establish clear ground rules between therapist and young person/parent/carer for remote sessions to ensure that they are conducted safely.
- Supporting and encouraging the young people using our service to use the internet, social media and mobile phones in a way that keeps them safe and shows respect for others.
- Supporting and encouraging parents and carers to do what they can to keep their children safe online.
- Developing clear and robust procedures to enable us to respond appropriately to any incidents of inappropriate online behaviour, whether by an adult or a child/young person.
- Ensuring that any images of young people and families are used only after their written permission has been obtained, and only for the purpose for which consent has been given.
- Providing supervision, support and training for staff, volunteers and trainees about online safety
- In line with our Information Governance Policy we will:
 - Review and update the security of our information systems regularly (in line with our Information Governance Policy).
 - Ensure that user names, logins, email accounts and passwords are used effectively.
 - Examine and risk assess any social media platforms and new technologies before they are used within the organisation.

If online abuse occurs, we will respond to it by:

- Having clear and robust safeguarding procedures in place for responding to abuse (including online abuse).
- Providing support and training for all staff, volunteers and trainees on dealing with all forms of abuse, including bullying/cyberbullying, emotional abuse, sexting, sexual abuse and sexual exploitation.
- Making sure our response takes the needs of the person experiencing abuse, any bystanders and our organisation as a whole into account.
- Reviewing the plan developed to address online abuse at regular intervals, in order to ensure that any problems have been resolved in the long term.

Related policies and procedures

This statement should be read alongside our organisational policies and procedures including:

- Child protection
- Vulnerable adults – protection from abuse
- Disclosure of abuse guidelines
- Clinical risk management protocols
- Remote working protocols
- Complaints policy
- Disciplinary policy
- Whistleblowing policy
- Information Governance Policy
- Privacy Principles
- Photography and image sharing guidance

Online safety co-ordinator, Clinical and Safeguarding Lead:

Name: Julia Britton, Consultant Child & Adolescent Psychotherapist, CEO

Phone/email: 020 8348 5947 / out of hours: 077 621 50770 julia.britton@opendooronline.org

Chair of Clinical sub-Committee/ Safeguarding Lead for Board of Trustees:

Name: Dr Judy Shuttleworth, Consultant Child & Adolescent Psychotherapist

Email: judyshuttleworth@hotmail.com

(policy date: 20/07/2020 updated 25/11/20)

Signed: Julia Britton, Director

