



Centre for Young Refugees and Migrants

# **SAFEGUARDING AND CHILD PROTECTION POLICY**

**2026 version**

## **Terms, Acronyms**

### **Service Users**

To include all children, young people and vulnerable adults who access Dost's services

### **Staff**

To include all staff, self employed freelance workers, coaches, tutors, student placements, volunteers who work/ volunteer at Dost

### **Trustees**

To include all Dost Trustees

### **Management**

To include the Director and Board of Trustees

### **Visitors**

To include all visitors, funders, staff, volunteers and coaches from other organisations

### **Carers**

To include all parents/ extended family/ foster carers, keyworkers, corporate parents, such as Children's Services

### **The Public**

To include members of the public who may come into contact with Dost services or Service Users

## **Named Leads**

Director – Marian Spiers ([marian@dostcentre.co.uk](mailto:marian@dostcentre.co.uk)/ 0785285711/ [www.dostcentre.co.uk](http://www.dostcentre.co.uk))

### **Designated Safeguarding Lead – DSL**

Marian Spiers (updated Nov 2025)

Carl Reyes (completed Dec 2024)

### **First Aider at Work**

Marian Spiers (updated June 2024)

### **Emergency First Aiders**

Emad Hamid (June 2024)

Kelly Williams (July 2024)

Carl Reyes (Dec 2024)

### **Mental Health First Aider**

Marian Spiers (Feb 2025)

### **Data Protection Officer**

Marian Spiers

### **Safety and Safeguarding Trustee**

Thomas Edwards (DSL Trained March 2026)

# SAFEGUARDING AND CHILD PROTECTION

## Introduction

### Definition of Safeguarding

**Proactive** - “taking action to enable all children to have the best outcomes”

Protection of children from maltreatment.

Preventing impairment of children’s health or development.

Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.

Taking action to enable all children to have the best outcomes.



### **Principles - Safeguarding Children is everyone's responsibility**

For services to be effective they should be based on the needs and views of children – child centred.

Child abuse is nondiscriminatory; stereotyping and assumptions do not protect children.

Abuse may be by inflicting harm or failing to prevent harm.

Cultural norms and ethnic traditions differ.

Cultural norms do differ; different cultural norms and ethnic traditions should be recognised, respected and understood, however, they may not always be accepted, as Child Protection Law in the UK must be upheld.

Professionals must exercise their powers and responsibilities in a way which does not compromise the human rights of the child, the parents or carers or other professionals.

### **The welfare of the child is paramount**

#### Definition of Child Protection

**Reactive** - This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

#### **The Role of a Youth Service/ Youth Workers and DSL's:**

- Youth Work practitioners are not investigative agencies and should not attempt to investigate concerns arising about children in their setting
- However, Youth Workers and DSL's have a legal duty to assist Children's Services by referring concerns and providing information for child protection enquiries.

“In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be of primary consideration”

#### **Article 3 UN Convention on the Rights of the Child**

Human rights within the United Kingdom are protected by the Human Rights Act 1998, which means that if an individual believes that their human rights have been breached, they can take action against this in a court of law.

- **The right to freedom from torture and inhumane or degrading treatment or punishment.**
- **The right to liberty and security.**
- **The right to freedom of thought, conscience and religion.**
- **The right to freedom of expression.**
- **The right of access to an education.**

Although usually associated with adults, the Human Rights Act provides equal rights to children who are also protected by its content.

This Safeguarding Policy outlines our approach to safeguarding children, young people and vulnerable adults (for the purposes of this policy children are under the age of 14, young people are 14-17 years old and vulnerable adults are 18-25 years old) At Dost, only a small percentage of our service users are classified as adults, (as we provide a service for 13-19 year old young people from a refugee seeking and migrant background), so this policy will offer full coverage for their needs with a section dedicated to Adult safeguarding.

This policy is written in accordance with the [Children Act 2004](#) and [Safeguarding Vulnerable Groups Act 2006](#).

It will be reviewed yearly, added to, or modified from time to time, when policies change or when instances arise at Dost and may be supplemented in appropriate cases by further statements related to the work of Dost.

Copies and subsequent amendments will be made available to all Staff/Trustees and on the Dost website.

The success of this policy depends on the active support of all Staff to achieve its' objectives. This policy is mandatory for anybody working for or on behalf of Dost, meaning all Staff, including the Board of Trustees. This policy must be applied whenever there is a concern about a child, young person or vulnerable adult or about the behaviour of an adult.

Dost recognises the need for a well-defined policy setting out the standards it aims to achieve for safeguarding Service Users within our care.

This policy sets out the organisation and arrangements for achieving this aim, including the detailed responsibilities for key staff.

## **Policy Statement**

Dost believes that it is always unacceptable for a child, young person or vulnerable adult to experience abuse of any kind and recognises its' responsibility to safeguard the welfare of all our Service Users, by a commitment to good practice, which in turn, protects them.

### **We recognise that:**

- The welfare of the child, young person or vulnerable adult is paramount
- All children, young people and vulnerable adults regardless of age, disability, gender, racial heritage, religious belief or lack thereof, sexual orientation or identity 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
- All our staff and volunteers need to be carefully selected and trained and accept responsibility for safeguarding children, young people and vulnerable adults that they come into contact with.

### **The purpose of the policy is to:**

- Provide protection for the Service Users who receive Dost's services
- Provide Staff with guidance on procedures that they should adopt in the event that they suspect a child, young person or vulnerable adult may be experiencing, or be at risk of, harm.

### **We will endeavour to safeguard all Service Users by:**

- Valuing them, listening to and respecting them
- Adopting child protection guidelines through procedures and a code of conduct for Staff, Visitors, Trustees
- Conducting robust recruitment and selection processes, including the necessary safety checks in respect of references, declarations and Disclosure and Barring Service (DBS) checks at an enhanced level
- Sharing information about child protection and good practice with stakeholders
- Reporting, to Children's Services, any suspicion that a Service User has suffered, is suffering, or is at risk of suffering abuse
- Providing effective management for Staff through supervision, support and training including guidance on what to do if an individual is worried about a Service User.

## **Organisational Responsibilities - Trustees**

The [Charity Commission](#) is clear that Trustees have primary responsibility for safeguarding in their charity. In fulfilling their duty of care to Dost, the Trustees need to take steps to safeguard and take responsibility for the Service Users with whom Dost works.

This means they need to:

- Act in their best interests
- Ensure there is a DSL and Deputy DSL as part of Dost and ensure that they fully understand their roles
- Ensure Staff have Safeguarding training and awareness and are DBS checked and appropriately vetted
- Receive termly and annual reports of Child Protection activities and referrals, through Trustee Meetings
- Take all reasonable steps to prevent any harm to Service Users
- Assess and manage risk
- Put safeguarding policies and procedures in place
- Undertake ongoing monitoring/reviewing to ensure that safeguards are effective and are being implemented
- Respond appropriately to allegations of abuse

Within Dost, the Trustee with responsibility for Protection and Safeguarding (Thomas Edwards), will update the Board at the regular meetings, on any issues, and at which all of the above will be monitored. This Trustee will work in partnership with the DSL to maintain records of Child Protection concerns, disclosures of abuse, complaints or allegations against staff and any safeguarding actions carried out.

This Trustee is also responsible for informing the [Charity Commission](#) of any serious incidents.

## **The Director**

The Director - Marian Spiers is currently the Designated Safeguarding Lead (DSL - updated 2025) for Dost. The DSL is responsible for:

- The implementation, maintenance, monitoring and review of this Policy, across Dost
- Leading by example in actively promoting safeguarding practices in Dost
- Ensuring all Staff have implemented the Safeguarding Policy and have received the appropriate safeguarding training and understand the safeguarding arrangements within Dost
- Informing, instructing, training and supervising Staff
- Reporting safeguarding issues which they cannot resolve and/or which are serious to the Trustees
- Reporting to the Trustees any relevant matters relating to safeguarding and/or any referrals to Disclosure and Barring Service ([DBS](#))
- Keeping records of concerns raised against a member of staff or volunteer on their file
- Making a referral to [DBS if required](#)

As Designated Safeguarding Lead (DSL), the Director is also responsible for:

- Responding in a timely manner to any suspected abuse allegations
- Keeping written records in line with our [Data Protection Policy](#)
- Referring a case on to Children's Services where necessary or communicating with the known Social Worker if any concerns are raised.

## **All Staff**

All staff and volunteers are responsible for:

- Making sure that they understand the part they play regarding safeguarding all those who use Dost
- Co-operating with the DSL in following the safeguarding arrangements set out in this policy
- Reporting any suspicions of abuse or neglect to the DSL as soon as possible
- Reporting any concerns about the behaviour of any members of Staff, other organisation's staff or the Public towards Service Users.

## **Working in Partnership**

Dost will cooperate and coordinate with all organisations it works in partnership with, to safeguard the Service Users it has contact with and ensure any appropriate Service Level Agreements are in place.

## **Arrangements for Implementing the Safeguarding Policy**

### **Safer Recruitment**

Safeguarding of Service Users is considered at the recruitment stage. All new staff, volunteers and trustees are required to complete an application form, attend an interview, provide references and disclose any criminal convictions.

An enhanced DBS check will also be obtained for Staff and Trustees.

A repeat DBS check will be obtained **every two years** for those who are eligible.

If something arises on the DBS of a staff member or a prospective staff member, this will be investigated without prejudice, placing the emphasis on whether the adult is a risk to children and young people.

During interview, all candidates will be questioned regarding their understanding of safeguarding and how that might be a consideration in the role that they are applying for.

Staff and visitors are all required to read and agree to the Staff and Volunteer Code of Conduct and sign accordingly.

### **Safer Working**

All Staff working for or on behalf of Dost have a responsibility to safeguard the welfare of the children, young people and vulnerable adults that they are working with to ensure their physical, sexual and emotional safety. In order to achieve this all Staff should follow some simple guidelines.

### **Staff and Volunteer Code of Conduct**

- Treat everyone with respect
- Ensure your own behaviour is appropriate at all times
- Follow the [Staff and Volunteer Code of Conduct](#) (Appendix 5)

### **Good Practice Guidelines for working with children, young people and vulnerable adults**

- Plan activities which involve more than one member of staff, volunteer, or other relevant accompanying adult being present, or at least in sight or hearing of others
- When meeting with a Service User, this should take place as publicly as possible. If privacy is needed, the door should be left partly open inside a room with a window where you are visible and other Staff informed of the meeting
- Don't exaggerate or trivialise safeguarding issues
- Don't let allegations made by a Service User go without being addressed
- Ensure that allegations are recorded accurately and in a timely manner (at least before end of shift)
- Don't deter anyone from making allegations through fear of not being believed or being judged
- Don't engage in or permit abusive behaviour between young people e.g. ridiculing, bullying
- Don't engage in sexually provocative/ rough physical games with a Service User
- Don't make suggestive remarks or gestures or jokes of a sexually inappropriate or discriminatory nature
- Don't show favouritism to any individual
- Don't allow yourself to be drawn into inappropriate attention-seeking behaviour, such as tantrums or crushes but deal with such behaviour firmly and fairly
- Don't give a Service User your personal contact details and do not communicate with them outside of the work you are doing with them
- Do respect a person's right to privacy.

## Physical Contact

Staff should not have unnecessary physical contact with Service Users. There may, however, be occasions when physical contact is unavoidable or necessary for safety reasons, for example:

- Providing reassurance to a distressed person (if appropriate and necessary)
- When teaching sports such as gymnastics or swimming
- When working with a person with a disability who requests such assistance as personal care or requiring manual handling support
- Giving direct assistance when fitting outdoor activity equipment, e.g., harness
- Administering First Aid
- Life-guarding

Wherever possible there should be an attempt to ask the person to agree to such contact. Where appropriate, Staff should explain their actions. This should be conducted openly and ideally with another member of Staff present.

Staff should be aware of their positioning so that, where possible, others can clearly see the assistance being given.

Staff should avoid doing things of a personal nature that the person can do themselves. However, when working with people with disabilities, personal care and help is sometimes required, although this should be agreed with the person beforehand.

In very rare circumstances where it is an emergency, there may be a need to physically restrain a young person for their own or others' safety although at Dost we would otherwise operate a no restraint policy.

## Social Media

As technology develops, the internet and its range of services can be accessed through various devices including mobile phones, computers and game consoles. Although the internet has many positive uses, it provides the key method for the distribution of indecent images of children.

Furthermore, social networking sites, chat rooms and instant messaging systems are increasingly being used by online predators to "sexually groom" or criminally exploit, children, young people or vulnerable adults.

In addition, electronic communication is being used more and more by young people as a means of bullying their peers and distributing inappropriate images.

In order to safeguard Dost Staff and Service Users, the good practice outlined in the [Dost Digital Safety Policy](#) must be followed.

## Photography

Photos of young people taking part in Dost programmes and activities are an excellent way of documenting, communicating, evaluating and promoting Dost, but when personal information is added to photographs, these images can be used to identify Service Users, and put their safety and privacy at risk. The young people who attend Dost may be at more risk due to being able to be identified in photos, due to the fact that they may have been trafficked. Photographs can also be adapted for inappropriate use. To manage the risks associated with photographing children and young people all employees must comply with the [Dost Digital Safety Policy](#).

## Residential Trips away

Dost Staff who organise and attend residential trips for Service Users must follow the procedures outlined in the [Residentials and Trips Guidance Policy](#).

By following basic safeguarding best practices, we can protect Service Users participating in our programmes.

- Adults should ideally not share a bedroom with a Service User; however, this may be necessary where the adult is the child or young person's carer or where the residential set up does not allow for another option, e.g., on a sailing trip where the sleeping arrangements are open for all
- Bedrooms of only two young people should be avoided if possible and if this is not possible, should be offered to siblings or foster siblings if appropriate
- Bedrooms must not be mixed between the sexes and anyone identifying as transgender or non binary should be catered for and provided with their own room
- Adults and young people must use different shower facilities from each other wherever possible, or stagger times and access.

## Responding to Safeguarding Concerns

Staff may become concerned about a person in a number of ways, including but not limited to:

- A Service User may tell (disclose) them that they or someone else has been or is being abused
- There may be concerns due to the person's behaviour or presentation
- Concerns may be raised about the behaviour of an adult, who may be a member of staff, volunteer, another professional or a member of the public
- A parent, carer, relative or member of the public might share their concerns about a Service User
- Another Service User may share concerns about one of the other Service Users

In all cases the following procedures must be followed.

When a Service User wants to confide in you:

- Stay calm and listen carefully to them
- Show them that you take what they are saying seriously
- Encourage them to talk, but do not interrupt whilst they are recalling events
- Ask questions only to clarify your understanding of what you are being told
- Do not investigate. Do not ask them to repeat their account
- Do not promise to keep the information secret. Explain that you have to pass the information on to those who can help. Tell them what you are going to do next
- Do not confront any alleged abuser
- As soon as you can, write down what the young person has said, using their own words
- Report to the DSL as soon as you can, and definitely before the end of the shift/day
- If you are another DSL - use Database (Salesforce) to flag and record a safeguarding concern to other DSL's within Dost and they will pick up and respond to this, either separately or will work together to resolve.

Reporting a disclosure of abuse is not a betrayal of the young person's confidence. It is your duty and is also necessary to allow protective action to be taken in relation to the young person and any other children who may be involved/ affected.

If you feel a Service User may be going to tell you that they are being abused, but then stops or tells you something else, let them know that you are always ready to listen to them and/or remind them of the Childline number 0800 1111, but do not press them to tell you more.

If the Service User has communication difficulties or English is not their first language, pass this information on so that an appropriate interpreter can be identified, if appropriate.

If you become concerned due to the young person's behaviour, presentation or other reason:

- Do not trivialise or dismiss your concerns
- If the behaviour may be harmful (sexually or physically) to other young people do not explain it away as 'normal' or "culturally appropriate"
- Report your concerns to the DSL as soon as you can, and definitely before the end of the shift/day

Information that may seem trivial can frequently form the missing piece of the puzzle and lead to protective action being taken.

Service Users who display sexually harmful behaviour need to have an assessment of their needs, including possible needs for protection.

If you become concerned about the behaviour of an adult:

- Do not dismiss your concerns
- Do not confront the person about whom you have concerns
- Report your concerns to the DSL as soon as you can, and definitely before the end of the shift/day

It is **VERY IMPORTANT** you do not ignore or dismiss suspicions about another professional or colleague, however well or little you know them, or whatever position they may occupy in their organisation.

If your concerns are about the Designated Safeguarding Lead (currently the Director) speak to a Trustee. If your concerns are about a Trustee, then you should speak to the Director.

Your concerns will be taken in confidence and even if they are subsequently seen to be mistaken, you will not suffer any adverse consequences for raising the concern. The only exception to this would be where it could be conclusively shown that the concerns were raised maliciously.

If a parent, carer or other member of the public tells you of their concerns about a young person or the behaviour of an adult:

- Do not leave it to them to make their own referral to Children's Services. Make your own report
- Take adequate details about their concern and the identity of the young person
- Report your concerns to the DSL as soon as you can, and definitely before the end of the shift/day

Concerns raised by members of the public should always be taken seriously and where necessary Dost should take responsibility to make the referral to Children's Services or check that this has been done.

If you are dissatisfied with the response to any of your concerns above, raise these again with the DSL. If you are unable or unwilling to do this, you can approach a the Trustee with Safeguarding responsibility.

## **Designated Safeguarding Leads**

Dost currently has three members of the Team, the Director – (Marian Spiers), Carl Reyes (Youth Worker) and one of the Trustees, (Thomas Edwards) who act as the Safeguarding Leads.

Due to the size of the organisation, this is a generous number of DSL's and covers all different aspects of the Dost programme.

## **Training**

All Dost Staff and Trustees will be given access to safeguarding training. Staff are required to do a training course within the first three months of their employment if they have not recently completed this through other employment. Volunteers will be given safeguarding training relevant to the position in which they are volunteering, this could be the Director talking through the Dost Safeguarding Policy with them or they may need to attend external safeguarding training, (usually provided by London Youth, the central hub for youth work in the city or Newham Council) - or online training, such as NSPCC.

Trustees will be invited to attend a safeguarding training course or will be required to complete the NSPCC online Safeguarding Training or a local Council run Safeguarding Training if they do not already have safeguarding training through their work.

## **Working with Partner Agencies**

When Dost works with partner agencies it is important that there is clarity of responsibility for different aspects of safeguarding between the two parties. This will be covered by a Service Level Agreement.

In all circumstances Dost should remain alert to indications that a Service User may be suffering, or may be at risk of suffering abuse or neglect and concerns should be reported to the DSL.

## **Reports**

The DSL will follow Dost guidelines. This may include a discussion with a Designated Person in a partner organisation and/or reporting to an outside agency.

## **Concerns about the behaviour of a member of staff or a volunteer**

These procedures should be used in respect of all cases where it is alleged that a person who works with children, young people or vulnerable adults has:

- Behaved in a way that has or may have harmed a child, young person or vulnerable adult
- Possibly committed a criminal offence against or related to a child, young person or vulnerable adult
- Behaved in a way that indicates he or she may pose a risk of harm

If the concern is not connected to the person's employment or work activity, these procedures may also apply. It is in everyone's interest to resolve cases as quickly as possible, consistent with a fair and thorough investigation. All allegations must be investigated as a priority to avoid any delay. The time taken to investigate and resolve individual cases depends on a variety of factors including the nature, seriousness and complexity of the allegation.

There may be up to three strands in the consideration of an allegation

- A police investigation of a possible criminal offence
- Inquiries and assessment by Children's Services about whether a child, young person or vulnerable adult is in need of protection or in need of services
- Consideration by an employer or regulatory body of action in respect of the individual.

If there is an immediate risk, appropriate actions may need to be taken by the member of staff e.g., urgent involvement of police; suspension of member of staff and removal from Dost premises; securing evidence; urgent medical attention.

Any allegation or concern which arises should be reported immediately to the DSL who will then follow the guidelines. Where staff or volunteers receive an allegation against someone from another organisation, this should be reported to the DSL as soon as possible.

### **Confidential Information and Retaining Records**

All children, young people and vulnerable adults, and their families, are entitled to their privacy. However, where there are concerns about the safety or welfare of a child, young person or vulnerable adult, those concerns and the necessary personal information will need to be shared with those who can make decisions about action to safeguard them.

There is nothing in any legislation that prohibits the sharing of confidential and personal information where there are concerns about the safety or welfare of a child, young person or vulnerable adult, or where a criminal act may be, or may have been committed.

Staff should make written notes at the earliest opportunity and these should be passed to the DSL. They must then keep all written documents relating to a safeguarding issue in a secure place. There is a secure folder (Salesforce CRM), for all electronic documents and hand written notes should be kept in their original format.

These detailed records should be kept until Dost is confident that the information is held accurately with the agency responsible for taking further action to safeguard the child, young person or vulnerable adult i.e., partner agencies, Children's Services or the Police. A chronology of decisions made and actions taken can then be kept on file, once the detailed records are deleted or destroyed.

This record should be held for 50 years.

More information can be found in the government document [Working Together to Safeguard Children 2018](#).

Where concerns have been raised about a member of staff or a volunteer and these relate to behaviour that has harmed, or may have harmed a child, young person or vulnerable adult; the member of staff or volunteer has possibly committed a criminal offence against, or related to, a child, young person or vulnerable adult, or behaved in a way that indicates s/he is unsuitable to work with children, young people or vulnerable adults, then:

- The DSL must be informed
- The DSL must follow the procedures outlined in the [Role Description for Nominated Child Protection Lead Guidance](#) by the NSPCC
- A clear and comprehensive summary of any allegations made, details of how the allegations were followed up and resolved, and of any action taken and decisions reached, will be recorded
- This record will be kept in the person's confidential personnel file, (on Salesforce CRM) and a copy should be given to the individual
- Such information will be retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age, or for ten years if that is longer

The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction. It will also prevent unnecessary re-investigation if, as sometimes happens, allegations resurface after a period of time.

Dost has a duty to refer to the [DBS service](#), any employees or volunteers who have been dismissed, redeployed, retired/redundant or resigned where Dost believes that this person has either:

- > Engaged in relevant misconduct or
- > Satisfied the harm test or
- > Received a caution for, or been convicted of, a relevant offence  
(As defined in the [Safeguarding Vulnerable Groups Act 2006](#)).

The Director is responsible for making this referral to [DBS](#) and for informing the Trustee with responsibility for Safety and Safeguarding (Thomas Edwards). This Trustee is responsible for notifying the [Charity Commission](#) of any serious incidents relating to safeguarding in line with the [Charity Commission's Reporting Serious Incidents Policy](#).

## **Lone Working**

At Dost, there will be limited situations that will require lone working, although on occasions this may be deemed necessary or the only option available.

Youth Programme volunteers would not normally be lone working and staff will also have limited occasions to work alone, but we want to ensure that when and if this does happen, it happens in a safe and managed way, for everyone involved.

[Lone working](#) could arise because this is considered the most effective way to work with a young person; from unforeseen situations; or from the practical situation that funding was not available for two workers to undertake the tasks required. This could leave the worker in the vulnerable position of undertaking work in potentially difficult or hazardous situations, without the full support of the organisation's management and the necessary systems to ensure their safety and the safety of the Service User.

Examples of such situations are:

- > Home visits, LAC reviews, court attendances
- > Transporting Service Users
- > Accompanying Service Users to appointments
- > Meeting Service Users for a trip/session, then travelling to meet another worker/ group or dropping off Service Users after a session

Dost recognises that, during the course of their work, it may be essential at times, for staff or volunteers to work alone. This may occur as a regular part of an employee's working practice or may occur on an occasional basis. In either situation it will arise from the understanding that this is the most appropriate and effective way of working with a particular young person/or young people or in a particular situation. The safety of both Service Users and staff/ volunteers is paramount and Dost is committed to minimising the risk of lone working for all. To minimise the risks in the settings above, the following practical steps will be taken.

## **Home Visits, LAC Reviews, Court Attendances**

As the majority of the Service Users at Dost, live in Foster Placements and Supported housing environments, in the majority of cases, there will be other people at the Home, although this should be established beforehand and the address obtained. In general, it will be the Director attending these settings and will be with other professionals, although if other staff members need to attend, they should make the Director aware of the plan and pass on details. If the Director is attending a meeting or home visit, where it is unclear what the home situation is, they will contact a Trustee and give details of the meeting and check in after meeting.

A risk assessment should be completed to identify any potential risks and solutions.

## **Transporting Service Users**

On occasions, staff may give Service Users a lift in their own car to or from sessions or trips. This could be when, it is deemed safer for a Service User to go with the staff, than go by public transport, for example. The Director has a car, which is insured for business use, as does Carl Reyes (Youth Worker/ DSL) and if any other staff member wants to use their own vehicle, this would need to be discussed first and the appropriate insurance obtained. If Service Users are in the care of a Foster Carer or a known Keyworker, they should be asked if they give permission for the Service User to travel by car and in the case of a trip/ residential, this should be on the Letter to Carers. If possible, it is better to have more than one Service User or another staff member or volunteer in the vehicle and/ or young people who are over the age of 18.

## **Meeting Service Users/ Dropping off Service Users for/ after an Activity**

During trips/ residential/ sessions, it can be common for Staff to need to split up and meet or drop off Service Users in different locations, depending on where Service Users live, where Staff live and where the activity is taking place. This will be arranged beforehand by the Director and information conveyed to Staff regarding details and in the majority of cases, it will be for short journeys only and will involve travelling with a small group of Service Users on public transport, and to meet another small group of Service Users with another Staff member. Staff members can communicate with each other re phone/ WhatsApp. On most occasions, Staff will not only be meeting one Service User, but if they are, they should follow procedures above and check in at end with Director. Staff should communicate with each other throughout meeting up/ dropping off and depending on time, location and age of Service User, the Director will also check with Service User if they have arrived home etc. Consent forms for Residentials should state if the Service User can travel to and from meeting point alone and followed accordingly.

## **Record Keeping**

Staff should use the [Lone Working Agreement Form](#) (Appendix 7) to record activity and risks, both before and after session. If known, any background, useful information should be shared with staff member, before session to minimise risks.

## **Standardised Lone Working Protocol**

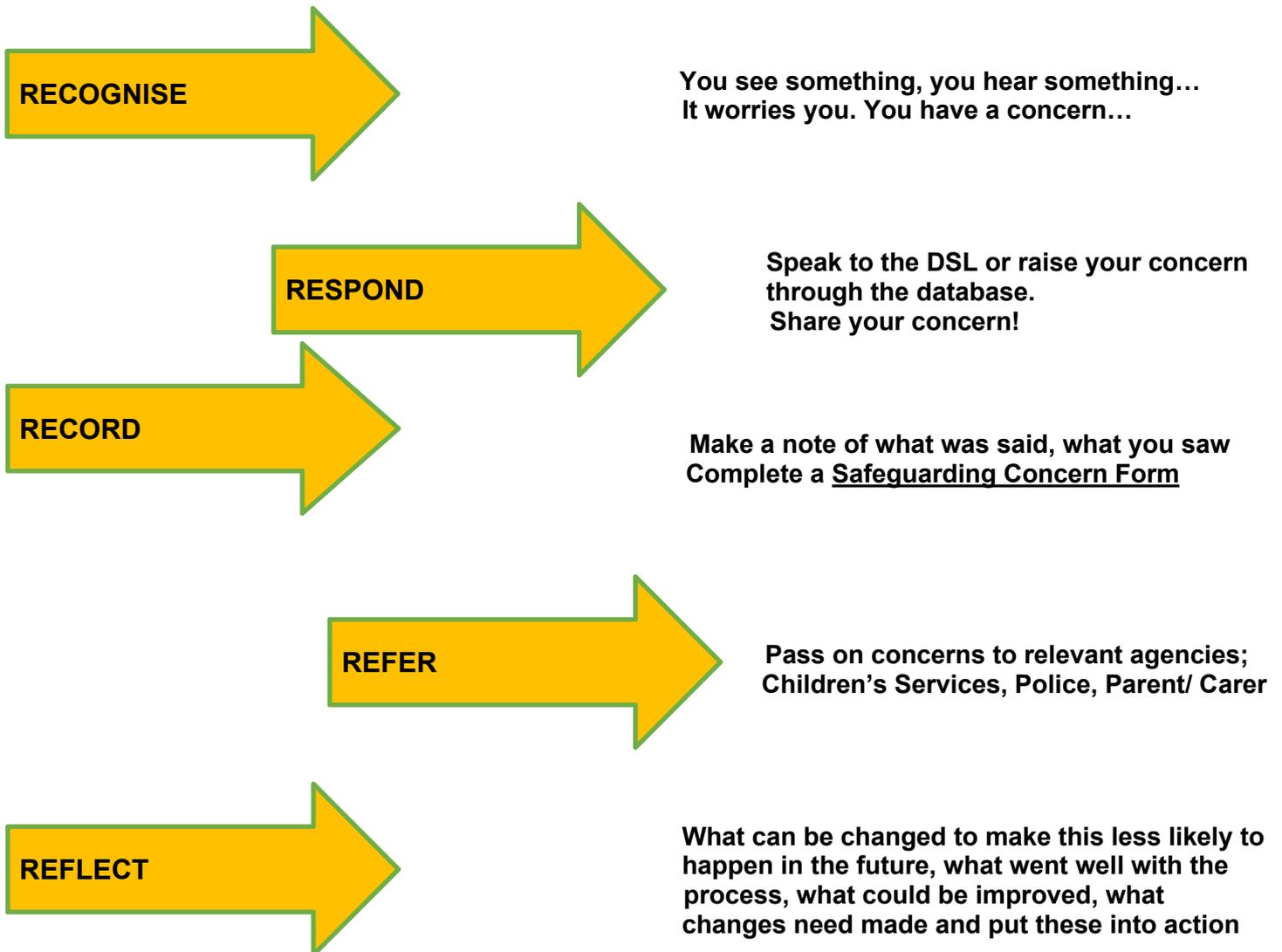
In the case of having to lone work, outside of the above examples, it is a Dost Protocol that the lone working has been cleared by the Director and the person who is lone working must check in at the beginning of any contact with a child or young person and at the end of working with the child or young person.

The Director should check in with a named Trustee and all other staff should check in with the Director.

## **Incidents**

A record should be kept of any instances that constitute a threat or risk to the worker's safety and any instances of actual harm and dealt with accordingly and further procedures put in place if required.

# WHERE SAFEGUARDING IS CONCERNED..... REMEMBER!



<https://safeguarding.culture.gov.uk/handling-safeguarding-allegations-charity>

## Adult Safeguarding

The definition of a vulnerable adult is a person 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/herself, or unable to protect him/herself against significant harm or exploitation. The majority of the young people over the age of 18 at Dost, are Care Leavers.

Adult safeguarding in the UK is governed by the [Care Act 2014](#), which mandates that local authorities and partners prevent abuse and neglect for adults with care and support needs. Key principles include empowerment, prevention, proportionality, protection, partnership, and accountability.

- **Empowerment - people are supported and encouraged to make their own decisions and informed consent**
- **Prevention - it is better to take action before harm occurs**
- **Proportionality - the least intrusive response appropriate to the risk presented**
- **Protection - support and representation for those in greatest need**
- **Partnership - services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse**
- **Accountability - accountability and transparency in delivering safeguarding**

Dost works with adults from a refugee, asylum-seeking and migrant background that are aged up to 19 years and also young people who are age assessed and may be deemed to be older by the local authority or Home Office, until their age assessment is undertaken and decided.

These adults often don't have care and support needs but are faced with a lot of other risks of harm: physical abuse, emotional abuse, exploitation, sexual abuse, self neglect, organisational abuse, financial abuse and will be considered vulnerable.

The method of escalation is different for the adults that Dost work with to the children and young people. Unless they are at serious risk (ie.g. in danger of serious violence where the police should be called) or without full capacity, you should request consent to make a referral.

The adult has the right to say no and reject any support. However, this does not mean that you don't monitor and escalate internally. All concerns, incidents and disclosures should be dealt with as you would with a child or young person, passing it on to the named DSL.

Staff should approach all adult disclosures the same way they would with a child and young person, listening carefully, noting down the words they say, asking questions that establish the basic facts and make sure they feel safe in the staff members presence.

We recognise that:

- The welfare of the vulnerable adult is paramount
- All vulnerable adults regardless of age, disability, gender, racial heritage, religious belief or lack thereof, sexual orientation or identity have the right to equal protection from all types of harm or abuse

## **Appendix 1 - Recognising Signs and Symptoms of Abuse**

### **Definitions of Abuse**

“[Child abuse and neglect](#)” is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child’s health or development. Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm. Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child.

[Working Together to Safeguard Children](#) sets out definitions and examples of the four main categories of abuse:

- > Physical abuse
- > Emotional abuse
- > Sexual abuse
- > Neglect

These categories can overlap, and an abused child/ young person frequently suffers more than one type of abuse.

### **Physical Abuse**

Physical abuse may involve poking, pushing, hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child. It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child. It can also include “fabricated” or “induced” illness where a parent or carer simulates the symptoms of, or deliberately causes, ill health in a child.

### **Emotional Abuse**

Emotional abuse is the persistent, emotional, ill treatment of a child such as to cause severe and persistent effects on the child’s emotional development. This may involve:

- > Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- > Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child’s developmental capacity, as well as over-protection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- > Serious bullying, causing children frequently to feel frightened or in danger - e.g., witnessing domestic violence
- > Exploitation or corruption of children

Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may also occur alone.

### **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 and includes penetrative and non-penetrative acts. It may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways. Sexual abuse includes abuse of children through sexual exploitation.

### **Neglect**

Neglect involves the persistent failure to meet a child’s basic physical and / or psychological needs, likely to result in the serious impairment of the child’s health and development. This may involve failure to provide adequate food, shelter or clothing, failure to protect from physical harm or danger or failure to ensure access to appropriate medical care or treatment. It may also include neglect of a child’s basic emotional needs.

### **Sexually Harmful Behaviour**

A significant proportion of sexual abuse is carried out by children and young people on their peers. Such abuse should always be taken as seriously as that perpetrated by an adult. The behaviour should not be dismissed as “normal”. A referral to Children’s Services should always be made if/ when required.

### **Abuse of Trust**

All members of Staff have a relationship of trust with the children and young people who use our services. It is an abuse of that trust and could be a criminal offence to engage in any sexual activity with a young person aged under 18, or a vulnerable young person under the age of 25, irrespective of the age of consent and even if the relationship is consensual.

### **Organised Abuse**

This is sexual abuse where there is more than a single abuser and the adults concerned appear to act in agreement to abuse children and/or where an adult uses an institutional framework or position of authority to recruit children for sexual abuse.

## **Child Sexual Exploitation (CSE)**

[Sexual exploitation](#) of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

## **Recognising Signs of Abuse**

Recognising possible abuse is a complex and complicated procedure and it is not the responsibility of Dost employees to decide whether a child or young person has been abused or is at risk. However, there is a responsibility to act on any concerns and report them to a Designated Person. The following information is designed as a guide to help raise awareness of the different signs of abuse.

## **Physical Abuse**

Most children collect accidental injuries and bruises from time to time, and bruises caused in this way are likely to be on the external bony parts of the body such as the knees, shins, elbows and forehead. Most children who have developed language skills will be able to describe how an injury was caused. Any injury should be considered in the context of the child's history and developmental stage, and any explanation given.

The following circumstances are possible indicators of physical abuse and should trigger concerns:

- > Delay in the presentation of the injury
- > An injury which is not consistent with the explanation given
- > Changing or differing accounts of how the injury occurred
- > An unexplained injury

Types of bruising which may indicate physical abuse include:

- > Bruising in babies and young children who are not independently mobile
- > Bruising to the soft tissue area where there is no bony prominence, e.g., face, back, arms, buttocks, genitalia, ears and hands
- > Multiple bruises in clusters, or of uniform shape
- > Bruises that carry an imprint, for example of an implement, a hand or a cord
- > Grip marks; in a young baby this could indicate that the child has been shaken, risking injury to the brain
- > Frequent bruising for which the child is unwilling to offer an explanation
- > Regular "accidental" bruising or injury with or without a history of how the injury occurred

Types of injury which may indicate child abuse include:

- > Multiple burns, and burns on unusual areas of the body such as back, shoulders or buttocks
- > Scalds where the child appears to have been "dipped" in too hot water
- > Cigarette burns
- > Bite marks
- > Damage to mouths

## **Emotional abuse**

This form of abuse almost always accompanies other forms of abuse. It includes persistent criticism, denigration, rejection and scapegoating. It has an important impact on a child's mental health, behaviour and self-esteem.

The following are possible indicators of emotional abuse:

- > Abnormal attachment between a child and parent/carer, e.g., anxious, indiscriminate or no attachment
- > Carer shows a persistently negative attitude towards the child
- > The child consistently experiences low warmth and high criticism from their parent/carer(s)
- > A fixed stare
- > Older children may show evidence of mental health issues such as depression, self-harm, eating disorders, may have behavioural or educational difficulties, may engage in the misuse of alcohol or illegal substances
- > Acting out aggressive behaviour
- > A child who is consistently reluctant to go home after school or nursery
- > A child who struggles to engage in normal social activity and conversation with peers or adults
- > A child who runs away from home
- > A child with a very low self-esteem and or who will consistently describe themselves in very negative ways such as "I am stupid, naughty, hopeless, ugly"
- > A child living in an environment of domestic abuse, alcohol or substance misuse

## Sexual abuse

Although there are some indicators relating to sexual abuse, in many cases this form of abuse is well hidden, with the only overt signs being a child's behaviour in general or towards an individual, and this may be attributable to many things unrelated to sexual abuse. This makes sexual abuse very difficult to identify.

The following may be indicators of sexual abuse:

- Bruising or bites to breasts, buttocks and around the genital area could be signs of sexual abuse as well as physical abuse
- Sexually abusive behaviour/ Engaging in inappropriate relationships
- Sexually explicit play, continual open masturbation or aggressive sex play with peers (as distinct from normal sexual curiosity)
- Extreme use of sexually explicit language and/or detailed descriptions or drawings of sexual activity
- Self-harm
- Running away or regular absences from home or school (particularly in the case of organised abuse)
- Pregnancy/ A sexually transmitted infection

Sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour.

Young people who are being sexually exploited may:

- hang out with groups of older people, or antisocial groups, or with other vulnerable peers
- associate with other young people involved in sexual exploitation
- get involved in gangs, gang fights, gang membership
- have older boyfriends, girlfriends or friendships
- spend time at places of concern, such as hotels, street settings or known brothels
- not know where they are, because they have been moved around the country
- go missing from home, care or education

## Neglect

There are no specific features which indicate neglect, other than that the child's basic needs are not adequately met. Neglect is a pattern, not an event, so it is important to consider the standard of care the child received over time; a pattern of neglect may be missed if each individual event is considered in isolation.

The following may be indicators of neglect:

- Exposure to danger, for example the cold (inappropriate clothing for the weather) or starvation
- Repeated failure to attend to physical/developmental needs of child, to provide warmth, appropriate clothing, food/ consistent care
- Faltering growth (failure to thrive) in babies or toddlers
- The child has responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
- Poor supervision of young children resulting in frequent accidental bruising or injury
- The child is always dirty and/or hungry/ eating disorders, including stealing and/or hoarding food
- The child is left at home alone or with inappropriate carers
- The child is regularly not collected from care settings
- Failure to attend routine medical appointments/ to attend to the child's medical needs and refusal of appropriate treatment

## Recognising Potential Risk to an unborn Child

In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby. Indicators may include:

- Domestic abuse within the household
- Alcohol and substance misuse by mother, leading to possible harm to the unborn child, or by others with risk to new-born babies
- Secret or hidden pregnancy or the mother's mental health problems

These concerns should be addressed as early as possible in order to provide sufficient time for full assessment and support so as to enable the parents, (wherever possible), to provide safe care.

## People with Disabilities

Dost is wholly committed to upholding the rights of children, young people and vulnerable adults with disabilities who use our services and particularly their right to be free from violence, abuse or neglect by their parents or anyone else who looks after them. Research suggests that children and young people with disabilities are more vulnerable to physical, emotional or sexual abuse or neglect than a non-disabled child. The level of risk may be raised by:

- A need for practical assistance in daily living, including intimate care from what may be a number of carers
- Carers and staff lacking the ability to communicate adequately with the child
- A lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed
- Physical dependency with consequent reduction in ability to be able to resist abuse
- An increased likelihood that the child is socially isolated

- Lack of access to “keep safe” strategies available to others
- Communication or learning difficulties preventing disclosure
- Parents’ or carers’ own needs and ways of coping conflicting with the needs of the child

In addition to the indicators of abuse listed above, the following indicators must also be considered in relation to disabled children:

- Force feeding, or impatience in feeding leading to under feeding/under nourishment/ over feeding
- Unjustified or excessive physical restraint/ rough handling
- Extreme behaviour modification, including the deprivation of liquid, medication, food or clothing or social contact
- Misuse of medication, sedation, heavy tranquillisers/ invasive procedures against a child’s will
- Deliberate failure to follow medically recommended regimes
- Misapplication of care programmes or regimes/ undignified or culturally inappropriate intimate care practices
- Ill-fitting equipment (e.g., calipers, sleep board causing injury or pain, inappropriate splinting)

Some sex offenders may target children and young people with disabilities in the belief they are less likely to be detected.

## **Institutional Abuse**

Children and young people with disabilities are particularly vulnerable to this kind of abuse where practices and behaviours by staff in organisations have become institutionalised or commonly accepted practice. However, those behaviours may cause significant harm (as above) and/or may be an abuse of the child’s rights. Examples of the latter could be:

- Where a child’s communication board does not accompany the child everywhere
- Staff who assume a child’s wishes or communication and speaks for them
- Staff who do not facilitate a child’s own communication because of the difficulty or time it takes
- Attributing difficult or challenging behaviour to the child’s condition rather than identifying it as communication

All staff and volunteers within Dost must be alert to signs of institutional abuse or unprofessional practices or behaviour and raise their concerns as per the procedures outlined above.

## **Appendix 2 – Other Types of Abuse and signs**

### **Radicalisation and Extremism**

There are different forms of extremist organisations in the UK and the world, e.g., ISIL (Islamic State), Boko Haram, Al-Qaeda, British Defence League, Animal Rights extremist groups such as SPEAK, Irish Republican Army (IRA), Anti-Abortion groups, to name a few. ‘Safeguarding vulnerable people from radicalisation is no different from safeguarding them from other forms of harm’ ([Home Office, Prevent Strategy – June 2015](#))

Radicalisation – ‘the process by which a person comes to support terrorism and forms of extremism leading to terrorism’ (Prevent Strategy)

Extremism – ‘vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect, tolerance of different faith and beliefs; and/or calls for the death of members in our armed forces, whether in this country or overseas’ (Prevent).

There is no single way of identifying a young person who is likely to be susceptible to terrorist ideology. As part of wider safeguarding responsibilities, staff and volunteers will be alert to:

Disclosures by young people of their exposure to the extremist actions, views or materials of others, especially where the young person has not actively sought these out.

- Graffiti symbols, writing or art work promoting extremist messages or images
- Young people accessing extremist material online, including through social networking sites
- Distributing extremist literature and documentation
- Young people voicing opinions drawn from extremist ideologies and narratives
- Changes in behaviour which could indicate that they are in need of help or protection
- Use of extremist or ‘hate’ terms to exclude others or incite violence
- Intolerance of difference, whether secular or religious or views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture
- Attempts to impose extremist views or practices on others
- Anti-Western or Anti-British views
- Use of extremist language. ‘Dawlah’ – term used by ISIL to refer to the ‘Islamic State’ ‘Jihad’ – means ‘struggle’, ‘violence’ ‘Caliphate’ – ISIL supporters describe the territory they control in Iraq / Syria ‘Mujahid’ – someone who wants to fight as part of the ‘Jihad’ ‘Shahada’ – refers to someone considered to be a martyr ‘Kuffar’ – term used by ISIL to describe non-Muslims ‘Ummah’ – phrase used by ISIL refers to ‘world community of Muslims’ ‘Rafidha’ –used by ISIL to refer to those who refuse to accept Islamic State

If a member of staff or a volunteer has a concern that a young person or vulnerable adult is at risk of being radicalised this should be raised to a designated person in the same way as any other safeguarding concern.

## **Mental Health and Safeguarding**

The definition of [mental health](#) is the capacity to live a full, productive life – as well as the flexibility to deal with its' ups and downs. For example: enjoying and making friendships, the capacity to learn, ability to meet challenges and being able to develop talents and capabilities.

Therefore, mental ill health can be an indicator of abuse, adverse childhood experiences ([ACE's](#)), neglect or exploitation and can have a lasting impact on mental health, behaviour and education – therefore we always have a Qualified Mental Health First Aider present within the staff team.

You could look out for some of the following:

No signs whatsoever	Excessive phone use/ using phone to provide self worth
Substance misuse	Anxious/ worried
Unmanageable self-expectations	Emotional outbursts
Avoiding friends or social events	Self-harm/ suicidal thoughts
Feeling guilty or useless	Trouble sleeping / Nightmares
Weight or appetite changes	Engaging in risky behaviours or sexual activity

## **Peer on Peer Abuse**

[Peer on peer abuse](#) occurs when a child/ young person is exploited, bullied and/or harmed by their peers who are the same or similar age. Everyone directly involved is under the age of 18. It might entail physical abuse, cyber bullying, sexting, sexual violence, harassment, initiation rites/ hazing and/or bullying.

## **County Lines Exploitation**

[County lines](#) is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or “deal lines”. The gang activity is highly associated with violence, drug dealing and exploitation; having a devastating impact on young people, vulnerable adults and local communities.

Some potential indicators of county lines exploitation and radicalisation are listed below;

- > Graffiti symbols, writing or art work promoting extremist messages or images
- > Young people accessing extremist material online, including through social networking sites
- > Distributing extremist literature and documentation
- > Young people voicing opinions drawn from extremist ideologies and narratives
- > Changes in behaviour which could indicate that they are in need of help or protection
- > Use of extremist or ‘hate’ terms to exclude others or incite violence
- > Intolerance of difference, whether secular or religious or views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture
- > Attempts to impose extremist views or practices on others
- > Persistently going missing from school, home, care
- > Children travelling to locations, or being found in area’s they have no obvious connections with, including seaside or market towns
- > Unwillingness to explain their whereabouts
- > Unexplained acquisition of money, clothes, accessories or mobile phones which they are unable to account for
- > Excessive receipt of texts or phone calls
- > Children having multiple mobile phone handsets or sim cards
- > Withdrawal or sudden change in personality, behaviour or language used
- > Relationships with controlling or older individuals and groups
- > Leaving home or care without explanation
- > Suspicion of physical assault or unexplained injuries
- > Parental concerns
- > Carrying weapons
- > Significant decline in school results or performance
- > Gang association or isolation from peers or social networks
- > Self-harm or significant changes in emotional well-being.

## **FGM (Female Genital Mutilation)**

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice has no health benefits for girls and women and can result in severe bleeding and problems urinating, and later cysts, menstrual difficulties, infections, as well as complications in childbirth and increased risk of newborn deaths.

- Self-harm or significant changes in emotional well-being
- **Family History:** A mother or older sibling has undergone FGM.
- **Travel Plans:** The family is planning a long holiday to a country with high FGM prevalence (e.g., in Africa, Asia, or the Middle East), particularly during summer holidays.
- **"Special Occasion":** A girl talks about a "special procedure," a "becoming a woman" ceremony, or a big party.
- **Visitor from Abroad:** A female relative or "cutter" is visiting from a country where FGM is practiced.
- **Withdrawn from Education:** The child is withdrawn from PSHE/sex education, often by parents trying to keep them uninformed.
- **Direct Disclosure:** The girl expresses fear or asks a teacher/adult for help. fgm aware.
- **Physical Pain/Discomfort:** Difficulty walking, sitting, or standing, or constantly looking uncomfortable.
- **Bathroom Behavior:** Spending long periods in the bathroom or toilet due to pain or difficulty urinating.
- **Behavioral Changes:** Appearing withdrawn, anxious, depressed, or acting differently after a school absence.
- **Medical Issues:** Frequent bladder or menstrual infections/pain.
- **Clothing Changes:** A sudden shift to wearing loose clothing.
- **School Absence:** Unexpected or extended absences, especially after school holidays.

## **Financial or Material Abuse (Adults only)**

This can include theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

- **Bank Account Activity:** Unexplained, frequent, or large withdrawals.
- **Sudden Changes:** Unexpected changes in wills, power of attorney, or property ownership.
- **Living Conditions:** A sudden lack of money to pay for essentials like food, clothing, or heating, even if the person has income.
- **Control over Money:** Someone else controlling the adult's income, benefits, or banking access.
- **Missing Items:** Disappearance of valuables, credit cards, or cash.
- **Suspicious Behaviour:** A caregiver or new acquaintance who is overly interested in the person's finances or is evasive about money management.
- **Forced Financial Actions:** Being coerced into signing documents, taking out loans, or changing financial arrangements.

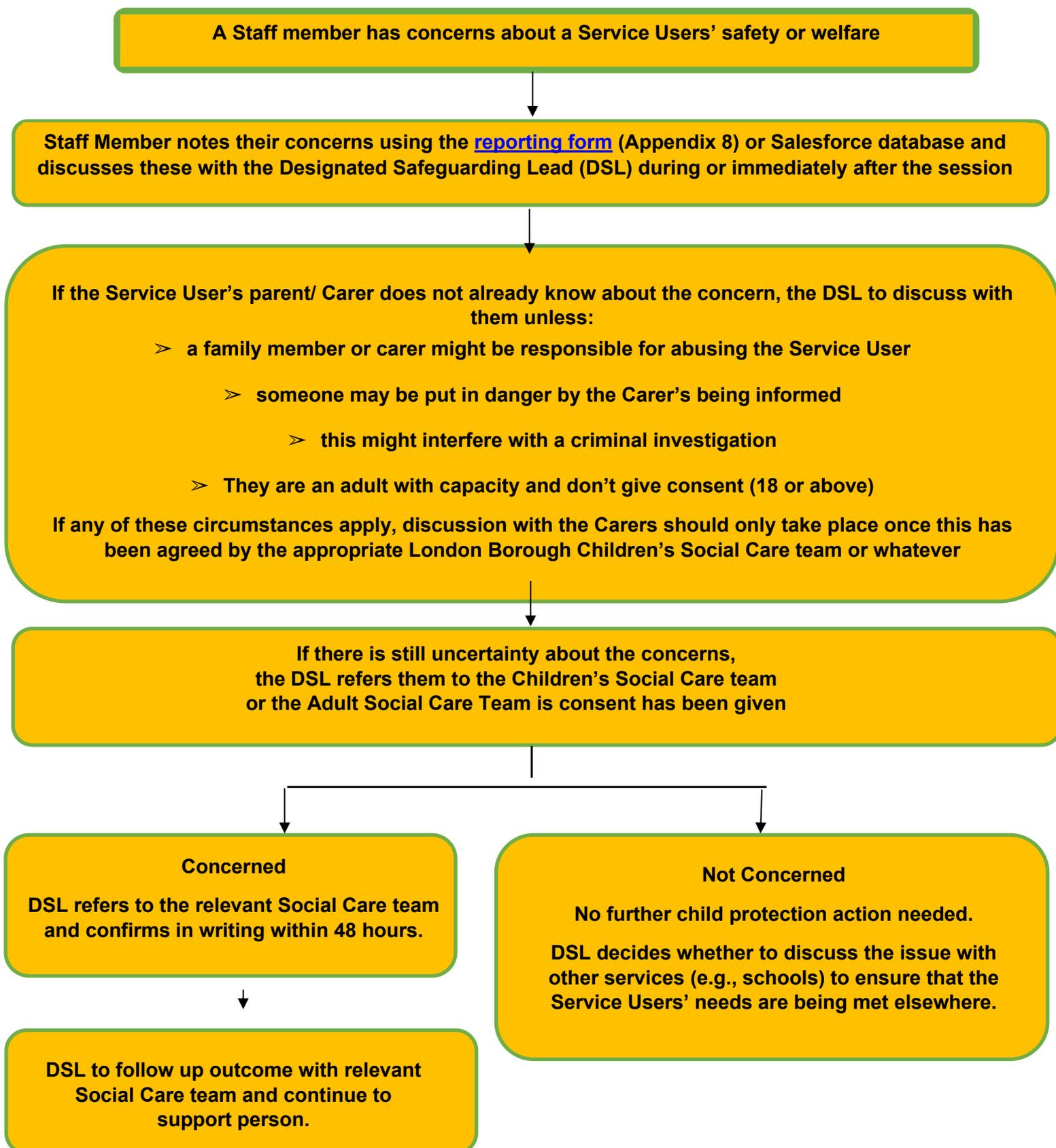
## **Organisational abuse (Adults only)**

Includes neglect or poor care practice within an organisation or specific care setting, such as a hospital or care home. It can also be in relation to care provided in your own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- **Forced Financial Actions:** Being coerced into signing documents, taking out loans, or changing financial arrangements.
- **Environmental Neglect:** Dirty, unhygienic, unsafe, or overcrowded conditions.
- **Restrictive Practices:** Rigid, inflexible routines (e.g., forced, premature bedtimes), excessive use of restraint, or lack of choice regarding daily life (food, clothing, activities).
- **Poor Quality Care:** Inadequate staffing levels, high staff turnover, lack of care plans, and failure to provide necessary assistance with eating or personal hygiene.
- **Infringement of Dignity/Privacy:** Public discussion of personal matters, lack of privacy during toileting/bathing, and lack of personal possessions.
- **Isolation and Control:** Withdrawing people from family/community, discouraging visits, or restricting communication.
- **Misuse of Assets/Medication:** Financial abuse, poor record-keeping, and misuse of medication.
- **Behavioural Indicators:** Residents appearing fearful, anxious, or depressed.
- **Inadequate Management:** A lack of leadership, supervision, or failure to act on complaints.

### Appendix 3

#### Summary of procedure if abuse is suspected



## **Appendix 4**

### **Local Safeguarding Children Boards and useful sites/ organisations/ Legislation**

Dost comes within the remit of the London Safeguarding Children Boards.

The London Safeguarding Children Board has published child protection procedures for the City of London and the 32 London Boroughs. Procedures can be found on their website.

<http://www.londonscb.gov.uk/> (London wide Safeguarding Board)

<http://www.newhamlscb.org.uk/> (Newham Safeguarding Board)

<https://www.newham.gov.uk/Pages/Services/Child-protection.aspx> (Newham Child Protection info)

<http://www.newhamlscb.org.uk/Professionals/> (advice for professionals and volunteers in Newham)

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

(What to do if you are worried a Child is being abused – Government guidance 2015)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)

(Information Sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018)

[The Children Act 1989 \(as amended\)](#)

[The Children and Social Work Act 2017](#)

[Keeping Children Safe in Education 2020](#)

[Working Together to Safeguard Children 2018](#)

[The Education Act 2002](#)

[The United Nations Convention on the Rights of the Child 1992](#)

[The Equality Act 2010](#)

[The Children and Families Act 2014](#)

[Care Act 2014](#)

[The Human Rights Act 1998](#)

**[Newham Child Protection](#)**/ 020 3373 4600 (9am - 5.15pm)/ 020 8430 2000 (other times)

**[Newham Adult Social Services](#)**/ 020 8430 2000

**[Safeguarding Adults \(Abuse Concerns\)](#)**/ 020 3373 0440

**[NSPCC](#)**: Help for adults concerned about a child/ **0808 800 5000**

**[Samaritans: 24-hour support line around suicide](#)**/ **Freephone 116123**

**[Coram Voice](#)**: Telephone advice, information and advocacy services for children in care./ **0808 800 5792**

**[Childline](#)**: A confidential 24hr free telephone helpline/ **0800 1111**

**[Muslim Youth Helpline](#)**: Helpline providing culturally sensitive support to Muslim youth under the age of 25. Outreach services, including family mediation, face to face counselling and befriending/ **0808 808 2008** (Area served LONDON)

**[help@myh.org.uk](mailto:help@myh.org.uk)**

**[National Youth Advocacy Service](#)**: Provides information, advice, advocacy and legal representation to young people up to the age of 25 through a network of advocates through England and Wales/ **0808 808 1001**

**[help@nyas.net](mailto:help@nyas.net)**

**[The Mix \(formerly Get Connected\)](#)**: Essential support for under 25s. Phone, Email, Web support and Counselling./ **0808 808 4994**

## Appendix 5

# CODE OF CONDUCT FOR STAFF, VOLUNTEERS AND VISITORS

**I agree to follow the code of conduct below. Whilst working/ volunteering or visiting Dost, it is important that you follow the guidelines below in order to ensure that both you and the young people are protected and safeguarding is in place:**

I will not take any young peoples' phone nos or give out my number or follow/add young people on social media.

I will only use my phone whilst at work if it is an emergency.

I will not invite young people to my home or accept invitations to their home.

I will not initiate or agree to meet young people outside of work hours or outside of the normal work place.

I will not talk about things that I have done in the past that are illegal or inappropriate.

I will avoid asking about the young peoples' families, as this can often be a painful and sensitive subject.

I will not smoke or drink in front of young people or tell them/ show them that you do and won't swear in front of them. Remember that you are an appropriate adult to them and they may have few other adults in their life that they can follow or look up to.

I will avoid excessive physical contact and be aware of what kind of contact could be perceived as inappropriate.

I will ensure that if a young person discusses something personal with me (unless it is a safeguarding issue) that this is kept confidential from other young people and people outside of Dost and will only share within the staff/ volunteer team if appropriate.

Within a Youth Club setting, you should avoid being alone with one young person in order to avoid any allegations and if this is not possible to do so; all risks must be minimised by following Safeguarding and Child Protection Policy.

I will not ask about young peoples' pasts and their journeys prior to entering UK - unless they bring it up and even then, be sensitive and aware of who else is around and listening and do not probe for information.

If a young person discusses something with you that makes you believe that they or someone else may be at the risk of harm, you have a legal responsibility to report this to the Designated Safeguarding Lead (Marian Spiers). You can inform the young person that you are unable to keep that information confidential or if this is not possible, you must still report this as soon as possible. Follow guidance from the Safeguarding and Child Protection Policy. (available on the website)

I will use appropriate language and not say things that could be taken as racist, sexist or discriminatory.

I will not impose my own religious, political, moral or ethical views onto the young people.

I will not keep photos/ videos of the young people with my own equipment or allow them to use my phone/ camera.

I will not post anything about Dost on Social Media without prior consent.

I will not give gifts or show favouritism towards a young person/ people and will not accept gifts without consent from Lead Staff..

<b>I have received the Policies and Procedures</b>	<b>YES</b>	<b>NO</b>
<b>I have read the relevant Policies and Procedures to my role</b>	<b>YES</b>	<b>NO</b>

**REMEMBER TO PROTECT YOURSELF AND THE YOUNG PEOPLE AND KEEP YOUR PERSONAL LIFE SEPERATE FROM YOUR WORK/ VOLUNTEERING LIFE.**

<b>FOR STAFF – please tick</b>		<b>FOR VOLUNTEERS – please tick</b>	
I will inform Dost of my availability		I will inform Dost of my availability	
I will complete time sheets and invoices		I will aim to volunteer for at least 6 months	
I will attend relevant training/ supervision		I will attend relevant training	
I will take part in Youth Team Meetings		I will take part in Youth Team Meetings	
I will complete my DBS check when asked to		I will complete my DBS check when asked to	

<b>Name:</b>	<b>Signed:</b>	<b>Dated:</b>	<b>Role:</b>
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## Appendix 8

# REPORTING CONCERNS ABOUT A CHILD/ YOUNG PERSON



### SERVICE USERS' DETAILS

Name of young person:

Gender:

Age:

Date of birth:

Ethnicity:

Language:

Additional needs:

Name(s) of parent(s)/carer(s):

Young person's home address and address of parent(s)/carer if different:

### REPORTEE'S DETAILS

Your name:

Your position:

Date & time of incident (if applicable)

Are you reporting your own concerns or responding to concerns raised by someone else?

Own concerns

(delete as appropriate)

Someone else's concerns

If responding to someone else's concerns, give their name and position within Dost (if applicable):

Please provide details of the incident or concerns that you have, including date, time, description of any injuries, whether description is first hand or the accounts of others, plus any other relevant details:

The young person's account/perspective (using their own words as much as possible):

Provide details of anyone alleged to have caused the incident or to be the source of any concerns:

Provide details of anyone who witnessed the incident or shares the concerns:

Please note: concerns should be shared with family/carers unless  
- the view is that a family member or carer might be responsible for abusing the child  
- someone may be put in danger by the family/carers being informed  
- this might interfere with a criminal investigation.

If any of these circumstances apply, consult with the appropriate London Borough Children's Social Care team (depending on the young person's looked after authority) to decide whether discussion with the family/carers should take place.

Have you spoken to the young person's parent(s)/carer(s)?  
If so, state what was said. If not, state the reason for this.

Are you aware of any previous incidents or concerns relating to this young person and any current risk management plan/support plan? If so, provide details:

<b>Summary of discussion with Designated Safeguarding Lead:</b>		
<b>Following this discussion, do you still have child protection/ safeguarding concerns?</b>	<b>Yes</b>	<b>No</b>
<b>Have you informed the statutory child protection authorities?</b>		
<b>Police</b>	<b>Yes</b>	<b>No</b>
<b>Name and phone number of persons spoken to:</b>	<b>If yes – date &amp; time:</b>	
<b>Appropriate London Borough Children’s Social Care team</b>	<b>Yes</b>	<b>No</b>
<b>Name and phone number of persons spoken to:</b>	<b>If yes – date &amp; time:</b>	
<b>Action agreed with child protection authorities:</b>		
<b>What has happened since referring to statutory agencies? Include the date and nature of feedback from the referral, the outcome and relevant dates:</b>		
<b>If the concerns are not about child protection, details of any further steps taken to provide support to the young person, parent(s)/carer(s) and any other agencies involved:</b>		
<b>SIGNED:</b>		
<b>NAME AND POSITION:</b>		
<b>DATE AND TIME:</b>		

<b>SAFEGUARDING</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>
<b>Reviewed and revised (Marian Spiers)</b>	December 2020		July 2022	October 2023	December 2024		February 2026
<b>Agreed by Trustees</b>	December 2020 <b>(Thomas Edwards)</b>		August 2022 <b>(Thomas Edwards)</b>	October 2023 <b>(Thomas Edwards)</b>		January 2025 <b>(Thomas Edwards)</b>	February 2026 <b>(Thomas Edwards)</b>