



NEW · LIFE
C H U R C H

Safeguarding Policy

October 2023

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The Safeguarding Policy: Section 1

Details of your place of worship/organisation

Name of Place of Worship / Organisation: **New Life Church**

Address: **Normanton Road**

Derby

DE23 6UU

Tel No: 01332 349056

Email address: Office@newlifederby.org.uk

Membership of Denomination/Organisation: Assemblies of God

Charity Number(s): 1121508

Company Number: 06032785

Regulators details (if any): Charity Commission

Insurance Company: ANSVAR (Employers liability insurance)

The following is a brief description of New Life Christian Centre's work and the type of activities we are involved in which may include children or Adults at Risk:

As an Assemblies of God is seeking to build churches in the UK and across the world consisting of a rich diversity of cultures that are open to people of all nationalities, ages and backgrounds. Our churches meet together to worship God and to care for one another whilst also seeking to reach out to people in their immediate community, the wider area and across the world. We do this through an extensive variety of activities which may include among other things Sunday services, small groups, educational programmes, medical aid, alleviation of poverty and activities for the elderly, Adults at Risk, young people and children. As part of our mission we also have departments who seek to prepare and equip people for ministry in the local church, the workplace and for overseas mission.

Our commitment to Safeguarding

As the Leadership†, we recognise the need to provide a safe and caring environment for children, young people and Adults at Risk. We acknowledge that children, young people and Adults at Risk 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.” We also accept the guidance laid out in Working Together to Safeguard Children 2013 and acknowledge that “safeguarding children is everyone’s responsibility” and that “everyone who comes into contact with children and families has a role to play.”

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 appendices are based on the ten ‘**Safe and Secure**’ safeguarding standards published by the Churches' Child Protection Advisory Service (CCPAS) and have been prepared in line with the New Life Church Leadership Team’s commitment to Safeguarding.

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 Disability Discrimination Act 1995 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 at Risk
- file a copy of any amendments subsequently published in the same manner
- not to allow the document to be copied by other organisations.

†Throughout this policy document, ‘Leadership’ refers to anybody of individuals with overall responsibility for the church or organisation.

The Safeguarding Policy: Section 2

Recognising and responding appropriately to an allegation or suspicion of abuse

UNDERSTANDING ABUSE & NEGLECT

Defining child abuse or abuse against an Adult at Risk 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 at Risk.

In order to safeguard those in our places of worship and organisations 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.

Article 19, UN Convention on the Rights of the Child

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

NB. Detailed definitions of abuse are included at appendix 3 of this policy.

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

Article 5, UN Universal Declaration of Human Rights

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 receive induction training and undertake appropriate safeguarding training on a regular basis, which should cover signs and symptoms of abuse and how to respond as a minimum.

The Leadership will also ensure that children and Adults at Risk 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. Follow procedures as below (with reference to the flowchart at Appendix 4 & 5):

- The person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to:

(Name) Andrew Robinson

(Position) Safeguarding Coordinator

(Telephone/Mobile) 01332 349056 / Mobile 07969088368

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:

(Name) Roshni Mathew

(Position) Deputy Safeguarding Coordinator

(Telephone) 01332 349056

If the suspicions implicate both the Safeguarding Co-ordinator and the Deputy, then the report should be made in the first instance to: Derby Social Care or the Police.

- Where the concern is about a child the Safeguarding Co-ordinator should contact Children's Social Care. Where the concern is regarding an adult in need of protection, contact Adult Social Services. The local **Children's Social Services** office telephone number (office hours) is 01332 641172
The out of hours emergency number is 01332 641172

The local **Adult Social Services** office telephone number (office hours) is 01332 640777

The out of hours emergency number is 01332 786968

The Police Child Protection Team telephone number is 101 or emergency 112 or 999

NSPCC telephone 08088005000 (24hr line)

- Where required the Safeguarding Co-ordinator should then immediately inform strategic personnel within the denomination as follows:

(Name) Henry Ita

(Position) Senior Pastor

(Telephone) 01332 349056

- 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 NSPCC.
- 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 NSPCC, although the Leadership hope that members of the place of worship / organisation 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. It is not the role of the Safeguarding Coordinator to investigate allegations and concerns.

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:

- Seek medical help if needed. In urgent cases telephone 999.

- Contact Children's Social Care 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.
- 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.

ALLEGATIONS OF SEXUAL ABUSE

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

- Contact the Derby Children's Social Services 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 NSPCC if, for any reason they are unsure whether or not to contact Children's Social Services/Police.

SUSPICIONS OR ALLEGATIONS OF PHYSICAL OR SEXUAL ABUSE

If an adult at risk has a physical injury or symptom of sexual abuse the Safeguarding Co-ordinator/Deputy will:

- Discuss any concerns with the individual themselves giving due regard to their autonomy, privacy and rights to lead an independent life.
- If the adult at risk is in immediate danger or has sustained a serious injury contact the Emergency Services, informing them of any suspicions.
- For advice contact the Adult Social Care Adults at Risk Team who have responsibility under Section 47 of the NHS and the Care Act 2014.

Further guidance about signs and symptoms of abuse of Adults at Risk and reporting and responding to abuse of Adults at Risk can be found in the separate document 'Guidance for Protecting Adults at Risk'.

ALLEGATIONS OF ABUSE AGAINST A PERSON WHO WORKS WITH CHILDREN

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 without delay inform:

- the Derby Children's Social Services (following the Derby Safeguarding Children Board (DSCB) procedures) in regards to the suspension of the worker, and discuss
- also making a referral to a Local Authority Designated Officer (LADO) as follows:

(Name) Derby Children Services

(Position) Local Authority Designated Officer

(Telephone) 01332 717818

NB. There may also be a requirement under law to make a referral to the Disclosure and Barring Service (DBS) who hold the lists of people barred from working with children and Adults at Risk – this will require discussion with the LADO (please note that LADO's exist only in England – other nations should use the usual channels of communication with children's services or their equivalent).

The Safeguarding Policy: Section 3

Prevention

Safer Recruitment

Having in place a range of mechanisms and understood practices surrounding the recruitment of staff and volunteers is an essential element in our safeguarding arrangements. Safer recruitment practices will assist us in ensuring that we have the opportunity to prevent those we would not want working with children and Adults at Risk from doing so at the earliest point.

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 role description / person specification for the post
- Those applying have completed a standard application form and a self-declaration form
- Those short listed have ALL been interviewed
- Roles and attitudes regarding safeguarding have been discussed at interview
- Written references have been obtained for ALL candidates, and followed up verbally where appropriate
- A Disclosure & Barring Service (DBS) disclosure is completed (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information) prior to the successful candidate commences employment
- Qualifications where relevant have been verified
- A suitable induction training programme (including safeguarding) is provided for the successful applicant
- The successful applicant completes a probationary period
- The applicant has been given a copy of this safeguarding policy and knows how to report concerns.

Safer recruitment practices should be used regardless of the setting or activity where workers are working with either children or Adults at Risk. In addition, the same principles and practices should be adopted for workers undertaking international missions (see Appendix 6).



'Recruiting Safely: helping to keep children and young people safe' (CWDC, 2009).

Management of Workers – Codes of Conduct

As Leadership we 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 at Risk. The Leadership undertakes to follow the principles found within the 'Abuse Of Trust' guidance issued by the Home Office and it is therefore unacceptable for those in a position of trust to engage in any behaviour which might allow a sexual relationship to develop for as long as the relationship of trust continues.

A code of conduct towards children, young people and Adults at Risk should be drawn up 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 the organisation's safeguarding policy and good working practice
- listening to children, young people and Adults at Risk.
- respecting boundaries and privacy of those being cared for
- knowing how to deal with issues of discipline in line within the organisation's code of conduct
- developing an awareness of disability issues as well as issues of equality and inclusion

Management of Workers – Training and Supervision

All workers, paid or voluntary, should be provided with appropriate training and given the opportunity to develop their skills as well as feel supported and valued by the organisation for which they work. When this happens workers will be more inclined to express concerns over issues that arise and it will also help to ensure a high level of care, professionalism and expertise towards those being cared for.

As a Leadership, we commit to ensuring all workers are supervised (where possible by a named individual who arranges regular meetings) where concerns or issues can be raised, work related or personal. It is also the role of the supervisor to ensure all training needs are met. Where supervision with a named individual is not possible, or impractical, group supervision may be used as an alternative as this can maximise resources and allows for the sharing of issues and concerns.

Management of Workers - Team Meetings

The leadership recognises the importance of team meetings. These should be convened on a regular basis and should provide an opportunity for ideas and issues to be aired, concerns expressed and feedback given.

Management of Workers - Whistle blowing

In addition to effective management of allegations against staff, there needs to be a mechanism in place such as supervision or meetings with a team leader for workers to be able to raise any concerns (e.g. improper

actions or omissions) about other workers, with impunity. Commonly known as 'whistle blowing', the reporting principles are contained in the Public Disclosure Act 1998.

The Safeguarding Policy: 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 the place of worship / organisation.

Pastoral care is varied by nature and you should ensure that you have appropriate support and permissions before you embark upon supporting somebody with the often complex issues created by past abuse. You may be in a suitable position to provide general pastoral support. However, it is important that you encourage individuals with complex issues to seek out professional psychological support and make the safeguarding coordinator(s) aware of any concerns.

Professional psychological support may involve a self-referral to the Association of Christian Counsellors (ACC), the NHS 'Talking Mental Health' service or Trent Psychological and Therapeutic Services (PTS) who will be able to put you in contact with trained individuals who may be able to offer support. ACC also produce a Pastoral Skills training course that can be delivered in your church/organisation by somebody experienced in pastoral care.

Home Churches

If safeguarding concern has arisen within your home church, please contact a safeguarding coordinator:

Andy Robinson andy.robinson@newlifederby.org.uk or 07969088368

Or

Roshni Mathew Roshni.mathew@newlifederby.org.uk 01332 349056

If you require pastoral support as a home church pastor (no safeguarding issues identified), please email the office outlining this general request office@newlifederby.org.uk We will endeavour to seek out the most suitable pastoral support for your situation.

Working with offenders

When someone attending the place of worship / organisation is known to have abused children or Adults at Risk or has been charged but not yet convicted of abusing children or Adults at Risk, the Leadership will supervise the individual concerned and offer pastoral care, but in its safeguarding commitment to the protection of children and Adults at Risk, set boundaries for that person which they will be expected to keep. This may involve the use of risk assessments and supervision agreements and contact with probation and/or the police.

Pastoral care will be offered without prejudice to all those who require it. This may also include a known offender. Where pastoral care is offered to both the person affected by abuse and the known offender, this should be offered by different people who are able to support those concerned impartially and effectively.

The Safeguarding Policy: Section 5

Practice Guidelines

As an organisation / place of worship working with children, young people and Adults at Risk 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 accusation.

As well as the general Code of Conduct for workers we also have access to specific good practice guidelines for a range of activities that can be adopted.

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 at Risk. This can be because of cultural tradition, belief and religious practice or understanding, for example, of what constitutes abuse.

We therefore have clear guidelines regarding 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 a letting agreement will have their own policy that meets New Life Church' 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 at Risk and to all those with whom we work in partnership. This safeguarding policy is just one means of promoting safeguarding.



'Guidance for Safer Working Practice for Adults who Work with Children and Young People' (DCSF, 2009).

Approvals

Signed by: _____

Print Name: _____

Position (On behalf of the Leadership): _____

Date: _____

Signed by: _____

Print Name: _____

Position (Safeguarding Coordinator): _____

Date: _____

Signed by: _____

Print Name: _____

Position (Deputy Safeguarding Coordinator): _____

Date: _____

Signed by: _____

Print Name: _____

Position: _____

Date: _____

Signed by: _____

Print Name: _____

Position: _____

Date: _____

Signed by: _____

Print Name: _____

Position: _____

Date: _____

This policy will be reviewed annually and amendments made as necessary.

The Safeguarding Policy: Appendix 1

Leadership Safeguarding Statement

The Leadership 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.

The following statement was agreed by the leadership on: _____

This place of worship/organisation is committed to the safeguarding of children and Adults at Risk 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 at Risk and to report any such abuse that we discover or suspect.
- We recognise the personal dignity and rights of Adults at Risk 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 at risk.

We are committed to:

- Following the requirements for UK legislation in relation to safeguarding children and Adults at Risk 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 at risk.
- Ensuring that everyone agrees to abide by these recommendations and the guidelines established by this place of worship/organisation.
- Supporting parents and families and ensuring that the place of worship/organisation is a safe place for all
- 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.

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 a Adult at Risk.
- 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 (in international mission activity), safeguarding practice maintains its importance and allegations or concerns will be reported in line with the procedures detailed in Appendix 6.
- 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 at Risk then speak to one of the following who have been approved as safeguarding co-ordinators for this place of worship/organisation

(Name) **Andrew Robinson** Safeguarding Coordinator

(Name) **Roshni Mathew** Deputy Safeguarding Coordinator

A copy of the full policy and procedures is available from the **office**

Signed by leadership/organisation

Signed _____

Date _____

The Safeguarding Coordinator:

Appendix 2

The Role of a Church Safeguarding Coordinator

Context

We believe that children and adults at risk deserve the best possible care that the church can provide and that the church should be a safe place for everyone involved.

We recognise and give thanks for the time and devotion given by anyone carrying out this role.

Purpose of the role:

- To coordinate safeguarding policy and procedure in the church.
- To be the first point of contact for safeguarding issues.
- To be an advocate for good safeguarding practice in the church.

Responsibilities

To coordinate safeguarding policy and procedure in the church

- To familiarise themselves with church policies, procedures and good practice guidelines in safeguarding and to keep abreast of any changes and developments.
- To ensure that church policies and procedures are reviewed annually, kept up to date, and are fit for purpose.
- To make others in the church aware of the church safeguarding policies and procedures.
- To ensure safer recruitment practices are operated in the recruitment of all workers (both volunteers and paid) including, but not exclusively, ensuring that the relevant workers have up to date Disclosure and Barring Service (DBS) / Protecting Vulnerable Groups scheme (PVG) checks.

To be the first point of contact for safeguarding issues

- To be a named person that children / adults at risk, church members and outside agencies can talk to regarding any issue to do with safeguarding.
- To be aware of the names and telephone numbers of appropriate contacts within Social Care and the Police in the event of a referral needing to be made.
- To be aware of when to seek advice, and when it is necessary to inform Social Care, the Police or the Local Authority Designated Officer (LADO) or the equivalent in Scotland and Wales of a concern or incident.
- To take appropriate action in relation to any safeguarding concerns which arise within the church.

- To cooperate with Social Care or the Police in safeguarding investigations relating to people within the church.
- To ensure that appropriate records are kept by the church and that information in relation to safeguarding issues is handled confidentially and stored securely.
- To inform the Safeguarding Coordinator at the time of any referrals made to the statutory authorities, or of any information received from the statutory authorities.
- To report summary safeguarding information annually to the Safeguarding Coordinator to enable them to monitor safeguarding in the church.

To be an advocate for good safeguarding practice in the church

- To promote sensitivity within the church towards all those affected by the impact of abuse.
- To promote positive safeguarding procedures and practice and ensure procedures are adhered to.
- To arrange and/or promote opportunities for training in safeguarding to any relevant members of the leadership team and congregation, including both paid staff and volunteers.
- To update their own safeguarding training every three years.
- To seek appropriate support and advice in carrying out this role.
- To make arrangements for a suitable person to carry out this role when they are on leave, and to publicise who this is and the dates of the alternative arrangements.

The Safeguarding Policy: Appendix 3

Statutory Definitions of Abuse (Children)

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. They may be abused by an adult or adults or another child or children.

Child protection legislation throughout the UK is based on the United Nations Convention on the Rights of the Child. Each nation within the UK has incorporated the convention within its legislation and guidance.

ENGLAND

The four definitions of abuse below operate in England based on the government guidance 'Working Together to Safeguard Children (2015)'.

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.

Bullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group).

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm). All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti bullying strategies.

Signs of abuse

Recognising child abuse is not easy. It is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk of harm from someone. You do however, have both a responsibility and duty, as set out in your organisation's child protection procedures, to act in order that the appropriate agencies can investigate and take any necessary action to protect a child.

The following information should help you to be more alert to the signs of possible abuse.

Physical Abuse

Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place sometime later.

The physical signs of abuse may include:

- unexplained bruising, marks or injuries on any part of the body
- multiple bruises- in clusters, often on the upper arm, outside of the thigh
- cigarette burns
- human bite marks
- broken bones
- scalds, with upward splash marks

- multiple burns with a clearly demarcated edge

Changes in behaviour that can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example in hot weather
- depression
- withdrawn behaviour
- running away from home

Emotional Abuse

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate emotional abuse include:

- neurotic behaviour e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- sudden speech disorders
- self-harm
- fear of parent being approached regarding their behaviour
- developmental delay in terms of emotional progress

Sexual Abuse

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- pain or itching in the genital area
- bruising or bleeding near genital area
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- Pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home

- sexual knowledge which is beyond their age, or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

Neglect

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- constantly dirty or 'smelly'
- loss of weight, or being constantly underweight
- inappropriate clothing for the conditions

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

Female Genital Mutilation

The World Health Organisation (WHO) states that female genital mutilation (FGM) 'comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons' (WHO, 2008). FGM is also known as female circumcision, but this is incorrect as circumcision means 'to cut' and 'around' (Latin), and it is quite dissimilar to the male procedure. It can also be known as female genital cutting. The Somali term is 'Gudnin' and in Sudanese it is 'Tahur'. FGM is not like male circumcision. It is very harmful and can cause long-term mental and physical suffering, menstrual and sexual problems, difficulty in giving birth, infertility and even death. The average age for FGM to be carried out is about 14 years old. However it can vary from soon after birth, up until adulthood.

FGM is traditionally practised in sub-Saharan Africa, but also in Asia or the Middle East. Those African countries where it is most likely to be practised include Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Mali, Sierra Leone, Somalia and Sudan. This does not mean that it is legal in these countries. There are a range of responses by individual nations: from still being legal, to being illegal but not upheld, to outright bans that are adhered to.

Girls and women from the Democratic Republic of Congo, Ghana, Niger, Tanzania, Togo, Uganda and Yemen are less likely to undergo FGM. But within these countries there are particular ethnic communities where prevalence is higher. It should also be remembered that girls and young women who are British citizens but whose parents were born in countries that practiced FGM, may also be at risk.

Mandatory reporting of FGM

On the 31st October 2015, A new mandatory duty is being introduced through the Serious Crime Act to report cases of FGM. The mandatory duty will:- Apply in cases of 'known' FGM – i.e. instances which are disclosed by the victim and/or are visually confirmed. **Professionals should report to the police via the 101 number as soon as possible (within 48 hours), as well as report into Derby Multi-Agency Safeguarding Hub (MASH).**

- Be limited to girls under 18

- Apply to all regulated health and social care professionals, as well as teachers

Main Forms of FGM

1. The World Health Organisation has classified four main types of FGM: 'Clitoridectomy which is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, rarely, the prepuce (the fold of skin surrounding the clitoris) as well;
2. Excision which is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina);
3. Infibulation which is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, and sometimes outer, labia, with or without removal of the clitoris;
4. Other types which are all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area' (WHO FGM Fact Sheet, 2008).

Consequences of FGM

Many people may not be aware of the relation between FGM and its health consequences; in particular the complications affecting sexual intercourse and childbirth which occur many years after the mutilation has taken place.

Short term health implications include:

- A. Severe pain and shock;
- B. Infections;
- C. Urine retention;
- D. Injury to adjacent tissues;
- E. Fracture or dislocation as a result of restraint;
- F. Damage to other organs;
- G. Death.

Depending on the degree of mutilation, it can cause severe haemorrhaging and result in the death of the girl / young woman through loss of blood.

Long term health implications include:

- A. Excessive damage to the reproductive system;
- B. Uterus, vaginal and pelvic infections;
- C. Infertility;
- D. Cysts;
- E. Complications in pregnancy and childbirth;
- F. Psychological damage;
- G. Sexual dysfunction;
- H. Difficulties in menstruation;
- I. Difficulties in passing urine;
- J. Increased risk of HIV transmission.

Signs and Indicators

Some indications that FGM may have taken place include:

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin
- A professional may hear reference to FGM in conversation. For example, a girl may tell other children about it.
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk
- The girl's parents or close relatives may indicate they plan to take the child out of the country for a prolonged period
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent

Indicators that a girl or woman has already been subjected to FGM:

- A girl or woman may have difficulty walking, sitting or standing
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating
- A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems

Bullying

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating

Persistent bullying can result in:

- depression
- low self-esteem
- shyness
- poor academic achievement
- isolation
- threatened or attempted suicide

Signs that a child may be being bullied can be:

- coming home with cuts and bruises
- torn clothes
- asking for stolen possessions to be replaced
- losing dinner money
- falling out with previously good friends
- being moody and bad tempered
- wanting to avoid leaving their home
- aggression with younger brothers and sisters
- doing less well at school
- sleep problems
- anxiety
- becoming quiet and withdrawn

These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. It is important too, to remember that many children may exhibit some of these indicators at some time, and that the

presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child's development and context.

Statutory Definitions of Abuse (Adult at Risk)

When a young person reaches the age of 18 the responsibility for their wellbeing may transfer to adult service providers. Although they cease to be subject of the Safeguarding Children Procedures, some adults may continue to be vulnerable.

An "**Adult at Risk**" is defined as any person aged 18 years and over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation.

Since the publication of [ADSS Best Practice Document: 'Safeguarding Adults' \(2005\)](#), the range of people considered to be vulnerable has been widened to include, people encountering domestic violence, substance misusers and asylum seekers.

Signs of abuse can often be difficult to detect. This aims to help people who come into contact with people with care and support needs to identify abuse and recognise possible indicators. Many types of abuse are also criminal offences and should be treated as such.

Types of abuse:

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive and people may be subject to a number of abuse types at the same time.

Physical abuse

Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)

- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Domestic violence or abuse

Types of domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological
- physical
- sexual
- financial
- emotional

Domestic violence and abuse includes 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. It also includes so called 'honour' based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour

Possible indicators of domestic violence or abuse

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Adults at Risk of or have had FGM

The wishes of the woman must be respected at all times. There is no requirement for automatic referral of adult women with FGM to adult social services or the police- unless the woman is an 'adult at risk' under Safeguarding Adults regulations (and therefore is considered to be unable to protect her-self from harm). For example, an adult may have a physical or learning disability and therefore the issues of mental capacity and ability to consent need to be formally investigated. Safeguarding adults procedures would seek to provide a protection plan for and with that adult at risk who might otherwise be entirely vulnerable to harm. All professionals should be aware that any disclosure may be the first time that a woman has ever discussed FGM with anyone.

Referral to the police must not be introduced as an automatic response when identifying adult women with FGM, and each case must continue to be individually assessed. If a person over the age of 18 has had FGM, or if you have good reason to suspect they are at risk of FGM having considered their family history or other relevant factors, you will need to consider what action should be taken.

Sexual Abuse

Types of sexual abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

Possible indicators of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Psychological or emotional abuse

Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance

- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

Possible indicators of psychological or emotional abuse

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Financial or material abuse

Types of financial or material abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Possible indicators of financial or material abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person

- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

Modern slavery

Types of modern slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

Possible indicators of modern slavery

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

[Further Home Office information on identifying and reporting modern slavery](#)

Discriminatory abuse

Types of discriminatory abuse

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as '[protected characteristics' under the Equality Act 2010](#))
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Possible indicators of discriminatory abuse

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety

- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Organisational or institutional abuse

Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Possible indicators of organisational or institutional abuse

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Neglect and acts of omission

Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions

- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Possible indicators of neglect and acts of omission

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Self-neglect

Types of self-neglect

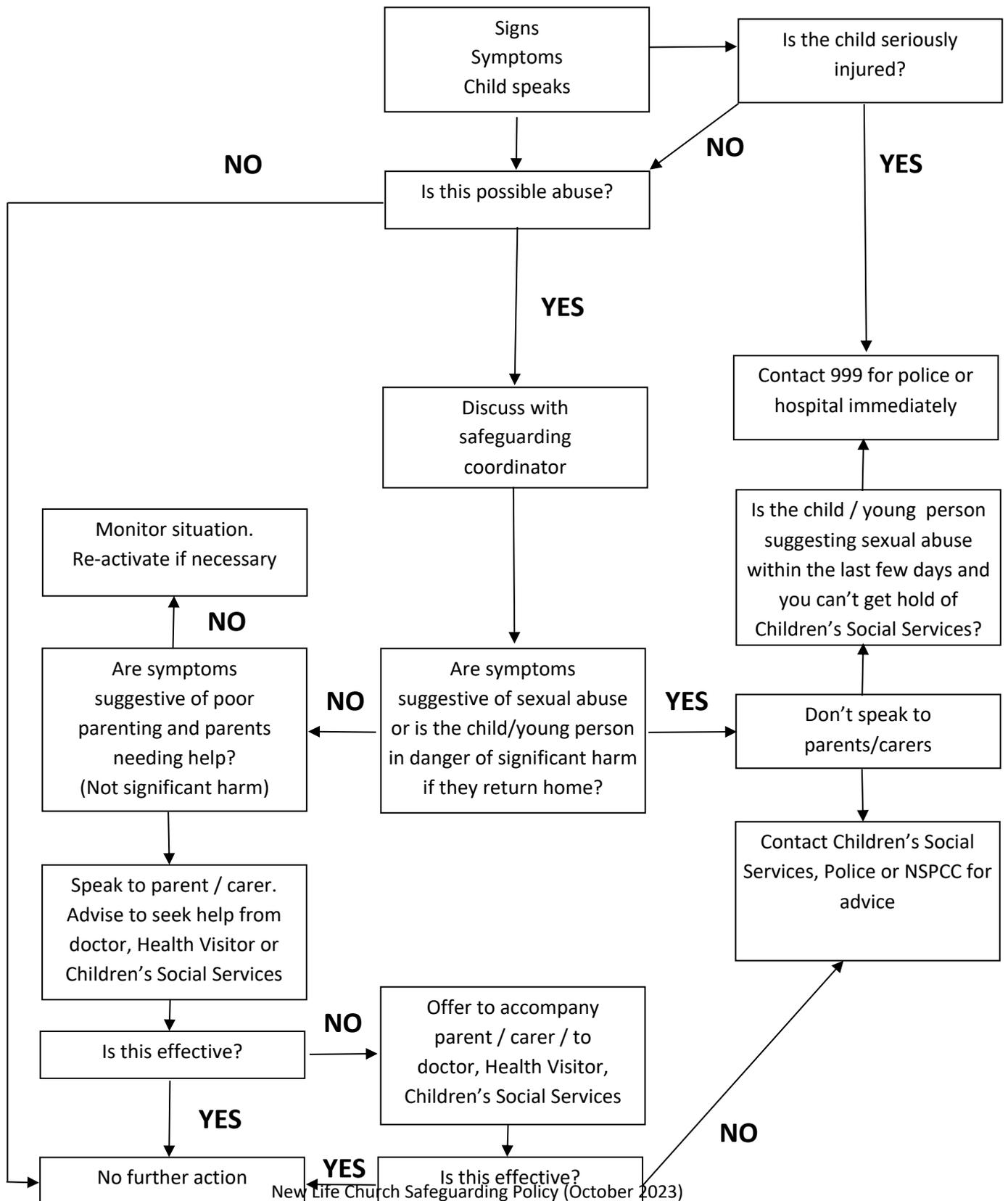
- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Indicators of self-neglect

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

The Safeguarding Policy: Appendix 4

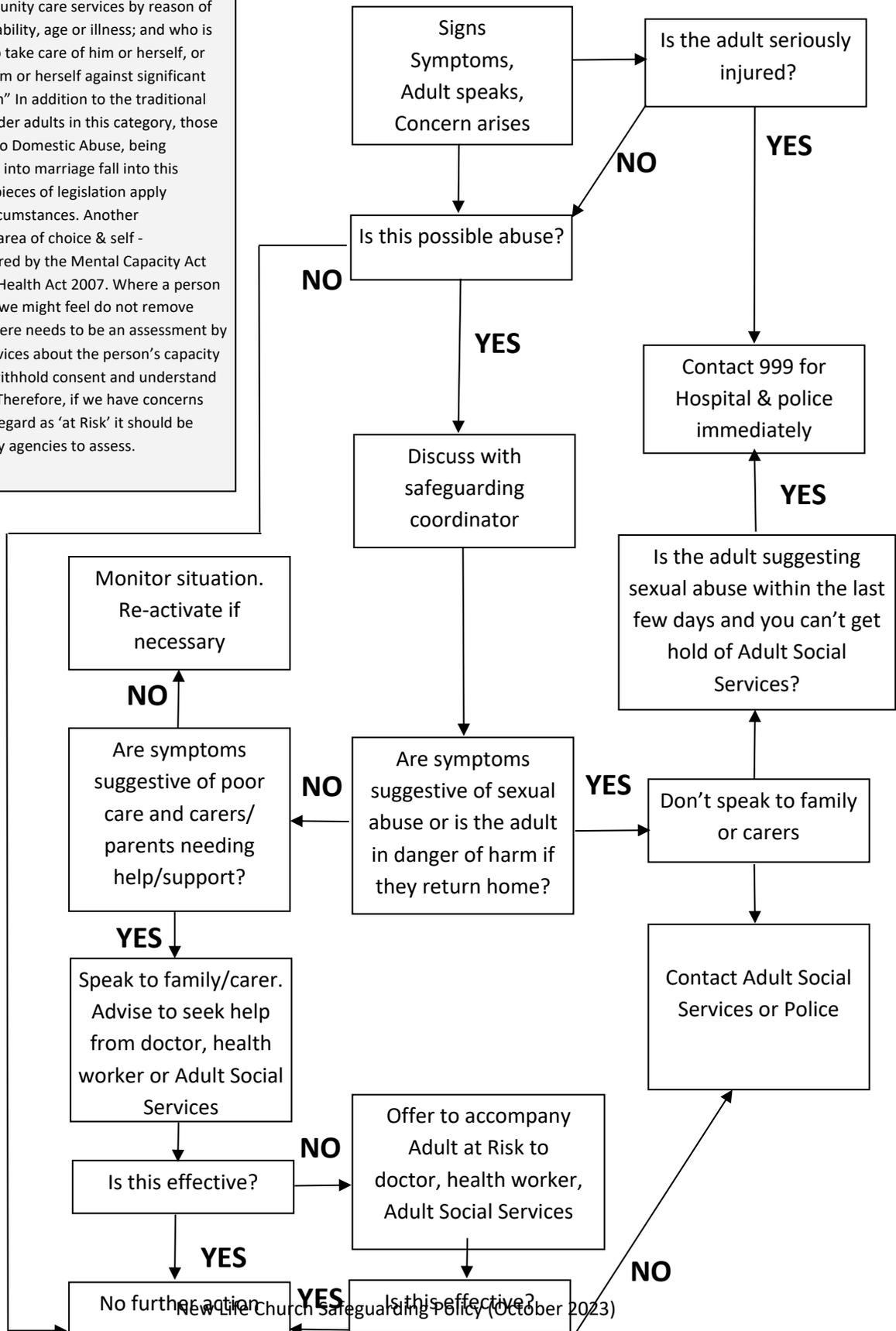
Flow Chart for Action (Children & Young People)



The Safeguarding Policy: Appendix 5

Flow Chart for Action (Adult at Risk)

A adult at risk is defined as a person “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation” In addition to the traditional understanding of older adults in this category, those who are subjected to Domestic Abuse, being trafficked, or forced into marriage fall into this definition. Various pieces of legislation apply according to the circumstances. Another complication is the area of choice & self-determination covered by the Mental Capacity Act 2005 & the Mental Health Act 2007. Where a person makes choices that we might feel do not remove them from harm, there needs to be an assessment by the Adult Social Services about the person’s capacity to choose, give or withhold consent and understand the consequences. Therefore, if we have concerns about an adult we regard as ‘at Risk’ it should be referred to statutory agencies to assess.



The Safeguarding Policy: Appendix 6

International Missions

Introduction

Safeguarding the vulnerable is no less important overseas than at home in the UK. In many ways there is greater need to ensure that our workers and the way in which they work are in adherence to our safeguarding policy as the opportunity of abuse is often far greater.

The safeguarding policy that has been adopted by the New Life Church Leadership Team, therefore applies to all our International Missions workers and volunteers overseas; whether planting/establishing churches within indigenous communities, visiting on short-term mission or placed as a long-term missionary in our many locations around the world.

Prevention of abuse

It is recognised that the cultures within which international missions are often working may adopt different standards to the care and treatment of children and young people. Nevertheless, the standards and principles adopted within the UK are expected to apply in international mission situations. The maltreatment of children and young people is contrary to Biblical values and practices and therefore cannot be tolerated.

Due regard will need to be given to the cultures within which activities are taking place, however under the expectation of applying UK standards to the practice of missions workers, some guidance may be useful.

Workers should:

- be able to recognise situations which may present risks
- plan and organise the work and workplace so as to minimise risks as far as possible and be visible to other adults when working and talking with children
- take particular care for the needs of disabled children and other vulnerable children as research has shown that abuse can often go unrecognised and unreported due to people's attitudes and assumptions about disability
- ensure that others know where interviews of children are taking place and that someone else is around in the building

Workers should **not**:

- spend excessive time alone with children
- take children to their personal home, or to stay overnight, especially where they will be alone with you

- leave any person under 16 in charge of any children of any age. However, some local/national legislation may require this to be 18 years of age. Nor should children or young people attending any group be left alone at any time.
- hit or otherwise physically assault children
- develop physical/sexual relationships with children
- develop relationships with children which could in any way be deemed exploitative or abusive
- use language, make suggestions or offer advice, which is inappropriate, offensive or abusive.
- do things for children of a personal nature that they can do for themselves
- act in ways intended to shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse, discriminate against, show differential treatment, or favour particular children to the exclusion of others.

Responding & Reporting Mechanisms

New Life Church International Missions has a designated Safeguarding Coordinator responsible for safe recruitment including DBS disclosures and for ensuring that applicants are fully apprised of the safeguarding policy. All incidents, allegations or concerns must be reported to the Safeguarding Coordinator who will then liaise with the appropriate authorities to ensure good practice is facilitated in relation to the reporting of any allegations of abuse.

Where an allegation is made against a worker (whether located long-term on mission or visiting on short-term mission), the Safeguarding Coordinator must be informed immediately whereupon the standard process described in Section 3 of Safeguarding Policy will apply in relation to contacting the appropriate authorities in the UK to discuss further action. The Safeguarding Coordinator will then ensure that appropriate action can be taken including where appropriate for the Crisis Management Team to be convened, which would include:

- International Missions Director (Chair);
- General Superintendent;
- Administrator;
- Sending Minister/Leader;
- Additional person if required with relevant expertise

If an allegation is made against a worker, that worker must be removed from their duties or prevented from having any further contact with children and young people or Adults at Risk immediately whilst necessary action is taken.

Due account must always be taken of the laws and frameworks in place within any country in which NLC operates. In many cases, practice, values and beliefs in relation to safeguarding the vulnerable will be different to the UK. However, care must always be taken to ensure that the rights of the individuals concerned are upheld (see the UN Convention on Human Rights and UN Convention on the Rights of the Child).