




Safeguarding Policy

Church on the Street Ministries

Name: Alastair Barrie
Role: Secretary

Signed: 

Date: 01/08/24

Table of Contents

[Table of Contents](#)

[Contact Details](#)

Contact Details

Church on the Street Ministries
Known throughout this policy as COTS (Church on the Street Ministries)
Church on the Street, 1 Bethesda Street, Burnley, BB11 1PR

Designated Safeguarding Officer:

Pastor Emma Dagers
emma@cots-ministries.co.uk

Deputy Designated Safeguarding Officer:

Nicola Leverett
nicola@cots-ministries.co.uk

Professional Advisor (Safeguarding):

Simon Bass, Church Safeguarding Consultancy
Telephone: 07761 486 764

Insurance Company: Aviva

Public Liability: Tricketts

Charity Number: 1187927

Safeguarding Statement

Purpose of a safeguarding policy

At COTS we recognise the need to provide a safe and caring environment for all including children, young people and adults at risk of harm. Children rely on adults to keep them safe, therefore in our church those working with children, either directly or indirectly should be committed to safeguarding children in their care; this means providing a safe, stable, and nurturing environment where children can reach their full potential.

Similarly, we recognise that without our church there may be adults in need of protection, care and support due to vulnerability, whether that is a permanent or temporary state. We are aware too that within our churches there are relationships of trust, which flourish best within healthy churches and environments, where there is openness, transparency and accountability.

COTS is a place that is open to all, which means we can have survivors of abuse, children and adults in need of protection, along with those who may pose a risk of harm due to past behaviours, including convictions for sexual and violent offences. We therefore will ensure that in implementing our policy we promote the welfare of children and adults and manage anyone who may pose a risk of harm.

Safeguarding awareness

The leadership at COTS are 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 receive induction training and undertake appropriate (Level 2) safeguarding training on a regular basis.

All our leaders, staff and workers will have undertaken Church Leadership Safeguarding Training provided by Church Safeguarding Consultancy in March 2020, and will renew this training every 2 years, or more frequently, if appropriate e.g. if legislation changes.

Leadership Statement on Safeguarding

The leadership at COTS are committed to:

- Establishing a loving environment, which is safe and caring, and where there is an informed vigilance about the dangers of abuse.
- Following the relevant legislation, statutory, denominational and specialist guidelines in relation to safeguarding children and adults at risk.

- Ensuring that we keep up to date with national and local developments relating to safeguarding.
- Building construction links with the relevant Statutory Authorities.
- Taking all reasonable steps to ensure that as a church, everyone works within the agreed procedures of our safeguarding policies.
- Supporting our Safeguarding Officer in their work and in any action, they may need to take in order to protect children and adults at risk.
- Following safer recruitment principles in the appointment and selection of all those who work with children and adults at risk, be they volunteer or paid staff including ministers.
- Supporting, supervising, resourcing and training all those who undertake work with children and adults at risk.
- Ensuring that the children and adults we have contact with know that they are valued and feel empowered to tell us if they are suffering harm.
- Report any abuse of children or adults at risk that we discover or suspect.
- Supporting all those in our church who are affected by abuse.
- Supporting and supervising those who pose a risk to children or adults at risk implementing any safeguarding agreement which outlines a contract of behaviour and liaising with the statutory authorities in its formation.

Terminology

Throughout this safeguarding policy the terms “adult at risk”, “adult in need of protection”, “adults with care and support needs” and “vulnerable adults” will be used interchangeably reflecting current terminology and that for all matters relating to criminal record checks, the legislation at the time used vulnerable adults.

Where children and young people are referenced, this term is used to mean those under the age of 18. Our church leadership recognizes that some adults are also vulnerable to abuse, accordingly, these procedures cover allegations of abuse and the protection of adults at risk. There are also therefore references to ‘vulnerable adults’, which is used to refer to those aged 18 and over.

For the purposes of domestic abuse, the legislation covers those over 16 years of age, which reflects that people can marry or cohabit from that age. Child protection legislation also applies to all situations of domestic abuse where there are children within the household.

What is Safeguarding?

The concept of safeguarding is wider and more proactive than just responding to abuse.

The NSPCC define safeguarding children as:

- protecting children from abuse and maltreatment;
- preventing harm to children’s health or development;
- ensuring children grow up with the provision of safe and effective care;
- taking action to enable all children and young people to have the best outcomes.

Similarly, the NHS defines safeguarding adults as protecting a person’s right to live in safety, free from abuse and neglect. The aims of safeguarding adults are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives;
- Promote an outcomes approach in safeguarding that works for people resulting in the best experience possible;
- Raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

Responding to Safeguarding Concerns

Actions to take when there is a suspicion or allegation of abuse

Where there is suspicion or disclosure of abuse, then the safeguarding officer should be contacted immediately.

The safeguarding officer will action all concerns as follows:

Where the concern is about a child the Safeguarding Officer should contact Children's Social Services. Lancashire Children's Social Care office telephone number (office hours) is 0300 123 6720. Emergency Duty Team Number Social Care Out of Hours (8 pm to 8 am) 0300 123 6722

Lancashire has introduced a Multi-Agency Safeguarding Hub (MASH) for all referrals from police and other agencies. The Contact and Referral Team (CART) responds to all referrals to Children's Social Care.

Where a concern is about anyone working with children then the Designated Officer for the Local Authority (LADO) can be contacted on 01772 536 694

The Police Child Protection Team telephone number is 0845 053 00069

Where the safeguarding concern is about an adult then our Safeguarding Officer will contact: Adult Social Care Services on 0300 123 6721

If they are unsure whether to report a matter to the statutory agencies then advice can be obtained from: Church Safeguarding Consultancy Limited. Telephone: 07761 486 764 Advice can also be sought from the NSPCC Helpline on 0808 800 5000 Children will be directed to Childline's telephone number : 0800 1111

Under no circumstances should a worker carry out their own investigation into an allegation or suspicion of abuse.

The Safeguarding Officer may need to inform others depending upon the circumstances and / or nature of the concern, this could include the Chair of Trustees, the Charity Commission (should there be a serious incident), the insurance company.

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.

The role of the Safeguarding Officer and any Deputy Safeguarding Officers 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.

This would be where an allegation is made against someone within COTS Ministries, staff or volunteer; under such circumstances the Local Authority Designated Officer would need to be informed (where an individual is in regulated activity) and the Charity Commission would need to be informed (where there is a Serious Incident).

Where there is a concern about the Safeguarding Officer, in those circumstances the person with the concern should make a direct referral to the statutory agencies.

Safeguarding for COTS Ministries Specific ministries and circumstances

If ever there was a concern about anyone from an agency using COTS Ministries facilities causing harm to a child or adult attending any ministry or activities, then when contacting the statutory agencies our Safeguarding Officer will provide details of the Safeguarding Officer for that specific ministry or agency, and in the event that this is an employer from the NHS then the Safeguarding Officer from the NHS will be informed.

Any agency providing a service within COTS Ministries will adhere to the COTS Ministries Safeguarding Policy. Additionally, they will sign either a Hire Agreement for use and hire of a building, room or space, or enter a Service Level Agreement concerning the reporting of safeguarding concerns. This SLA will provide clarity about safeguarding reporting where an agency has their own safeguarding policy.

Key Contacts

Lancashire and South Cumbria NHS Foundation Trust (LSC)

Morecambe Bay, Lancaster, South Cumbria, Central and West Lancashire

Telephone: 01772 777 220

East Lancashire, Blackburn with Darwen and Fylde Coast

Telephone: 01254 283 399

Burnley Inspire

Burnley House

37-41 Westgate

Burnley

BB11 1RY

01254 495 382

eastlancs.info@cgl.org.uk

Nicola Major

District Manager

07825 021 477

Activities

COTS Ministries operates over three locations, the hub of COTS ministries is within the Bethesda Church complex where several different ministries and activities take place. In addition, COTS Ministries operates in Barnoldswick, and in Preston. Outreach work is also undertaken off-site including delivering Christian-based recovery programmes in Churches, Probation hostels, and Prisons.

Location: Burnley

Church on the Street (Bethesda Church) 1 Bethesda Street, Burnley BB11 1PR

Overview of the different activities:

- Cafe
- Food and clothing bank
- Hot showers
- Counselling
- 12 step programme - one to one and group work
- Recovery Academy: small groups of people in recovery - teaching and group work in classroom setting
- Medical room - used by the NHS for: wound dressing, physical health assessments, mental health assessments
- Partnerships use the cafe area: CAB, Inspire, Red Rose Recovery, Elisha House,
- Needle Exchange

Church Activities on a Sunday

- Kids Church on Sunday
- Church on Sunday

Details of activities including dates and times can be found at: www.cots-ministries.co.uk

Location: Barnoldswick

Loaves and Fishes Community Cafe: 11 Church Street, Barnoldswick

Overview of different activities:

- Hot food and drink
- Food bank
- Listening and Prayer support

Charity Shop: 29 Church Street, Barnoldswick:

- Charity Shop; Just for Kids

Charity Shop: 2-8 Fern Lea Avenue, Barnoldswick

- Chaity Shop

Location: Preston

33 Lune Street, Preston, PR1 2NN

- Mid-Week worship service
- Worship and Prayer Evening
- Bible Study
- Food Bank

Safeguarding with Activities and Groups:

It is the expectation of COTS Ministries that ALL activities undertaken as part of COTS are risk assessed and that reference is made to the Safeguarding Officer for inclusion within the safeguarding policy.

This would include for example those providing counselling, providing a copy of their own insurance policy, and the name of their clinical or professional supervisor, and details of their registration with professional bodies.

Where working with external agencies such as the National Probation Service for example where providing Keep Fit, that an appropriate risk assessment is carried out, suitable insurance is in place, and a written agreement is signed by the NPS and COTS Ministries.

All other activities should be risk assessed.

Best Practice Guidelines for staff and volunteers within COTS Ministries

Codes of Conduct

The leadership at COTS are committed to supporting all workers and ensuring they receive support and supervision. All workers will be issued with a code of conduct towards children, young people and adults.

Our code of conduct towards children, young people and adults have been drawn up in consultation with our Safeguarding Officer and leaders of all activities which all workers agree to follow. It is important there is a culture of dignity and respect towards those being cared for. This can be achieved by workers:

- understanding our safeguarding policy and good working practice
- listening to children, young people and adults.
- respecting boundaries and privacy of those being cared for

Code of Safer Working Practice

All those working on behalf of the church with children, young people and adults Must:

- Treat all individuals with respect and dignity
- Ensure that their own language, tone of voice, and body language is respectful.
- Ensure that children, young people and adults know who they can talk to about a personal concern.

- Record and report any concerns about a child, young person or adult and/or the behaviour of another worker with their activity leader and/or Safeguarding Officer. Sign and date the record
- Obtain written consent for any photographs/videos to be taken, shown, displayed or stored
- Administer any First Aid with others around.

In addition, for children and young people must:

- Always aim to work with or within sight of another adult
- Ensure another adult is informed if a child needs to be taken to the toilet. Toilet breaks should be organised for young children.
- Respond warmly to a child who needs comforting but make sure there are other adults around.
- Ensure that the child and parents are aware of any activity that requires physical contact and its nature before the activity takes place.

Must not:

- Invade an individual's privacy whilst washing and toileting.
- Use any form of physical punishment
- Be sexually suggestive about or to an individual.
- Scapegoat, ridicule or reject an individual or group.
- Permit abusive peer activities e.g. initiation ceremonies, ridiculing or bullying.
- Show favouritism to any one individual or group.
- Allow an individual to involve you in excessive attention seeking.
- Allow unknown adults access to children, young people and adults that may be vulnerable. Visitors should always be accompanied by an approved person.
- Allow strangers to give children, young people and adults who may be vulnerable in the group, lifts.
- Befriend children, young people and adults who may be vulnerable on social media.
- Take photographs on personal phones or cameras as this means that images are stored on personal devices.

In addition, for children and young people, must not:

- Give lifts to children you are supervising, on their own or your own (unless there are exceptional circumstances e.g. in an emergency for medical reasons or where parents fail to collect a child and no other arrangements can be made to take a child home. In such situations, the circumstances and your decision must be recorded and shared with an appropriate person at the earliest opportunity).
- Smoke or drink alcohol in the presence of children and young people.
- Arrange social occasions with children and young people (other than events which also include adult family members/carers) outside organised group occasions.

Acceptable Touch

Sympathetic attention, humour, encouragement and appropriate physical contact are needed by children and adults. Some physical contact with children, particularly younger children, is wholly appropriate. The following guidelines regarding touching are suggested:

Always ask permission.

- Be mindful of your body position.
- Keep everything public. A hug in the context of a group is very different from a hug behind closed doors.
- Touch should be in response to a child's needs and not related to the worker's needs. It should be age appropriate, welcome and generally initiated by the child, not the church officer.
- Avoid any physical contact that is or could be construed as sexual and/or abusive/offensive.
- Allow the child to determine the degree of physical contact with others except in exceptional circumstances (e.g. when they need medical attention).

In addition:

- You can allow people you support to give you brief hugs if you feel comfortable with this.
- You can allow people you support to hold hands or link arms with you to help with travel and stability.
- You should discourage people you support from touching your face. You can offer your hand instead.
- You should discourage people you support from sitting on your lap. You can offer to sit side by side.
- You should avoid using touch if the person you support is very distressed and is unlikely to tolerate it.

Church groups that involve children need to ensure good practice standards across a wide range of areas including: recruitment of group leaders; DBS checking; staffing ratios; suitability of premises; health and safety arrangements; and facilities for children with special needs.

The minimum staffing levels for groups should be as follows:

0 – 2 years 1 adult to 3 children

2 – 3 years 1 adult to 4 children

4 – 8 years 1 adult to 6 children

9 – 12 years 1 adult to 8 children

13 – 18 years 1 adult to 10 children

Each group should have at least two workers, even for smaller groups, and if possible one male and one female. Staff ratios for all groups should always be based on a risk assessment. For example, staffing numbers would need to be increased for outdoor activities and more so if that

activity is considered higher risk, potentially dangerous or when children with disabilities or special needs are involved.

Safer Recruitment

As a leadership we 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 shortlisted have been interviewed
- Safeguarding has been discussed at interview
- Written references have been obtained, and followed up where appropriate
- A criminal records disclosure has been completed
- Qualifications where relevant have been verified
- An induction programme will be provided including undertaking safeguarding training.
- The applicant has completed a probationary period

Safer Recruitment Procedures

All staff (paid workers and volunteers) are safely recruited in line with best practice. This includes completing an application form, being interviewed, references being obtained and for all staff who qualify for a Disclosure and Barring Service (DBS) criminal record check will be obtained at the appropriate level e.g. for those staff working with children a DBS disclosure check for working with children at enhanced level including a barred list check. Additionally, all workers will be provided with an induction and will undertake a three month probationary period before their position is made permanent.

Training

All staff (both paid staff and volunteers) will undertake safeguarding training as part of their induction, and will have refresher safeguarding training every two years, at Level 2. Those with designated safeguarding responsibility will have Level 3 safeguarding training, with refresher training every two years.

Pastoral Care: Supporting victims and survivors of abuse and all those affected

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. We will support survivors in accessing counselling and support organisations.

Pastoral Care: Ensuring our church provides as safe an environment as possible: managing sexual offenders and others who may pose a risk

Where we become aware that someone who is attending COTS is known to have abused children or adults at risk, or is under investigation for such behaviour, or has behaved in such a manner as to present as a risk - under these circumstances the Leadership, through our Safeguarding will meet with the individual to discuss the level of supervision and pastoral support that will be required to protect children and adults with care and support needs. This will result in a safeguarding agreement being written which will set the boundaries the individual will be expected to keep. This will be informed by a risk assessment and through consultation with the statutory authorities as appropriate.

Appendix 1: Statutory Definitions of Abuse (Children)

The definitions of abuse below operate in England based on the government guidance 'Working Together to Safeguard Children, London, July 2018

Abuse

A form 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 others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children

Physical abuse

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

Emotional abuse

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 a child 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 a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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. Sexual abuse can take place online, and technology can be used to

facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

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)
- 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. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

Appendix 2: Statutory 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. Care Act -

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

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 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.

Appendix 3: Reporting a 'Serious Incident' to the Charity Commission

Under Charity Commission regulations a Serious Incident occurs where a result has, or could, entail '...a significant loss of funds or a significant risk to the charity's property, work, beneficiaries or reputation. They should be reported as soon as possible.

As far as allegations of abuse are concerned Charity Commission guidance states:

'You should report this if any one or more of the following occur:

- There has been an incident where the beneficiaries of your charity have been or are being abused or mistreated while under the care of your charity or by someone connected with your charity such as a trustee, member of staff or volunteer
- There has been an incident where someone has been abused or mistreated and this is connected with the activities of the charity.
- Allegations have been made that such an incident may have happened regardless of when the alleged abuse or mistreatment took place
- You have grounds to suspect that such an incident may have occurred.'

The Charity Commission states that these are 'zero tolerance' issues which would always be investigated by them. Serious incidents also include not having adequate safeguarding policies in place and failure to carry out Disclosure checks on workers and trustees (where legally possible); in summary, anything that could affect the good reputation of the charity.

Those charities whose incomes exceed £25,000 must declare all Serious Incidents as part of their Annual Returns. Failure in the latter respect also signifies failure regarding the charity's legal obligations. Charities can make a report in the following ways:

- Writing to Charity Commission Direct, P O Box 1227, Liverpool L69 3UG
- Telephoning 0845 300 0218
- E-mailing RSI@charitycommission.gsi.gov.uk

The guidance and further information can be found on the charity Commission website: www.charitycommission.gov.uk

Appendix 4: Signs of Possible Abuse (Children)

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
- appropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent redness
- Running away/stealing/lying

Neglect

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

The Lancashire Connum of Need provides 4 levels to described family circumstances

LEVEL 1 Universal – thriving

LEVEL 2 Additional Support Needs – Just coping

LEVEL 3 Complex Support Needs – Struggling to Cope

LEVEL 4 Intensive Needs – Not Coping



Appendix 5: Signs of Possible Abuse (Adults)

Physical abuse

Cuts and bruises don't necessarily mean a child is being physically abused – all children have accidents, trips and falls. Physical abuse includes: Hing, slapping and beating, shaking, pinching, throwing and pushing, kicking, burning, drowning and hair pulling, suffocating, poisoning and using inappropriate restraint

Indicators

- Any injuries not consistent with the explanation given for them
- Cuts, lacerations, puncture wounds, open wounds, welts
- Bruising and discolouration particularly in places not normally exposed to falls, rough games etc.
- Bruising around the eyes, burns, broken bones and skull fractures
- Any injury that has not received medical attention or been properly cared for
- Poor skin condition or poor skin hygiene
- Loss of hair, loss of weight and change of appetite
- Repeated or unexplained tummy pains
- Flinching at physical contact
- Wearing inappropriate clothes such as keeping fully covered, even in hot weather;
- Person appears frightened or subdued in the presence of a particular person

Sexual Abuse

Rape, sexual assault or sexual acts to which the person has not consented, could not consent or was pressurised into consenting, indecent assault, incest, being forced to touch another person in a sexual manner without consent. Indecent exposure, being forced to watch pornographic material or sexual acts.

Indicators

- Emotional distress
- Preoccupation with anything sexual and age-inappropriate knowledge of sexual behaviour
- Mood changes
- Expressions of feelings of guilt or shame
- Itching, soreness, bruises or lacerations, particularly around the genital areas
- Difficulty in walking or sing, or unexplained vaginal or anal bleeding
- A child who is sexually provocative or seductive with adults
- Disturbed sleep patterns
- Torn, stained or bloody underclothing
- Significant changes in sexual behaviour or outlook
- Eating disorders
- Promiscuity or prostitution

- Comments such as “I’ve got a secret”,
- Fear of certain places e.g. bedroom or bathroom

Emotional Abuse

Mocking, coercing, threatening or controlling behaviour, bullying, intimidation, harassment or humiliation, making someone feel worthless, a lack of love or affection or ignoring the person

Indicators

- Changes in mood, attitude and behaviour
- Changes in sleep pattern or persistent redness
- Loss of appetite
- Helplessness or passivity
- Confusion or disorientation
- Implausible stories and attention seeking behaviour
- Low self-esteem
- Inappropriate relationships with peers or adults
- Bed-wetting or bed soiling that has no medical cause
- Has not attained significant developmental milestones
- Severe symptoms of depression, anxiety, fear, withdrawal or aggression

Neglect

Failing to provide access to appropriate health, social care or education services, failing to provide a warm, safe and comfortable environment, ignoring medical or physical care needs, including not providing adequate food or not clothing them sufficiently, leaving alone or unsupervised

Indicators

- Looking unkempt or dirty and has poor personal hygiene
- Inadequately supervised or left alone for unacceptable periods of time
- Malnourished, sudden or continuous weight loss, dehydrated, constant hunger, gorging on food
- Dressed inappropriately for the weather conditions
- Untreated medical conditions, pressure sores, rashes, lice on the person
- Depression
- Prolonged isolation or lack of stimulation
- Demonstrates severe lack of attachment to other adults

Financial Abuse

Theft, fraud or embezzlement of monies, benefits or goods, exploitation or profiteering, applying pressure in connection with wills, property or inheritance, or financial transactions.

Indicators

- Unexplained loss of money
- Missing personal belongings such as art, jewellery and silverware
- Deterioration in standard of living, not having money as usual to pay for shopping or regular outings
- Inability to pay bills, gong into debt
- Sudden changes in a person's finances
- Person unable to access their own money or check their own accounts
- Cheques being signed or cashed by other people without someone's consent
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money

Discriminatory Abuse

Ageist, racist, sexist, or abuse based on a person's disability, abuse linked to a person's sexuality, harassment, slurs or similar treatment, withholding services without proper justification, or lack of disabled access to services and activities.

Indicators

- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender or sexuality

Institutional Abuse

The inability of an institution to safeguard people from emotional or even physical harm and neglect, having fixed rules and routines by which people are controlled, people prevented from doing things that are their rights, no access to personal possessions or personal allowance.

Indicators

- Being routinely referred to in a condescending fashion
- Disrespectful language and attitudes
- Being spoken to or treated like a child
- A person's privacy and dignity is routinely compromised
- No evidence of support services care plans that focus on the individual's needs

Appendix 6: Lancashire Safeguarding Assurance Partnership

<http://www.lancshiresafeguarding.org.uk/>

Concerns about a child should be reported on 0300 123 6720 or out of hours 0300 123 6722 (8pm - 8am)

Social Care Referrals

Lancashire The Customer Service Centre 0300 123 6720

Email address for referrals cypreferrals@lancashire.gov.uk

Emergency Duty Team (Out of Hours) 0300 123 6721/3

Adult Social Care Services Telephone: 0300 123 6721

Abuse can be reported online using the following link to the Alert Form:

[hp://lancashire.firmstep.com/default.aspx/RenderForm/?F.Name=YoA2DRjkZAS&HideToolbar=1](http://lancashire.firmstep.com/default.aspx/RenderForm/?F.Name=YoA2DRjkZAS&HideToolbar=1)

Lancashire Police Telephone: 0845 125 3545

Appendix 7: TALKING AND LISTENING TO CHILDREN

If a child wants to confide in you, you SHOULD

- Be accessible and receive;
- Listen carefully and uncritically, at the child's pace;
- Take what is said seriously;
- Reassure children that they are right to tell;
- Tell the child that you must pass this information on;
- Make sure that the child is ok;
- Make a careful record of what was said

You should NEVER

- Investigate or seek to prove or disprove possible abuse;
- Investigate, suggest or probe for information;
- Make promises about confidentiality or keeping 'secrets' to children;
- Assume that someone else will take the necessary action;
- Jump to conclusions, be dismissive or react with shock, anger, horror etc;
- Speculate or accuse anybody;
- Confront another person (adult or child) allegedly involved;
- Offer opinions about what is being said or the persons allegedly involved;
- Fail to pass this information on to the correct person
- If you do need to ask questions, what is and isn't OK?
- Never asked closed questions i.e. ones which children can answer yes or no to e.g. Did he touch you?
- Do ask open questions and allow a child to describe things at their own pace and language;
- Never make suggestions about who, how or where someone is alleged to have touched, hit etc e.g. Top or bottom, front or back?

Recordings should

- State who was present, me, date and place;
- Be written in ink and be signed, where written electronically, they should be printed off and signed;
- Use the child's words wherever possible;
- Be factual in stating exactly what was said.