

Battisford Free Church

Safeguarding Policy

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The Safeguarding Policy

SECTION 1

Details of the place of worship / organisation

Name of Place of Worship / Organisation:

Battisford Free Church

Address: Straight Road, Battisford, Suffolk, IP14 2 LZ

Tel No: 01449 676923 (Administration Secretary)

Email address: battisford@hotmail.co.uk

Membership of Denomination/Organisation FIEC

Insurance Company : Public Liability Insurance with Congregation and General PLC

The following is a brief description of our place of worship / organisation and the type of work / activities we undertake with children and adults who have care and support needs:

We are a village church, serving the residents of that village and also surrounding towns/villages. We run two services on Sundays, one in the morning and one in the evening. Creche (0-school age) and Leap Frog (reception - year 6) are available in the AM service. Activities run throughout the week for all ages, including: Parent and Toddler, Frog Club (reception-year 6), HYPED youth club (Year 7 Upwards), Bible studies, Home Groups, Prayer Meetings, TAG (Tea and Games) for the over 50's, coffee and chat mornings for all.

Our commitment

As a Leadership we recognise the need to provide a safe and caring environment for children, young people and adults. We acknowledge that children, young people and adults can be the victims of physical, sexual and emotional abuse, and neglect. We accept the UN Universal Declaration of Human Rights and the International Covenant of Human Rights, which states that everyone is entitled to "all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status". We also concur with the Convention on the Rights of the Child which states that children should be able to develop their full potential, free from hunger and want, neglect and abuse. They have a right to be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child." As a Leadership we have therefore adopted the procedures set out in this safeguarding policy in accordance with statutory guidance. We are committed to build constructive links with statutory and voluntary agencies involved in safeguarding.

The policy and attached practice guidelines are based on the ten **Safe and Secure** safeguarding standards published by thirtyone:eight (formerly CCPAS).

The Leadership undertakes to:

endorse and follow all national and local safeguarding legislation and procedures, in addition to the international conventions outlined above.

provide on-going safeguarding training for all its workers and will regularly review the operational guidelines attached.

ensure that the premises meet the requirements of the Equality Act 2010 and all other relevant legislation, and that it is welcoming and inclusive.

support the Safeguarding Coordinator(s) in their work and in any action they may need to take in order to protect children and adults with care and support needs.

the Leadership agrees not to allow the document to be copied by other organisations.

SECTION 2

Recognising and responding appropriately to an allegation or suspicion of abuse

Understanding abuse and neglect

Defining child abuse or abuse against an adult is a difficult and complex issue. A person may abuse by inflicting harm, or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult.

In order to safeguard those connected to BFC we adhere to the UN Convention on the Rights of the Child and have as our starting point as a definition of abuse, Article 19 which states:

- 1. Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*
- 2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.*

Also for adults the UN Universal Declaration of Human Rights with particular reference to Article 5 which states:

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Detailed definitions, and signs and indicators of abuse, as well as how to respond to a disclosure of abuse, are found in Appendix 2 at the rear of this policy..

Safeguarding awareness

The Leadership is committed to on-going safeguarding training and development opportunities for all workers, developing a culture of awareness of safeguarding issues to help protect everyone. All our workers will undertake recognised safeguarding training through The Mix, Stowmarket..

The Leadership will also ensure that children and adults with care and support needs are provided with information on where to get help and advice in relation to abuse, discrimination, bullying or any other matter where they have a concern.

RESPONDING TO ALLEGATIONS OF ABUSE

Under no circumstances should a worker carry out their own investigation into an allegation or suspicion of abuse. Following procedures as below:

The person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to Jenny Brown (hereafter the "Safeguarding Co-ordinator") tel no: 07792265450 who is nominated by the Leadership to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter on to the statutory authorities.

In the absence of the Safeguarding Co-ordinator or, if the suspicions in any way involve the Safeguarding Co-ordinator, then the report should be made to Tony Middleton (hereafter the "Deputy Safeguarding Co-ordinator") tel no: 01449 675561.

If the suspicions implicate both the Safeguarding Co-ordinator and the Deputy, then the report should be made in the first instance to thirtyone:eight, PO Box 133, Swanley, Kent, BR8 7UQ. Telephone 0845 120 4550 helpline@thirtyoneeight.org. Alternatively contact Social Services or the police.

Customer First is the local Social Services office who deal with both adult and child referrals. Their telephone number is 0808 800 4005 and is open 24hrs.

You can contact the police on 101, or 999 in the case of an emergency.

The Safeguarding Co-ordinator **may** need to inform others depending on the circumstances and/or nature of the concern

Suspicions must not be discussed with anyone other than those nominated above. A written record of the concerns should be made in accordance with these procedures and kept in a secure place.

Whilst allegations or suspicions of abuse will normally be reported to the Safeguarding Co-ordinator, the absence of the Safeguarding Co-ordinator or Deputy should not delay referral to Social Services, the Police or taking advice from thirtyone:eight.

The Leadership will support the Safeguarding Co-ordinator/Deputy in their role, and accept that any information they may have in their possession will be shared in a strictly limited way on a need to know basis.

It is, of course, the right of any individual as a citizen to make a direct referral to the safeguarding agencies or seek advice from thirtyone:eight, although the Leadership hope that members of BFC will use this procedure. If, however, the individual with the concern feels that the Safeguarding Co-ordinator/Deputy has not responded appropriately, or where they have a disagreement with the Safeguarding Co-ordinator(s) as to the appropriateness of a referral they are free to contact an outside agency direct. We hope by making this statement that the Leadership demonstrate its commitment to effective safeguarding and the protection of all those who are vulnerable.

The role of the safeguarding co-ordinator/ deputy is to collate and clarify the precise details of the allegation or suspicion and pass this information on to statutory agencies who have a legal duty to investigate.

Detailed procedures where there is a concern about a child:

Allegations of physical injury, neglect or emotional abuse.

If a child has a physical injury, a symptom of neglect or where there are concerns about emotional abuse, the Safeguarding Co-ordinator/Deputy will:

Contact Children's Social Services (or thirtyone:eight) for advice in cases of deliberate injury, if concerned about a child's safety or if a child is afraid to return home.

Not tell the parents or carers unless advised to do so, having contacted Children's Social Services.

Seek medical help if needed urgently, informing the doctor of any suspicions.

For lesser concerns, (e.g. poor parenting), encourage parent/carer to seek help, but not if this places the child at risk of significant harm.

Where the parent/carer is unwilling to seek help, offer to accompany them. In cases of real concern, if they still fail to act, contact Children's Social Services direct for advice.

Seek and follow advice given by thirtyone:eight (who will confirm their advice in writing) if unsure whether or not to refer a case to Children's Social Services.

Allegations of sexual abuse

In the event of allegations or suspicions of sexual abuse, the Safeguarding Co-ordinator/Deputy will:

Contact the Children's Social Services Department Duty Social Worker for children and families or Police Child Protection Team direct. They will NOT speak to the parent/carer or anyone else.

Seek and follow the advice given by thirtyone:eight if, for any reason they are unsure whether or not to contact Children's Social Services/Police. thirtyone:eight will confirm its advice in writing for future reference.

Suspicious or allegations of abuse or harm including; physical, sexual, organisational, financial, discriminatory, neglect, self-neglect, forced marriage, modern slavery, domestic abuse

If there is concern about any of the above, Safeguarding Co-ordinator/Deputy will:

contact the Adult Social Care Team who have responsibility under the Care Act 2014 to investigate allegations of abuse. Alternatively thirtyone:eight can be contacted for advice.

If the adult is in immediate danger or has sustained a serious injury contact the Emergency Services, informing them of any suspicions.

If there is a concern regarding spiritual abuse, Safeguarding Co-ordinator will:

Identify support services for the victim i.e. counselling or other pastoral support

Contact thirtyone:eight and in discussion with them will consider appropriate action with regards to the scale of the concern.

Allegations of abuse against a person who works with children/young people

If an accusation is made against a worker (whether a volunteer or paid member of staff) whilst following the procedure outlined above, the Safeguarding Co-ordinator, in accordance with Local Safeguarding Children Board (LSCB) procedures will need to liaise with Children's Social Services in regards to the suspension of the worker, also making a referral to a designated officer formerly called a Local Authority Designated Officer (LADO).

Allegations of abuse against a person who works with adults with care and support needs.

If an accusation is made against a worker (whether a volunteer or paid member of staff) whilst following the procedure outlined above, the Safeguarding Co-ordinator will need to liaise with Adults Social Services in regards to the suspension of the worker, also making a referral to a designated officer formerly called a Local Authority Designated Officer (LADO).

SECTION 3

Prevention

Safer recruitment

The Leadership will ensure all workers will be appointed, trained, supported and supervised in accordance with government guidance on safe recruitment. This includes ensuring that:

There is a written job description / person specification for the post

Those applying have completed an application form and a self declaration form

Those short listed have been interviewed

Safeguarding has been discussed at interview

Written references have been obtained, and followed up where appropriate

A disclosure and barring check has been completed where necessary (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information)

Qualifications where relevant have been verified

A suitable training programme is provided for the successful applicant

The applicant has completed a probationary period

The applicant has been given a copy of the organisation's safeguarding policy and knows how to report concerns.

Management of Workers – Codes of Conduct

As a Leadership we are committed to supporting all workers and ensuring they receive support and supervision. All workers have been issued with a code of conduct towards children, young people and adults with care and support needs.

SECTION 4

Pastoral Care

Supporting those affected by abuse

The Leadership is committed to offering pastoral care, working with statutory agencies as appropriate, and support to all those who have been affected by abuse who have contact with or are part of BFC. Pastoral care may be provided by members of the Church Leadership, or the leadership may assist in finding a suitable external professional.

Working with offenders

When someone attending BFC is known to have abused children, or is known to be a risk to adults with care and support needs the Leadership will supervise the individual concerned and offer pastoral care, but in its safeguarding commitment to the protection of children and adults with care and support needs, set boundaries for that person, which they will be expected to keep. The risk will be managed by setting clear policies and a code of behavior tailored specifically to the individual. It will be necessary in these circumstances to correspond with the appropriate statutory agencies.

SECTION 5

Practice Guidelines

As an organisation / place of worship working with children, young people and adults with care and support needs we wish to operate and promote good working practice. This will enable workers to run activities safely, develop good relationships and minimise the risk of false or unfounded accusation.

As well as a general code of conduct for workers we also have specific good practice guidelines for every activity we are involved in and these are attached as appendix 2.

Working in Partnership

The diversity of organisations and settings means there can be great variation in practice when it comes to safeguarding children, young people and adults. This can be because of cultural tradition, belief and religious practice or understanding, for example, of what constitutes abuse.

We therefore have clear guidelines in regards to our expectations of those with whom we work in partnership, whether in the UK or not. We will discuss with all partners our safeguarding expectations and have a partnership agreement for safeguarding. It is also our expectation that any organisation using our premises, as part of the letting agreement will have their own policy that meets thirtyone:eight' safeguarding standards.

Good communication is essential in promoting safeguarding, both to those we wish to protect, to everyone involved in working with children and adults and to all those with whom we work in partnership. This safeguarding policy is just one means of promoting safeguarding.

Signed by: _____

Date: _____

APPENDIX - 1

Leadership Safeguarding Statement

The Leadership (Church Council) recognises the importance of its ministry /work with children and young people and adults in need of protection and its responsibility to protect everyone entrusted to our care.

We are committed to creating and enabling a healthy culture in order to minimise any coercion and control within our church.

The following statement was agreed by the leadership/organisation on: _____

This place of worship/organisation is committed to the safeguarding of children and adults with care and support needs and ensuring their well-being.

Specifically:

We recognise that we all have a responsibility to help prevent the physical, sexual, emotional abuse and neglect of children and young people (those under 18 years of age) and to report any such abuse that we discover or suspect.

We believe every child should be valued, safe and happy. We want to make sure that children we have contact with know this and are empowered to tell us if they are suffering harm.

All children and young people have the right to be treated with respect, to be listened to and to be protected from all forms of abuse.

We recognise that we all have a responsibility to help prevent the physical, sexual, psychological, financial and discriminatory abuse and neglect of adults who have care and support needs and to report any such abuse that we discover or suspect.

We recognise the personal dignity and rights of adults who find themselves victims of forced marriage or modern slavery and will ensure all our policies and procedures reflect this.

We believe all adults should enjoy and have access to every aspect of the life of the place of worship/organisation unless they pose a risk to the safety of those we serve.

We undertake to exercise proper care in the appointment and selection of all those who will work with children and adults with care and support needs.

We believe in the necessity of creating a healthy culture in our church where the value of all people is recognised and challenges are responded to appropriately.

We are committed to:

Following the requirements for UK legislation in relation to safeguarding children and adults and good practice recommendations.

Respecting the rights of children as described in the UN Convention on the Rights of the Child.

Implementing the requirements of legislation in regard to people with disabilities.

Ensuring that workers adhere to the agreed procedures of our safeguarding policy.

Keeping up to date with national and local developments relating to safeguarding.

Following any denominational or organisational guidelines in relation to safeguarding children and adults in need of protection.

Supporting the safeguarding co-ordinator/s in their work and in any action they may need to take in order to protect children/adults with care and support needs.

Ensuring that everyone agrees to abide by these recommendations and the guidelines established by this place of worship/organisation.

Supporting parents and families

Nurturing, protecting and safeguarding of children and young people

Supporting, resourcing, training, monitoring and providing supervision to all those who undertake this work.

Supporting all in the place of worship/organisation affected by abuse.

Adopting and following the 'Safe and Secure' safeguarding standards developed by the Churches' Child Protection Advisory Service.

We recognise:

Children's Social Services (or equivalent) has lead responsibility for investigating all allegations or suspicions of abuse where there are concerns about a child. Adult Social Care (or equivalent) has lead responsibility for investigating all allegations or suspicions of abuse where there are concerns about an adult with care and support needs.

Where an allegation suggests that a criminal offence may have been committed then the police should be contacted as a matter of urgency.

Where working outside of the UK, concerns will be reported to the appropriate agencies in the country in which we operate, and their procedures followed, and in addition we will report concerns to our agency's headquarters.

Safeguarding is everyone's responsibility.

We will review this statement and our policy and procedures annually.

If you have any concerns for a child or adult with care and support needs then speak to one of the following who have been approved as safeguarding co-ordinators for this place of worship/organisation.

Jenny Brown, Safeguarding Coordinator

Tony Middleton, Deputy Safeguarding Coordinator

A copy of the full policy and procedures is available from Graham Brown, admin secretary.

Signed by leadership/organisation

Signed _____

Date _____

Definitions of abuse

What is abuse and neglect? Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse : Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse : Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse : Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect : Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology

Extremism

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Significant Harm

This relates to the degree of harm that triggers statutory action to protect a child. It is based on the individual child's health or development compared to that which could reasonably be expected of a similar child. E.g. severity of ill treatment, degree and extent of physical harm, duration and frequency of abuse and neglect, premeditation. Department of Health guidance suggests that 'significant' means 'considerable, noteworthy or important.'

Children in Whom Illness is Fabricated or Induced (formerly known as Munchausen's Syndrome By Proxy)

This is a form of child abuse in which the parents or carers give false accounts of symptoms in their children and may fake signs of illness (to draw attention to themselves). They seek repeated medical investigations and needless treatment for their children. The government guidance on this is found in 'Safeguarding Children in whom Illness is Fabricated or Induced' (2002).

Spiritual Abuse

Linked with emotional abuse, spiritual abuse could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying or doing things without respecting their right to choose for themselves. Some indicators of spiritual abuse might be a leader who is intimidating and imposes his/her will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. He or she may say that God has revealed certain things to them and so they know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously God's) acceptance and approval.

In 2013 spiritual abuse was defined as "Spiritual abuse is coercion and control of one individual by another in a spiritual context. The target experiences spiritual abuse as a deeply emotional personal attack. This abuse may include:-manipulation and exploitation, enforced accountability, censorship of decision making, requirements for secrecy and silence, pressure to conform, misuse of scripture or the pulpit to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a 'divine' position, isolation from others, especially those external to the abusive context."(Oakley & Kinmond, 2013)

Domestic Violence

The shared Association of Chief Police Officers (ACPO), Crown Prosecution Service (CPS) and government definition of domestic violence is: 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality.' (Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.)

In 2004 the Government's definition of domestic violence was extended to include acts perpetrated by extended family members as well as intimate partners. Consequently, acts such as forced marriage and other so-called 'honour crimes', which can include abduction and homicide, can now come under the definition of domestic violence.

The Government revised its definition of domestic violence and abuse in March 2013 as:

"Any incident or pattern of incidents of controlling coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality." This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

"Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour."

"Coercive behaviour is: an act or a pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

Family members are defined as mother, father, son, daughter, brother, sister and grandparents whether directly related, in-laws or step-family. However, this is not an exhaustive list and may also be extended to uncles, aunts and cousins etc.

The Home Office (2009) What is Domestic Violence? London: Home Office defines domestic violence as:

"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality"

Nearly a quarter of adults in England are victims of domestic violence. Although both men and women can be victimised in this way, a greater proportion of women experience all forms of domestic violence, and are more likely to be seriously injured or killed by their partner, ex-partner or lover. Forced marriage and honour-based violence are human rights abuses and fall within the Government's definition of domestic violence.

In 2016 the HM Government published a Violence Against Women and Girls (VAWG) Strategy which can be accessed [here](#)

Investigating complex (organised or multiple) abuse

This abuse may be defined as abuse involving one or more abusers and a number of children. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse.

Complex abuse occurs both as part of a network of abuse across a family or community, and within institutions such as residential homes or schools. Such abuse is profoundly traumatic for the children who become involved. Its investigation is time-consuming and demanding work, requiring specialist skills from both police and social work staff. Some investigations become extremely complex because of the number of places and people involved, and the timescale over which abuse is alleged to have occurred. The complexity is heightened where, as in historical cases, the alleged victims are no longer living in the setting where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role. (Working Together 2010 Sections: 6.10 – 6.11)

Sexually exploited children and young people

The Sexual Offences Act 2003 introduced a number of new offences to deal with those who sexually exploit children and young people. The offences protect children up to the age of 18 and can attract tough penalties. They include:

paying for the sexual services of a child;
causing or inciting child prostitution;
arranging or facilitating child prostitution; and
controlling a child prostitute.

Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

With regards to the addressing sexual exploitation of children at a more international level, the Interpol has also specified as list of appropriate terminology when referring to sexual crimes against children.

Female Genital Mutilation (FGM)

The World Health Organization defined FGM as all procedures involving partial or total removal or stitching up of the female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons.

Working Together (2010) stated that:

“Female genital mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other nontherapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between four and thirteen, but in some cases FGM is performed on new born infants or on young women before marriage or pregnancy. A number of girls die as a direct result of the procedure from blood loss or infection, either following the procedure or subsequently in childbirth.”

FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

A mandatory reporting duty for FGM requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police. The FGM duty came into force on 31 October 2015.

Signs of Possible Abuse (children & young people)

The following signs could be indicators that abuse has taken place but should be considered in context of the child's whole life.

Physical

- Injuries not consistent with the explanation given for them
- Injuries that occur in places not normally exposed to falls, rough games, etc
- Injuries that have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains

Bruises on babies, bites, burns, fractures etc which do not have an accidental explanation*
Cuts/scratches/substance abuse*

Sexual

Any allegations made concerning sexual abuse
Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
Age-inappropriate sexual activity through words, play or drawing
Child who is sexually provocative or seductive with adults
Inappropriate bed-sharing arrangements at home
Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
Eating disorders - anorexia, bulimia*

Emotional

Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging.
Depression, aggression, extreme anxiety.
Nervousness, frozen watchfulness
Obsessions or phobias
Sudden under-achievement or lack of concentration
Inappropriate relationships with peers and/or adults
Attention-seeking behaviour
Persistent tiredness
Running away/stealing/lying

Neglect

Under nourishment, failure to grow, constant hunger, stealing or gorging food, Untreated illnesses,
Inadequate care, etc

*These indicate the possibility that a child or young person is self-harming. Approximately 20,000 are treated in accident and emergency departments in the UK each year.

Definitions of Abuse (Adults)

The following information relates to the Safeguarding of Adults as defined in the Care Act 2014, Chapter 14. Safeguarding, this replaces the previous guidelines produced in 'No Secrets' (Department of Health 2000)

The legislation is relevant across England and Wales but on occasions applies only to local authorities in England.

The Safeguarding duties apply to an adult who;

has need for care and support (whether or not the local authority is meeting any of those needs) and;
is experiencing, or at risk of, abuse or neglect; and

as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professional and other staff should not be advocating 'safety' measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.

Link: The Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Link: Care and Support Statutory Guidance under the Care Act 2014

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse – including 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.

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse – including neglect and poor care practice within an Institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's 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.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. Incidents of abuse may be one-off or multiple, and affect one person or more.

Signs of Possible Abuse in Adults

Physical abuse

History of unexplained falls, fractures, bruises, burns, minor injuries.

Signs of under or over use of medication and/or medical problems left unattended.

Any injuries not consistent with the explanation given for them

Bruising and discolouration - particularly if there is a lot of bruising of different ages and in places not normally exposed to falls, rough games etc.

Recurring injuries without plausible explanation

Loss of hair, loss of weight and change of appetite

Person flinches at physical contact &/or keeps fully covered, even in hot weather;

Person appears frightened or subdued in the presence of a particular person or people

Domestic violence

Unexplained injuries or ‘excuses’ for marks or scars

Coercion and Controlling and/or threatening relationship including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence and Female Genital Mutilation.

Age range extended to 16 yrs.

Sexual abuse

Pregnancy in a woman who lacks mental capacity or is unable to consent to sexual intercourse

Unexplained change in behaviour or sexually explicit behaviour

Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting

Infections or sexually transmitted diseases

Full or partial disclosures or hints of sexual abuse

Self-harming

Emotional distress

Mood changes

Disturbed sleep patterns

Psychological abuse

Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful

Intimidated or subdued in the presence of a carer

Fearful, flinching or frightened of making choices or expressing wishes

Unexplained paranoia

Changes in mood, attitude and behaviour, excessive fear or anxiety

Changes in sleep pattern or persistent tiredness

Loss of appetite

Helplessness or passivity

Confusion or disorientation

Implausible stories and attention seeking behaviour

Low self-esteem

Financial or material abuse

Disparity between assets and living conditions

Unexplained withdrawals from accounts or disappearance of financial documents or loss of money

Sudden inability to pay bills, getting into debt

Carers or professionals fail to account for expenses incurred on a person's behalf

Recent changes of deeds or title to property

Missing personal belongings

Inappropriate granting and / or use of Power of Attorney

Modern slavery

Physical appearance; unkempt, inappropriate clothing, malnourished

Movement monitored, rarely alone, travel early or late at night to facilitate working hours.

Few personal possessions or ID documents.

Fear of seeking help or trusting people.

Discriminatory abuse

Inappropriate remarks, comments or lack of respect

Poor quality or avoidance care

Low self-esteem

Withdrawn

Anger

Person puts themselves down in terms of their gender or sexuality

Abuse may be observed in conversations or reports by the person of how they perceive themselves

Institutional Abuse

Low self-esteem

Withdrawn

Anger

Person puts themselves down in terms of their gender or sexuality

Abuse may be observed in conversations or reports by the person of how they perceive themselves

No confidence in complaints procedures for staff or service users.

Neglectful or poor professional practice.

Neglect and acts of omission

Deteriorating despite apparent care
Poor home conditions, clothing or care and support.
Lack of medication or medical intervention

Self-neglect

Hoarding inside or outside a property
Neglecting personal hygiene or medical needs
Person looking unkempt or dirty and has poor personal hygiene
Person is malnourished, has sudden or continuous weight loss and is dehydrated – constant hunger, stealing or gorging on food
Person is dressed inappropriately for the weather conditions
Dirt, urine or faecal smells in a person's environment
Home environment does not meet basic needs (for example not heating or lighting)
Depression

How to respond to a child wishing to disclose abuse Ensure the physical environment is welcoming, giving opportunity for the child or adult at risk to talk in private but making sure others are aware the conversation is taking place.

It is especially important to allow time and space for the person to talk
Above everything else listen without interrupting
Be attentive and look at them whilst they are speaking
Show acceptance of what they say (however unlikely the story may sound) by reflecting back words or short phrases they have used
Try to remain calm, even if on the inside you are feeling something different
Be honest and don't make promises you can't keep regarding confidentiality
If they decide not to tell you after all, accept their decision but let them know that you are always ready to listen.
Use language that is age appropriate and, for those with disabilities, ensure there is someone available who understands sign language, Braille etc.

HELPFUL RESPONSES

You have done the right thing in telling
I am glad you have told me
I will try to help you

DON'T SAY

Why didn't you tell anyone before?
I can't believe it!
Are you sure this is true?
Why? How? When? Who? Where?
I am shocked, don't tell anyone else

Standard 5: Working Safely

All organisations involved with children, young people or adults at risk must ensure they adopt safe working practice in every area.

Introduction- why do we need this standard?

All organisations working with children, young people and adults at risk should operate and promote good working practice. This will enable workers to run activities safely, develop good relationships and minimise the risk of false or unfounded accusation. It will also help to safeguard children, young people and vulnerable adults not only when they are participating in activities run by the organisation but also in their day-to-day lives.

Faith Fact: Places of worship are often involved in a variety of different activities and they can operate from different locations (e.g. crèche, Sunday school, detached youth work, internet café, lunch cub for adults with learning disabilities). This makes it even more important to have guidelines in place for specific activities as well as be working to general standards of good working practice.

POLICY CONSIDERATIONS

5.1 Duty of Care

The Children Act 2004 (England) places a duty on organisations involved in providing services for children and young people to safeguard and promote their well-being. This means all workers should treat those they are caring for with respect and dignity as well as demonstrate competence and integrity. (There are similar expectations in other parts of the UK.)

The duty of care is in part exercised through the development of respectful and caring relationships but also by workers taking all reasonable steps to ensure the safety and wellbeing of those they have responsibility for, particularly in relation to sexual, physical and emotional abuse. Before individuals start working with children, young people and vulnerable adults, they need to understand and acknowledge the responsibilities and trust inherent to their role.

In addition, under Health and Safety at Work legislation, organisations have a duty of care towards the well-being of all workers and to ensure they are treated fairly. They are required to provide a safe working environment and guidance on safe working practice.

5.2 Positions of Trust

All adults working with children, young people and vulnerable adults are in positions of trust. It is therefore vital workers ensure they do not, even unwittingly, use their position of power and authority inappropriately.

Workers should always maintain professional boundaries and avoid behaviour which might be misinterpreted. Any kind of sexual relationship between an adult worker and a child (under the

age of 18) is never acceptable and if concerns arise in this area, this should be recorded and reported to the Safeguarding Coordinator.

The trusting relationship between worker and child, young person or vulnerable adult means the worker should never:

- use their position to gain access to information for their own or others' advantage
- use their position to intimidate, bully, humiliate, threaten, coerce or undermine
- use their status and standing to form or promote relationships that are or may become sexual

5.3 Data Protection, Human Rights and Safeguarding

The Data Protection Act 2018 is designed to provide privacy protection for individuals about whom certain personal information is kept. It lays down 'best practice' principles for those who keep the data and it applies to paper records as well as computerised information. The Act covers the whole of the UK, and all organisations, including places of worship, must comply with the rules on processing data.

Where disclosing information might place a child, young person or vulnerable adult at risk, then safeguarding considerations take precedence over data protection. In certain circumstances the Data Protection Act allows for disclosure of information without the consent of the person involved, including for the prevention or detection of crime, or the apprehension or prosecution of offenders. The European Convention of Human Rights also makes provision for the disclosure of information in connection with 'the protection of health or morals, for the protection of the rights and freedoms of others and for the prevention of disorder or crime.... Disclosure should be appropriate for the purpose and only to the extent necessary to achieve that purpose'.

Children, young people and vulnerable adults have the right to be protected from harm and therefore information relating to concerns that a child, or any other vulnerable person, is at risk of significant harm should not be withheld on the basis that it might be unlawful.

Information about allegations or concerns of abuse should not be shown to a parent or carer. Advice should always be sought from Children's Social Services, Adult Services, or the police. Thirtyone:eight can also advise in such circumstances.

Useful Contact:

The Information Commissioner's Office,

Head Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Helpline: 0303 123 1113. Email: casework@ico.org.uk. Web: www.ico.org.uk

5.4 Anti-bullying Policy and Practice (Children & Young People)

There should be a known zero tolerance to bullying, so if it does occur, children and leaders are able to report the matter and it can be dealt with promptly and effectively. There can be an expectation that anyone who knows that bullying is happening will report it.

Whilst the child being bullied needs protection, the person/people doing it need to address the reasons for their behaviour and be encouraged to relate to others in more positive ways.

The organisation has a clear responsibility to respond appropriately to this issue and one way is operate a clear anti-bullying policy.

Bullying is the use of aggression with the intention of hurting another person. Children can bully each other, be bullied by adults and can sometimes bully adults. Any form of bullying results in pain and distress to the victim and is unacceptable behaviour within any organisation. Some common forms of bullying can be:

Verbal: name-calling, sarcasm, spreading rumours, teasing including via emails or text messaging

Emotional: being unfriendly, excluding, tormenting, graffiti, gestures, racial taunts

Physical: pushing, kicking, hitting, punching or any use of violence

Sexual: sexually abusive comments or gestures

Racial: any of the above because of, or focusing on the issue of racial differences

Homophobic : any of the above because of, or focusing on the issue of sexual orientation

Unofficial activities such as initiation ceremonies and practical jokes which may cause children physical or emotional harm even though this may not be intended

Online bullying (or Cyber-Bullying) is an increasing issue with the growth in the use of the Internet and social media by children (see Standard 6 and **InFocus:** Cyberbullying)

PROCEDURAL IMPLICATIONS

5.5 Peer-group Activities (children and young people)

All peer-group activities should be overseen by named adults who have been selected in accordance with agreed recruitment procedures and have the backing of the leadership of the organisation.

Before setting up a peer-led activity the following should be taken into consideration:

- The appropriateness of the venue for the activity

- Any medical issues, dietary needs and allergies will be appropriately managed.

- Emergency contact numbers are to hand for all members under the age of 18 years.

If the provision of food is part of the activity, leaders must ensure that food is prepared in accordance with Basic Food Hygiene standards.

Whilst there may be a valid argument for groups of age 16+ being led and run by their peers, adult leaders should always be in the vicinity and should contribute to any programme reviews and planning. Peer-group leaders must be trained and supported by at least one adult worker.

Faith Fact: It is not uncommon for peer-group activities such as youth cell groups or children's cell groups to operate in the home of a participating child or young person.

The following should also be followed:

If there are children/young people under 16 years at an activity, adults workers should be present or within earshot.

No person under the age of 16 should be left with the sole responsibility of caring for or supervising other children or vulnerable adults.

Young people (over 16) who assist with caring for other children/young people should be subjected to the same recruitment process as adults and have undertaken safeguarding training.

Peer-group leaders should be aware of safeguarding procedures, including reporting concerns (e.g. abuse, bullying) to their supervising adult and that sensitive information should not be shared openly in the group.

Parents/carers must always be kept informed about what peer-group activities are for, who the leaders are, how they are run, where they meet and what parents can do to support them.

NB: Thirtyone:eight recommend that best practice is when adults aged 18 or over are responsible for working with children or vulnerable adults. Although it is possible to undertake

DBS checks for those over 16 (where legal), there are implications for those holding DBS certificates because where something goes wrong it may result in a blemished DBS certificate. Extreme caution needs to be exercised about 16-18 year olds having such a responsibility before the necessary level of maturity is reached.

5.6 Risk Assessments

Taking care of children, young people and vulnerable adults involves taking responsibility for their well-being at all times, being prepared for unforeseen eventualities, anticipating situations where they could be harmed and taking steps to minimise the risks.

Organisations have a responsibility to assess the risk involved in the activities that are provided. This can include an informal check before the start of an activity that the building is safe and that the planned activities have been assessed for any risks.

It is advisable to appoint someone specifically for carrying out risk assessments. An easy and effective way of doing this is to compile a checklist for the activity, identifying any risks that could be encountered, the action required, and the person responsible to carry this out and when any action has been completed.

The following are some areas that should be considered:

- Identification of hazards.

- Consider who might be harmed and how this might happen.

- Assess the risks and take action to remove or reduce them as far as possible.

- Record details of the action taken.

5.7 Health and Safety (Buildings and Equipment)

Buildings being used for groups or activities should be properly maintained. The external fabric of the building, plus all internal fixtures, fittings, lighting, fire exits and equipment should meet the required safety standards. An annual review should also be carried out and, where necessary, action taken. All electrical equipment should have undergone an electrical safety test. In the UK these are known as PAT (Portable Appliance Inspection) tests.

In a building the following may be considered hazardous: loose-fitting carpets, uneven floors, over-filled cupboards, very high shelves, blocked fire exits, glass doors, missing light bulbs, overloaded power points, trailing electrical cables, loose window fastenings.

Outside play areas should be appropriately fenced off with secure/boltable gates to prevent small children from straying from the premises.

Safety requirements could also be publicly displayed on posters in appropriate locations around the building.

5.8 Health and Safety (Food Hygiene)

Any food that is made and/or consumed on the premises should meet food safety regulations. It follows therefore that there should be someone within the organisation who has responsibility for this. They should possess a Basic Food Hygiene Certificate or equivalent and be knowledgeable in areas such as food preparation, handling, storage, disposal of waste etc. This is relevant to all organisations and especially to those running camps and other residential activities.

These regulations do not apply to activities like shared suppers when food is brought from members' homes to be shared on the premises. However, it remains important that basic standards of food hygiene be adhered to and shared food should be accurately labelled in terms of its ingredients.

If food and drink are provided during an activity, the following should be considered:

- Workers should follow good personal hygiene

Basic health and hygiene regulations should be adhered to
All food and drink is stored appropriately
Hot drinks should not be carried through an activity area and not placed within the reach of young children
Snacks and mealtimes are appropriately supervised
Fresh drinking water is available at all times
Systems are in place to ensure that children, young people or adults with care and support needs do not have access to food/drinks to which they are allergic. Typically this can be peanuts, nuts, milk, eggs, fish, shell fish and gluten - found in wheat, barley and oats.

Useful contact

The Food Standards Agency is an independent Government department set up by an Act of Parliament in 2000 to protect the public's health and consumer interests in relation to food.

Telephone helpline: 020 7276 8829

Email: helpline@foodstandards.gsi.gov.uk

Web: www.food.gov.uk

5.9 First Aid

Provision should be made for an appropriately qualified first-aider to be available at all activities together with an adequate First Aid kit.

Under the Health & Safety (First Aid) regulations it is the duty of every employer to provide at least one first aid container for each work site. Its contents should be stored in a waterproof container and the designated worker should regularly check the contents.

Useful Contacts

St. John Ambulance, 27 St. Johns Lane, London, EC1M 4BU.

Tel: 08700 104950 Web: www.sja.org.uk

St. Andrew's Ambulance Association, 48 Milton Street, Glasgow, G4 0HR.

Web: www.firstaid.org.uk

British Red Cross, 44 Moorfields, London EC2Y 9AL. Tel: 0844 871 11 11

Web: www.redcross.org.uk

NI First Aid Services, 102 Craighil, Antrim, BT41 1QQ, N. Ireland.

Tel: 028 9446 6126 Email: info@nifas.com

5.10 Keeping Records

Organisations need to keep records of their activities for management and accountability purposes. These records should be proportionate and purposeful and personal data should only be kept when there is a good reason for doing so (see section 5.3 above)

Keeping a Register

When a child becomes a member or becomes involved in an activity run by an organisation, it is important at the outset that a general information and consent form is completed and returned giving contact details of parents/carers, plus medical and other details such as allergies or special dietary requirements. This form should be renewed annually.

A register of those attending a club or activity should also be maintained, together with a register of workers. This should include a record of arrival and departure times, particularly if the

participant does not attend the whole session. It is also good practice to keep parents/carers informed of the nature of activities.

Faith Fact: Parents/carers may or may not attend a place of worship even though a child, young person does. It is important that they are given information about the group and activities including contact telephone numbers.

Logbook

A logbook should be maintained for all activities where workers can write down unusual events or conversations that they witnessed. This may be very helpful if, for example, leaders have to deal with a difficult member who subsequently makes an accusation of assault or a young person repeatedly makes sexual comments about workers that may, at a later date, result in an allegation of abuse. In this situation, written records would enable any allegations to be seen in context.

Patterns of behaviour or concerns might also emerge from log records that might not otherwise be so obvious - for example, bruising noted on a regular basis or a number of young people making similar comments about one worker that raises concerns. Other information might include records of incidents such as fights and the action taken. Logbooks safeguard both children and workers.

Every child, young person, vulnerable adult, parent or carer should be able to view what is recorded about them in the logbook. This information would need to be kept in a way that does not breach the confidentiality of an individual. Whilst it is important to observe data protection requirements, remember safeguarding is always the priority. Information about the prevention and detection of crime is exempt from data protection requirements. It may, therefore, be inappropriate to release information to a parent that has been disclosed by a young person, without first consulting the statutory agencies.

Information of a sensitive nature (e.g. a child disclosing abuse) will need to be kept separately in a secure place. However, a cross reference could be recorded in the logbook along the lines of "Jenny spoke to Bill tonight - see separate note in her file". In certain circumstances this information would need to be cross referenced between records. The experience of Thirtyone:eight is that concerns can be raised many years after an event and therefore records should be kept indefinitely as advised by insurance companies.

Accident Book

All accidents, however minor, should be recorded in an accident book. In the event of an accident, the parent/carer of a child or young person should be asked to read and sign the accident book. Whether an adult with care and support needs can sign the book will depend on the nature and extent of their disability.

If the child, young person or vulnerable adult is not collected at the end of a session, a letter should be sent to the parent or carer explaining what has happened in much the same way a school would respond.

PRACTICE GUIDANCE

5.11 Gifts, Rewards and Favouritism

The giving of gifts or rewards to children, young people and vulnerable adults can be part of an agreed policy for supporting positive behaviour or recognising particular achievements. In some situations, the giving of gifts as rewards may be accepted practice for a group of children, whilst in other situations the giving of a gift to an individual child or young person will be part of an agreed plan with the knowledge of a manager and the parent or carer.

Any gifts should be given openly and not be based on favouritism. Adults need to be aware however, that the giving of gifts can be seen as a gesture to bribe or groom a young person.

Adults should exercise care when selecting children and/or young people for specific activities or privileges to avoid perceptions of favouritism or unfairness. Methods and criteria for selection should always be transparent and subject to scrutiny.

Care should also be taken to ensure that adults do not accept any gift that might be construed as a bribe or lead the giver to expect preferential treatment.

There are occasions when children, young people or parents wish to pass small tokens of appreciation to workers, for example, on special occasions or as a thank-you, and this is acceptable. However, it is unacceptable to receive gifts on a regular basis or of any significant value.

5.12 Safeguarding Principles for Group or Activity

Some general principles for running a club, activity or service include:

Ensuring that everyone is treated with dignity and respect in attitude, language and actions.

Consideration for the number of workers needed to run the group and whether they should be male, female or both.

A clear strategy for summoning additional help (if needed) in situations where a worker is working alone with a child, young person or vulnerable adult.

The level of personal care (e.g. toileting) required appropriate to the needs of the individual.

Clear guidelines on personal privacy e.g. when working with children avoiding questionable activity such as rough or sexually provocative games and comments.

Not allowing anyone under 16 years of age to be left in charge of children of any age or those attending the group being left unsupervised.

Only workers assigned to the group being allowed to participate in the activity. Other adults should not be allowed free access.

Making a note of other people in the building during the activity and any other events taking place at the same time.

5.13 Adult to Child Ratios

In order to supervise children's activities safely it is necessary to have sufficient adult leaders and helpers. In the past Thirtyone:eight has relied on OFSTED recommendations but since the introduction of the statutory framework for the Early Years Foundation Stage the following ratios should be applied:

For children under 2 years old in any group setting, there needs to be at least one member of staff for every 3 children. There are a number of additional provisos in regard to the qualifications and the experience of those staff, but in terms of children aged 2-3 in an early years setting, there needs to be at least one member of staff for every 4 children.

Children aged 3 and over in a registered early year's provision, there needs to be at least one member of staff for every 13 children. Again there are a number of provisos, namely that this is between the hours of 8.00 am and 4.00 pm, and the provisos relate to the qualifications of those staff members. At other times outside of the hours of 8.00 am – 4.00 pm, and where it is within those hours but people have less qualification then the ratio alters to one staff member for every 8 children.

Most of the activities that churches run for young children- parent and toddler groups, for example, or crèches during worship services- would not need to be on the early years register

and are therefore not regulated to the same extent. However, good practice guidelines for protecting children, such as those outlined in this guidance, still apply.

Children aged 3 and over in independent schools, including reception classes, the ratio is one member of staff for every 13 children, again with a number of provisos. Children aged 3 and over in maintained schools and nursery schools where the provision is led by a school teacher, then the ratio is one member of staff for every 13 children.

The Early Years Foundation Stage does not place ratio and qualification requirements on reception classes in maintained schools because they fall within the legal definition of an infant class. These classes fall within the legislation of an infant class and must not contain more than 30 pupils. There are also specific requirements in regard to child minders and maximum number of children they can have.

A risk assessment should be carried out for activities and especially where it is:

- outdoors
- high risk or dangerous
- when catering for people with disabilities or other needs

The results of the risk assessment may mean ratios need to be increased. The most important thing is to be specific in written guidance about the expectations within your organisation.

5.14 Working safely with disabled children, young people and adults

Workers should be aware that any child, young person or adult with care and support needs attending an activity who has a disability may need extra help in areas such as communication and mobility (e.g. use of sign language and assistance in going to the toilet).

They may behave in a non-age appropriate way. For example, a young person of 17 might behave more like a 2-3 year old, particularly in demanding cuddles or sitting on a worker's lap. So it is important to set appropriate boundaries that take their needs into account, but also protect workers from false accusation.

The organisation should:

Ask the child, young person or adult attending the activity, and parents or carers how their needs can be met, ensuring all workers involved with them are aware of their expectations. This includes the number of workers needed to assist for a specific activity to prevent injury. Some of these needs may be more easily met than others, so be realistic. A family may ask for changes to enable easier access to the building (ensure you meet the requirements of the Equality Act 2010). Listen, and give feedback to the person, family or carer as to what can or can't be achieved and the reasons why.

Ideally ensure that a worker of the same gender assists if they need help with toileting, but again discuss with the person, their family or carer to discuss their preference and your ability to provide this. For example you may have a Sunday

School with only female workers, so is a male child happy for a female to provide personal care, are the parents comfortable with this? Generally these issues once discussed can be agreed upon. It may help to have an 'intimate care' policy in place and a personalised plan agreed with the parents or carer, on behalf of the child or young person (See 5.15 below)

Make buildings accessible (e.g. ramps, toilets for the disabled and hearing loop system) and encourage integration within the group.

Developing appropriate disability awareness including the use of different forms of communication (e.g. sign language) and language etiquette.

5.15 Intimate Care

In places of worship and organisations intimate care may be provided for small children e.g. those attending crèche, and for disabled children and adults. Workers should therefore be operating clear guidelines in this area.

Workers involved with intimate care need to be sensitive to the individual needs of each person and that some care tasks could be open to misinterpretation. False allegations of sexual abuse are rare but guidelines will safeguard both the children and adults. People feel safer if expectations are clear and methods of working are, as far as possible, consistent.

Useful Contacts:

Council for Disabled Children, National Children's Bureau,

8 Wakely Street, London,

London, EC1V 7QE

Email: cdc@ncb.org.uk

Through the Roof

PO Box 353, Epsom, Surrey, KT18 5WS.

Tel: 01732 737041

Minicom: 01372 749955

Email: info@throughtheroof.org

Web: www.throughtheroof.org.

5.16 Challenging Behaviour

Sometimes children and young people become angry, upset or disruptive. Occasionally their behaviour may endanger themselves or others. The Government has developed national standards in relation to early years and day care and the following guidelines can be adopted by organisations providing services to children and young people.

If someone is being disruptive:

Ask them to stop.

Speak to them to establish the cause(s) of the upset.

Inform them they will be asked to leave if the behaviour continues.

Warn them if they continue to be disruptive, this might result in longer-term exclusion from the group.

If they are harming themselves, another person or property then others in the group should be escorted away from the area where the disruption is occurring. At the same time, and with a second worker present, request them to STOP. If your request is ignored, you might need to warn the individual that you will consider calling the Police. As a last resort, in the event of them harming themselves, other people or property, physical restraint may be needed until the Police to arrive.

Training in appropriate restraint techniques may be available through the local Police or Area Youth and Community services.

The workers involved should always record what happened in writing as soon as possible after the incident. This should include:

What activity was taking place
What might have caused the disruptive behaviour
The person's behaviour.
What was said and how the worker and others responded.
A list of others present who witnessed the incident.

A copy should be given to the leader, a copy retained by the worker and a copy kept with the logbook. Parents should be informed if their child has been restrained.

It may be helpful, after such an incident, for the worker involved to meet with their line manager to talk things through, reviewing what happened and considering whether there is a way of doing things differently so that the incident could be de-escalated avoiding the need for restraint.

5.17 Drop-in Centres

The idea behind a 'drop in' centre is precisely that; people come and go, so it is difficult to keep track of who is actually in the building. It is therefore important that those organisations providing a drop-in service:

Conduct regular fire drills to ensure that the building is evacuated completely and within a set time scale.

Ensure all the users of the drop in centre only have access to specific areas of the building.
Have sufficient workers to supervise those who visit the centre.

5.18 Unexpected Attendance at Activities

Sometimes children, young people or adults with care and support needs will want to join in with an organisation's activities without the knowledge of parents or carers e.g. children playing outside or wandering the streets with no adult supervision. In these circumstances it is important to:

Welcome them, but try to establish their name, age (children), address and telephone number. Record their visit in a register.

Ask if a parent/carer is aware where they are, and what time they are expected home.

If this is before the session ends, they should be encouraged to return home, unless the parent/carer can be contacted, and they are happy with the arrangement. In the case of children in particular, suggest the child seeks the parent/carer's permission to return the following week.

Link the visiting person with a regular attendee who can introduce them to the group and explain about the activity.

On leaving, give the person a leaflet about the group with contact telephone numbers etc and perhaps a standard letter to the parent/carer inviting them to make contact.

Without interrogation, you will need to find out as soon as possible whether they have any additional needs, (e.g. medication), so that you can respond appropriately in an emergency.

5.19 Parents/Carers Staying With Children's Groups

There may be occasions where parents ask if they can stay to watch the children's group's activity. It is important not to appear guarded but there may be concerns, particularly where the expectation is that all adults who work with children in any capacity should undertake Disclosure and Barring Service (DBS) checks.

Organisations should therefore consider the following:

Parents can be permitted to observe groups but not take part. A distinction should be made.

It can help certain children settle into a group, if the child knows that a parent/carer is there. After the settling in period, if a parent/carer wishes to continue to stay, consideration could be given to them becoming a helper/worker but they would be required to undertake the same recruitment and selection procedure as with any other worker.

Whilst a person watching may be a parent/carer for one or more of the children, to the rest of the children they are strangers.

Organise an open evening from time to time as part of the on-going children's programme to build relationships and encourage parents to take an active role in supporting the group.

Be aware that for some disabled children, it may be appropriate for their parent/carer to stay with them for an extended period. This should be considered on an individual basis to help the child become fully integrated into the group/activity.

5.20 Outings

If the organisation arranges day trips or visits for children and young people under 18, parents or carers should complete and sign a consent form for the activity. The organisation should also carry out a risk assessment of the activity to ensure all eventualities are covered and all adults in the team know what to do in the event of an accident or emergency.

On the day it is important to remember to take a fully charged mobile phone, all essential records and equipment and allocate named children to named pairs of adults.

5.21 Home Visits

Workers and leaders may need to make home visits from time to time. In these circumstances the organisation should issue formal identification to the person doing the visit.

Guidelines for visiting:

Inform a supervisor or another worker of the proposed visit.

In the case of children and young people never go into a home if a parent or carer is absent unless the child would be at risk of significant harm if you do not do so.

Keep a written record of the visit detailing the following:

Purpose

Time you arrived and left

Who was present

What was discussed

If the parent/carer is absent when the call is made, leave some means of identification and explanation for the visit that can be given to them.

An invitation to a worker's home should only be extended with the knowledge of the team/leadership and the permission of the parent/ carer.

5.22 Baby-sitting

Although babysitting may be done on a voluntary basis, organisations that run this service should adopt the same care in the selection process as when appointing a worker. Even babies are sexually abused, and studies show that abuse can begin when children are under five years of age. All applicants for a babysitting circle should complete an application form and supply details of referees. They should also be interviewed and undertake a criminal records disclosure check.

Before any babysitting arrangement is agreed, the parent/carer and the babysitter should meet to exchange details about themselves and discuss:

- The child's needs/routine
- Expectations about bedtime
- An emergency contact number
- The anticipated time of the parent/carer's return.

In ensuring that the ground rules are established, the parent/carer can repeat the rules about bedtime etc. in front of the child. This minimises the possibility of any manipulation of the babysitter by the child.

If a child does not like a particular babysitter, then they should be changed without the need for further explanation or justification.

If a parent or carer is unhappy that a babysitter has not followed the ground rules, they should discuss the matter direct with the babysitter.

If a child expresses concerns about an aspect of the babysitting arrangements, the parent should talk to the babysitter to clarify the situation.

Should a child shares anything that suggests he/she might have been abused, or the child has an unexplained injury, the parent should report this to the Safeguarding Co-ordinator and appropriate action should be taken e.g. contacting Children's Social Services or police.

If any safeguarding concerns arise about an individual on the babysitting rota, they should be asked to stand down immediately until an investigation has been completed. All parents should be notified not to use this person until further notice.

If the babysitter has a concern that a child for whom they are babysitting is being abused, they should inform the Safeguarding Co-ordinator who should take appropriate action e.g. contact Children's Social Services.

5.23 Sleep-overs

Sleepovers should be discussed and arranged in advance by the workers so that agreements can be made on the best way of caring for the children given the venue, number of children, age and gender mix etc. Children are best protected in an environment where the adults caring for them are aware of the possibility of abuse by adult and child alike and accept the need to be watchful.

The following issues need to be considered when organising a sleep-over:

There must be adequate insurance cover on the building to cover this activity including any limits on numbers.

Prior to the sleepover the building should be checked for suitable fire exits and workers should know where the water, electricity and gas can be turned off and the location of fire extinguishers. A fire drill should be carried out as soon as possible after entering the premises for the night.

Parents/carers must complete a medical consent form and an activity consent form in respect of their children's medical care, travel and collection arrangements, sleeping conditions, food, other specific activities (e.g. games).

Parents/carers should be given written details of the arrangements for the night with the contact number of an identified children's worker, not simply the phone number of the premises.

Specific responsibilities should be designated to workers to ensure clarity of roles.

Make sure there is a qualified first-aider in attendance.

Males and females should sleep separately. If it is a mixed gender group, female and male leaders will be needed.

Adults should not sleep in the same room as the children unless it is considered the group needs to be supervised at all times. It may be more appropriate to appoint an adult to conduct random night patrols.

Appropriate night attire must be brought and worn.

Changing and showering facilities should be single-sex and separate for children and adults. If there are limited facilities, timetables need to be drawn up.

All medical information and emergency contact numbers must be easily accessible and workers should have access to a telephone or mobile phone.

5.24 Transportation

Where children, young people or adults with care and support needs are being transported by mini-bus the organisation needs to ensure there are guidelines in place and that these apply to all drivers and journeys carried out on behalf of and with the knowledge of the organisation. This does not apply to private arrangements for transportation made, for example, between adults with parental responsibility.

Advice for transporting children, young people or adults with care and support needs, is as follows:

- Driving should be restricted to those who have gone through the organisation's recruitment procedures for workers.

- All drivers must have read the safeguarding policy of the organisation and agree to abide by it.

- Parents / carers should be asked to sign a Transportation Consent Form (or include it in the General Information and Consent Form).

- The driver should hold a full driving licence; the vehicle must be adequately insured and the vehicle road worthy.

Having checked drivers, it is reasonable to expect that they may be alone with a child for short periods. Consideration should therefore be given to dropping off the least vulnerable last and plan routes accordingly. Two workers in a vehicle does not in itself guarantee safety - there have been incidents where workers have acted abusively together.

Drivers should not spend unnecessary time alone in the vehicle with someone they are transporting. If, for example, a child wants to talk to a driver about something and has waited until other children have been dropped off, the driver should explain that it isn't convenient to talk there and then, but arrange to meet them at a location where there are other adults around with the knowledge of the group leader. (Remember they may want to talk to the driver about an abusive situation).

When travelling in groups with more than one vehicle it is good practice to insist those being transported stay in the same groups on the out-going and return journey. This will avoid anyone, at worst, being left behind.

At collection or dropping off points no child or young person should be on their own and the driver should make sure they are collected by an appropriate adult. This may also apply to an adult with care and support needs, depending on the nature of their vulnerability and/or disability.

It is advisable to be aware of instances where it may be unwise for a particular driver to transport a particular individual e.g. where there has been a disagreement or they have romantic feelings for a driver.

If parents or carers do some transporting, ensure they are made aware that such arrangements are their own responsibility and not the organisation.

5.25 Swimming Trips

There should be an increased adult to child ratio for all swimming trips and, in advance of the trip; the swimming ability of a child/young person should be established. A swimming consent form for each child (or a copy) should be taken by the group leader on the trip. A copy should also be retained by the contact person in your organisation/place of worship.

Before any visit to a swimming pool check:

There will be a qualified lifeguard present at all times

First-aid/rescue equipment is readily available, and this would preferably include a poolside telephone/alarm.

If appropriate to your party, check that the pool caters for disabled children. There should be adequate signs indicating the depth of the pool and depending on the age of the group you are taking, it is advisable to make sure that the shallow end is shallow enough! If the maximum depth of the pool is less than 1.5 metres, diving should not be permitted.

Checks should be made that the changing rooms are safe and hygienic and there is a changing room for each sex. They should be supervised while children are in there by at least two leaders per changing room. They should be of the same gender as the children, but supervised in such a way that the leaders do not watch the children actually getting changed.

Children and children's workers should follow the rules of the pool. It is important children and young people know how to behave and take their lead from workers' own behaviour. Group leaders should supervise behaviour at all times and there should be a minimum of two leaders present while the children are in the pool.

Whilst the pool's lifeguard will be on duty to supervise swimmers this does not reduce the duty of care of leaders and workers, including being able to account for the whereabouts of all those participating in the event.

Swimming in the sea or other natural waters is a potentially dangerous activity and should only be allowed as a supervised activity after a risk assessment. Sensible precautions should be taken and swimming should preferably be in a recognised bathing area with a lifeguard present.

5.26 Residential Holidays, Camps & Retreats

If using an established residential centre, checks should be made that it operates a safeguarding policy and carries out Disclosure checks on workers. Organisations providing residential holidays, camps or retreats should also carry out full risk and health and safety assessments. On a campsite or in the open countryside the hazards may be guy ropes and other fastenings, fires, calor gas and other flammable substances, access to fields where animals graze.

It is easy to assume that workers automatically know how to organise and run activities, and that children, young people and vulnerable adults have been taught personal safety. This is not necessarily the case so it is doubly important the organisation's expectations are clear and are communicated effectively.

5.27 Filming and Taking Photographs

Since the introduction of the Data Protection Act in 1998, and stricter regulations with the implementation of the General Data Protection Regulations (GDPR 2018), organisations must be careful if they want to take photographs or film footage of people, and how images are used. This does not mean that photographs should not be taken or that filming is prohibited, but there are certain protocols that must be followed to comply with data protection legislation as well as to ensure that children, young people and vulnerable adults are kept safe.

Permission must be obtained of both children and adults before a photograph is taken or film footage recorded. In addition to this:

It must be made clear why the image(s) or film is being used, what it will be used for and who might want to look at the pictures.

When using photographs of children and young people, ideally use group pictures and never identify them by name or other personal details. These details include e-mail, social media profile, postal addresses or telephone numbers.

Obtain written and specific consent from parents or carers before using photographs on a website.

5.28 Tobacco and Alcohol

There is a smoking ban in all enclosed public spaces throughout the UK and a no-smoking policy should therefore be enforced within any buildings where the organisation operates.

There are exemptions to this in places such as care homes. From October 2014, the ban on smoking has now been extended to smoking in a vehicle with children present (in England and Wales).

It is also illegal for anyone under the age of 18 in England and Wales to be sold cigarettes (or other products like roll-up tobacco and cigars) over the counter or at a vending machine. The organisation is able to impose a no-smoking policy, so it is important all those attending the activity are aware of and agree to abide by it.

There are also strict regulations on the sale and consumption of alcohol where children and young people are concerned. Workers do not have the right to confiscate alcohol found in a young person's possession but they can enforce a no-alcohol policy.

There may be occasions where it is felt necessary to inform parents /carers that a child/young person has been drinking, particularly if they are under the influence of alcohol at the group or there are concerns for their health or safety. This should be discussed with the activity and Safeguarding coordinator.

5.29 Solvents and Illegal Substances.

Workers should be alert to possession and use of illegal substances.

If a worker becomes aware a child, young person or vulnerable adult may be abusing solvents they should be encouraged to seek professional help from their doctor or a counsellor specialising in this area.

Having said this, it is a criminal offence to allow anyone attending an activity run by an organisation to supply illegal drugs or use them on the premises. It is important to adopt zero tolerance on all illegal substances and draw up a protocol with the local police for dealing with such situations should they arise. All those attending the activity should be made aware of this protocol which should be clearly displayed. For the individual involved:

Ask them to stop, warning them of the consequences if they do not e.g. suspension or ban from the group.

Inform parents/carers if the young person is under 16 years.

Inform the parents/carers if the young person is over 16 years (with their permission).
Discuss with the young person the proposed course of action, particularly if they re-offend (e.g. informing the police).
Write down the content of any discussion with the young person, including the action taken and keep this in a secure place.
Liaise with the police to devise a strategy for dealing with the use of illegal substances.

5.30 Gangs and Gang Crime

It is not uncommon for groups of children to gather in a public place. This is quite normal, and though some might become disorderly or anti-social, this does not mean they are part of a gang. However, there is a strong association between gang membership and violence and crime and sometimes a young person may not realise they are in a gang, they just think they are socialising with a group of friends.

Young people join gangs for a number of reasons such as belonging to a group, feeling acceptance, being respected by their peers, having power over other people and feeling safe.

Belonging to a gang isn't against the law, it's only criminal offences committed by gang members that are illegal. Having said this, if an offender is part of a gang they may be given a harsher sentence if they are found guilty of:

- possessing drugs like cannabis, cocaine and ecstasy
- carrying a knife if there is intent to use it as a weapon (even if it belongs to someone else)
- carrying or keeping a gun without a licence, including fake or replica guns

The Police will search anyone they think may be carrying a gun or a knife and, working with school staff, may search young people for weapons at school. If there is reason to believe children and young people are involved in criminal gang activity, they need to be told if they carry a gun or a knife they could be arrested; also that a court appearance and a criminal record could jeopardise their chances of employment, going to university or college, or even travelling abroad.

The best way workers can help prevent children getting involved in a gang is by talking openly about gangs, finding out what children think about gangs and warning them of the dangers of becoming involved.