

## **Child and Adult Safeguarding Policy**

### **Objective**

To contribute to the personal safety of all children/young people and adults with additional care and support needs who attend any of our services or activities within the church by promoting safeguarding awareness, good practice and sound procedures.

### **Policy statement**

Milton Keynes Christian Centre [hereafter MKCC] is a contemporary city church with a range of community-oriented activities for children and young people. The Governance Board [hereafter referred to as GB] recognises the importance of its ministry to children, young people and adults with additional care and support needs and its responsibility to protect and safeguard the welfare of all people entrusted to MKCC'S care. MKCC are committed to the safeguarding and protection of all people who access our church.

This policy is influenced and informed by the following government guidance and legislation as set out in the following documents:

- What to Do If You're Worried a Child Is Being abused (2015)
- Working Together (2018)
- The Children's Act (2004)
- Equality Act (2010)
- Care Act (2014)
- United Nations Convention on the Rights of the Child (1989)
- United Nations Universal Declaration of Human Rights (1948)
- Child sexual exploitation: Definition and Guide for Practitioners (2017)

The GB is committed to ongoing Safeguarding training for all staff and volunteers and will regularly review the operational guidelines attached. *For the purposes of this document, the term children and young people refer to those under the age of 18 years.*

### **This policy is based on the following principles:**

The welfare of the child or adult with care and support needs is paramount:

- "This child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families". Working Together (2018).
- 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. What to Do If You're Worried a Child Is Being abused (2015).

- We believe every child should be valued, safe and happy. We will endeavour to ensure the children we have contact with know this and are empowered to tell us if they are suffering harm.
- All children/young people and adults with additional care and support needs whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity, have the right to protection from abuse.
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.
- Staff/volunteers are trained to understand the nature of abuse and to be alert to matters of concern.
- All staff/volunteers working at MKCC have a responsibility to report concerns to the Designated Safeguarding Coordinators with responsibility for safeguarding children or adults or to the Safeguarding Officer.

## **Safeguarding Adults**

“Abuse is the violation of an individual’s human and civil rights by another person or persons” Care Act (2014)

The Care Act (2014) applies to an adult 18 years of age or over who has care and support needs, is at risk of, or being abused and as a result of needs are unable to protect themselves from the risk or experience of abuse.

### **Allegations of abuse against a person who works with adults with additional care and support needs**

#### **The Safeguarding Coordinator will:**

- Liaise with Adult Social Services in regards the suspension of the worker.
- Make a referral to the DBS following the advice of Adult Social Services.

The Care Act places the responsibility on Adult Services to investigate situations of harm to adults with additional care and support needs. This may result in a range of actions or options including action against the person or organisation causing the harm, increasing the level of support for carers, or no further action taken if the ‘victim’ chooses this and have capacity to communicate their decision.

#### **We aim to safeguard children/young people and adults by:**

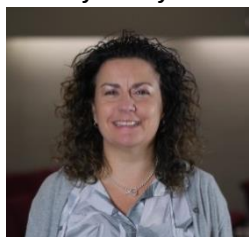
- Adopting safeguarding guidelines through procedures and a code of conduct for staff/volunteers.
- Sharing information about safeguarding and good practice with children/young people, parents and carers and staff/volunteers.
- Sharing information about concerns with agencies who need to know, and involving parents and children/young people and adults with additional care and support needs appropriately.
- Following carefully the procedures for safe recruitment and selection of staff/volunteers.
- Providing effective management for staff/volunteers through support, supervision and training.
- Reviewing our policy and good practice regularly.

## Meet the Team

Milton Keynes Christian Centre has a dedicated Safeguarding team who oversee all activities and ministries of the church. Our Safeguarding team is made up of Safeguarding Coordinators, and a centre wide Designated Safeguarding Team Leader.

### Safeguarding Officer

Beverley Verity: 07944 780 818



### Safeguarding Coordinator

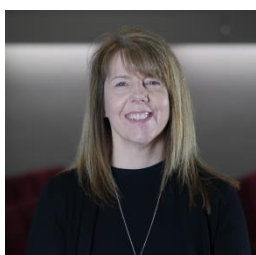
Sharon Obisesan: 07951 405 612



There is additionally a safeguarding email to pass on a concern: [safeguarding@mkcc.org.uk](mailto:safeguarding@mkcc.org.uk)

### Safeguarding Team Leader

Nicola Ritchie: 07875 049 922



## The role of the named members of Safeguarding Team

Every place of worship or organisation should have at least one named person who acts as the designated safeguarding lead for children, young people and adults with additional care and support needs, who must undergo safeguarding training. It is the responsibility of this person to make themselves available for consultation with staff, volunteers, visitors and children/young people and adults as well as their families.

The name and contact number of the named Designated Safeguarding Coordinators and information about their duties should be visible so that everyone [including parents/carers/ adults] are aware of who to talk to if they have concerns.

In the absence of the Designated Safeguarding Coordinator the Deputy Safeguarding Leader will take the lead role. *(Further details of the role and responsibilities of the safeguarding coordinators, officer and team lead can be found in Appendix 4)*

**Other relevant numbers:**

Multi Agency Referral Hub: 01908 253 169/70	Emergency Social Work Team: 01908 265545
Police Child Protection Team: 01908 253 169	Thirty-one eight (31:8) 0303 003 1111 (option 2)
LADO Jo Clifford / Sarah Capel-Jones 01908 254307	

**Guidance**

Promoting good working relationships within the various activities/ministries at MKCC is importance in ensuring children, young people and adults with care and support needs are supported and activities run safely. Before any activity starts, ministry leaders shall ensure that adequate safeguarding procedures are in place, as follows.

- Parents/carers must fill out a consent form for each child/young person attending an event.
- Team members will record any unusual events on the accident/incident form unless this includes anything confidential.
- Where possible, staff/volunteers should not be alone with a child/young person or adult with care and support needs, although it is recognised that there may be times when this may be necessary, however, accountability is always required and an appropriate space should be sought where other staff/volunteers can see.
- MKCC recognises that physical touch between adults and children/young people can be healthy and acceptable in public places. However, staff/volunteers will be discouraged from this in circumstances where adult and child/young people are alone together.
- Any gifts should be given openly and not be based on favouritism. Adults need to be aware however, that the giving of gifts can be seen as a gesture to bribe or groom a young person.
- Adults should exercise care when selecting children and/or young people for specific activities or privileges to avoid perceptions of favouritism or unfairness. Methods and criteria for selection should always be transparent and subject to scrutiny.
- All team members should treat all children/young people and adults with additional care and support needs with dignity and respect in their attitude, language and actions.

**Recognising and responding appropriately to an allegation or suspicion of abuse**

**Understanding abuse and neglect**

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

In order to safeguard those in our 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.

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

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

*(Details of definitions, signs and symptoms of abuse can be found in Appendix 3)*

## **Prevention**

### **Safeguarding awareness and good practice**

The GB is committed to the ongoing training and development for all workers, developing a culture of awareness of safeguarding issues to help protect everyone. All our workers receive an induction process and recognised safeguarding training delivered by those authorised. The training will raise awareness of good practice; all personnel should be encouraged to demonstrate exemplary behaviour in order to protect themselves from false allegations. The following are common sense examples of how to create a positive culture and climate. *(Practice Guidance can be found in Appendix 1)*

#### **Please note**

It may sometimes be necessary for staff/volunteers to do things of a personal nature for children/young people or adult with additional care and support needs, particularly if they are young or disabled. These tasks should be carried out only with the full understanding and consent of parents/carers and of the child/young person or adult with care and support needs involved. There is a need to be responsive to a person's reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices, where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing or where there is physical contact – for example, lifting or assisting a child/young person to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not appropriately trained.

### **Allegations against a member of staff/volunteer**

The organisation will fully support and protect anyone who, in good faith, reports their concern that a colleague is, or may be, abusing a child/young person or adult with care and support needs. Where there is a complaint against a member of staff/volunteer, there may be three types of investigation: criminal investigation, child protection investigation or disciplinary/misconduct investigation. The results of the police and child protection investigation may well influence the disciplinary investigation, but this will not necessarily be the case. The type of investigation will be determined or advised by the

local authority designated lead (LADO). Any and all allegations of abuse by a member of staff/volunteer will be reported to the LADO who will advise on next steps.

### **Concerns about poor practice**

If following consideration, the allegation is clearly about poor practice, this will be dealt with as a misconduct issue.

If the allegation is about the poor practice by the organisation's Designated Safeguarding Coordinator or Team Leaders, or if the matter has been handled inadequately and concerns remain, it should be reported to GB, addressed to our Trustee Safeguarding Champion Tayo Kufeji ([tayokufeji@gmail.com](mailto:tayokufeji@gmail.com)) who will advise how to deal with the allegation and whether or not they should initiate disciplinary proceedings.

### **Internal enquiries and suspension**

The Safeguarding Team Leader will make an immediate decision about whether any individual accused of abuse should be temporarily suspended, pending further police and social services inquiries.

Irrespective of the findings of the social services or police inquiries, the organisation will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be handled sensitively. This may be a difficult decision, particularly where there is insufficient evidence to uphold any action by the police. In such cases, the organisation must reach a decision based upon the available information. This might suggest that, on a balance of probability, it is more likely than not that the allegation is true. The welfare of the child/young person or adult must remain of paramount importance throughout.

### **Taking Action**

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

#### **1. You must report your concerns immediately to the named Safeguarding Coordinator for your ministry within the organisation.**

The named Designated Safeguarding Coordinators have been nominated by the GB to act on their behalf in dealing with the allegation or suspicions of neglect or abuse, including referring the matter on to the statutory authorities. *(The contact details can be found on page 2/3)*

In the absence of the Safeguarding Coordinator or if the suspicions in any way involve the Safeguarding Coordinator, then the report should be made to the **Safeguarding Officer – Beverley Verity (07944 780818)**, and in her absence, the **Safeguarding Team Leader – Nicola Ritchie (07875 049922)**

The Safeguarding coordinator will:

- Obtain information from staff/volunteers, children/young people or parents/carers who have safeguarding concerns and record this information.

- Assess the information quickly and carefully and ask for further information, as appropriate.
- Consult with a statutory safeguarding board such as the local children or adult social services department, NSPCC or 31:8 to clarify any doubts or worries (all contact numbers are at the end of the policy).
- Ensure that the parents/carers of the child/young person are contacted as soon as possible, following advice from 31:8 or the social services department.
- Ensure consent has been given in the case of making a referral for an adult. Adults have the right to deny consent if they do not wish the matter to be taken any further. Consent is **NOT** needed in the event that a crime has been, or is likely to be committed or the adult with care and support needs is at risk of significant harm.
- Make a referral to a statutory safeguarding board or to the police without delay.
- Contact the trustee responsible for safeguarding if required, who may need to liaise with the charity commission to report a serious incident.
- Contact the LADO (Local Authority Designated Officer) if the allegations concern's a worker or volunteer working with someone under 18.

**2. Suspicions will not be discussed with anyone other than those named above.**

**3. It is the right of any individual to make direct referrals to the children's social care.** If for any reason, you believe that the designated coordinators have not responded appropriately to your concerns, then it is up to you to contact the child protection agencies directly.

**4. If a child or adult with additional care and support needs makes a disclosure of abuse or you are concerned by something you have witnessed:**

- Make notes as soon as possible (ideally within one hour of being told).
- Write down exactly what the child/young person or adult has said, what you said in reply and what was happening immediately before you were told (for example, what activity was taking place).
- Record dates, times and when you made the record.
- Keep all your handwritten notes secure.
- Report your discussion to the Designated Safeguarding Coordinator person as soon as possible.
- If a Coordinator is implicated, report to Nicola Ritchie Safeguarding Team Leader, who will act on behalf of the organisation.
- Do not discuss your suspicions or allegations with anyone other than those nominated in this policy.
- The Safeguarding Coordinator must consider carefully whether or not it is safe for a child/young person or adult with care and support needs to return home to a potentially abusive situation, and, if necessary, they should take immediate action to contact social services in order to discuss putting safety measures into effect.

### **Allegations of physical injury, neglect or emotional abuse:**

If a child/young person or adult with care and support needs has a symptom of physical injury, neglect or emotional abuse, the coordinator will:

- Contact social services for advice in cases of deliberate injury or concerns about the safety of the child/young person, but they must not inform the parents/carers.
- Seek emergency medical attention if necessary.
- In other circumstances for lesser concerns (e.g. poor parenting), encourage the parent/carer to seek help from social services, but not if this places the child at risk of significant harm.
- Any disclosure, concerns or suspicion of gang culture or knife crime from anyone accessing MKCC will be reported to the appropriate authorities who will lead any investigation and we will adhere to any guidance and instructions given to us.
- In the case of real concern, contact social services, NSPCC or 31:8 for advice.

### **Allegations of Sexual abuse**

In the event of allegations or suspicions of sexual abuse, the Safeguarding Coordinator will:

- Contact the social services duty social worker for children and families directly, but must not speak to the parent or to anyone else.
- Collect and clarify the precise details of the allegation or suspicion and provide this information to social services, but should not attempt to carry out any investigation into the allegation or suspicion of sexual abuse.
- While allegations or suspicions of sexual abuse should normally be reported to the safeguarding coordinator, their absence should not delay referral to social services.

### **Concern that an adult is in need of protection:**

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

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

- Contact the Adult Social Care Team who has responsibility under the Care Act 2014 to investigate allegations of abuse. Alternatively, 31:8 can be contacted for advice.
- If the adult is in immediate danger or has sustained a serious injury contact the Emergency Services, informing them of any suspicions.

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

- Identify support services for the victim i.e. counselling or other pastoral support
- Contact t 31:8 and in discussion with them will consider appropriate action with regards to the scale of the concern.

Spiritual abuse is a form of emotional and psychological abuse. It is characterised by a systematic pattern of coercive and controlling behaviour in a religious context. Spiritual abuse can have a deeply damaging impact on those who experience it. However, holding a theological position is not in itself inherently spiritually abusive, but misuse of scripture, applied theology and doctrine is often a



component of spiritually abusive behaviour. (*Definition from 31:8*)

### **Responding to allegations of abuse**

- It is important **NOT** to make promises that you may not be able to keep. Do **NOT** say you will keep confidential what a child/young person or adult is about to tell you, as you may have a duty to share it with others.
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others.
- Stay calm and listen carefully to what the child/young person or adult is saying.
- Allow the child/young person or adult to continue at their own pace.
- Ask questions for clarification only and at all times avoid asking questions that suggest a particular answer.
- Reassure the child/young person or adult that they have done the right thing in telling you.
- In the case of an adult you must seek consent to refer to other agencies, if the adult has capacity to make such a decision in an informed way. Adults have a right to choose if they want to take an allegation further and although you might feel it is a bad decision not to it is ultimately their decision and you can only offer your support to that adult.
- Tell them what you will do next and with whom the information will be shared.
- As soon as possible, record in writing what was said, using the child's/young person's or adult's own words.
- Make a note of the date, time, any names mentioned and to whom the information was given, and ensure that the record is signed and dated.

### **Helpful statements to make**

'I believe you (showing acceptance of what the child/young person says).'

'Thank you for telling me.'

'It's not your fault.'

'I will help you.'

#### **Do not say:**

'Why didn't you tell anyone before?'

'I can't believe it!'

'Are you sure that this is true?'

#### **Never make promises you can't keep.**

### **Support for dealing with the aftermath of abuse**

Consideration should be given to the kind of support that children/young people/ adults with additional care and support needs, parents/carers and members of staff/volunteers may need. Use of helplines, support groups and open meetings will maintain an open culture and help the healing process. The Directory of the British Association for Counselling is available from the British Association for Counselling, 1 Regent Place, Rugby CV21 2PJ, tel: 01788 550 899, fax: 01788 562189.

## **Safer Recruitment**

The GB is committed to the safe recruitment of all staff/volunteers and that they will be trained and supported in their roles. All staff and volunteers will work in teams or in open environments where they are not alone with children.

All staff/volunteers will:

- Be given a clear role description, setting out expectations for their work and conduct.
- Complete an application form and self-declaration form.
- Supply the names of two referees, who will be contacted to send references preferably in writing (however telephone references can be sought as the last measure).
- Be required to produce either permission to check their DBS if subscribed to the update service or go through the Disclosure and Barring Service, giving photographic and other evidence of identity and including a formal declaration of any criminal convictions.
- Go through safeguarding policy and procedure on induction, followed by full safeguarding training. Plus a raised awareness of safeguarding twice a year in staff meetings to remind them of procedures and important concepts.

## **Pastoral Care - Supporting those affected by abuse**

The GB 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 MKCC.

## **Working with offenders and those who may pose a risk**

When someone attending the MKCC is known to have abused children, is under investigation, or is known to be a risk to adults with care and support needs; the GB will supervise the individual concerned and offer pastoral care, but in its safeguarding commitment to the protection of children and adults with care and support needs, set boundaries for that person, which they will be expected to keep. These boundaries will be based on an appropriate risk assessment and through consultation with appropriate parties.

## **Important contacts outside the organisation**

- MK Multi Agency Safeguarding Hub: **01908 253 169/70**
- Emergency social work team- out of hours: **01908 265 545**
- Social services office: **01908 691 691**
- Thirty One Eight (31:8) **0303 003 11 11**
- NSPCC Child Protection Helpline: **0808 800 5000**
- ChildLine: **0800 1111**
- NSPCC Whistleblowing Advice line: **0800 028 0285**

## **Appendix 1**

### **Practice Guidance**

#### **Good practice means:**

- Always working in an open environment (for example, avoiding private or unobserved situations and encouraging open communication with no secrets).
- Treating all children/young people and adults with additional care and support needs equally, and with respect and dignity.
- Always putting the welfare of each child/young person or adult with care and support needs first.
- Maintaining a safe and appropriate distance with children/young people or adults with additional care and support needs (for example, it is not appropriate for staff/volunteers to have an intimate relationship with a child/young person or adult with care and support needs or to share a room with them).
- Building balanced relationships based on mutual trust, empowering children/young people to share in the decision-making process.
- Making activities and other off-site activities, fun, enjoyable and safe.
- Keeping up to date with technical skills, qualifications and insurance.
- Involving parents/carers wherever possible.
- Ensuring that staff/volunteers work in pairs for accountability. In the instance of a spouse/related party this will not count as an accountable person, an addition third person will be expected to be present when working with children or young people.
- Ensuring that, when mixed groups are taken away, they are always accompanied by a male and a female member of staff/volunteer (but remember that same-gender abuse can also occur).
- Ensuring that, at residential events, adults do not enter children's/young people's rooms or invite children/young people into their rooms.
- Being an excellent role model, including not smoking or drinking alcohol in the company of children/young people.
- Giving enthusiastic and constructive feedback rather than negative criticism.
- Recognising the developmental needs and capacity of children/young people and adults with additional care and support needs and not pushing them against their will.
- Securing written consent from parents/carers for staff to act in loco parentis, if the need arises to administer emergency first aid and/or other medical treatment.
- Keeping a written record of any injury that occurs, along with the details of any treatment given
- Requesting written consent from parents/carers, if it is necessary for staff/volunteers to transport children/young people in their cars. (two unrelated adults are able to transport children/young people but only when permission has been given by parent/carer and the relevant member of staff for the event).

#### **Practices to be avoided**

The following should be avoided except in emergencies. If cases arise where these situations are unavoidable, it should be with the full knowledge and consent of the person in charge of the event or of the child/young person's parents or adult – for example, if a child/young person or adult sustains an

injury and needs to go to hospital, or if a parent/carer fails to arrive to pick up a child/young person at the end of a session.

- Avoid spending excessive amounts of time alone with children/young people away from others.
- Avoid being in a situation where you are alone with a child, e.g. taking a child/young person to an event, or dropping them off in your car.

### **Practices never to be sanctioned**

The following should never be sanctioned. You should never:

- Engage in rough, physical or sexually provocative games, including horseplay.
- Use corporal/physical punishment to manage behaviour.
- Share a room with a child/young person.
- Allow or engage in any form of inappropriate touching.
- Allow children/young people to use inappropriate language unchallenged.
- Make sexually suggestive comments to a child/young person or adult with additional care and support needs, even in fun.
- Reduce a child/young person or adult with additional care and support needs to tears as a form of control.
- Allow allegations made by a child/young person or adult with additional care and support needs to go unchallenged, unrecorded or not acted upon.
- Do things of a personal nature for children/young people or adult with additional care and support needs that they are able to do for themselves.
- Invite or allow children/young people to stay with you at your home unsupervised.

## **Appendix 2**

### **Definitions of abuse**

Definitions are based on those from (*Working together to safeguard children 2018 & Care Act 2014*).

#### **Physical abuse**

- Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing harm to a child/young person.
- Physical harm may also be caused when a parent/carer feigns the symptoms of, or deliberately causes, ill health to a child/young person whom they are looking after. This situation is commonly described as fictitious, fabricated or induced illness in children/young people or “Munchausen syndrome by proxy”. A person might do this because they enjoy or need the attention they get through having a sick child/young person.
- Physical abuse, as well as being the result of a deliberate act, can also be caused by an omission or the failure to act to protect.

#### **Emotional abuse**

- Emotional abuse is the persistent emotional ill treatment of a child/young person, such as to cause severe and persistent adverse effects on the child’s/young person’s emotional development. It may involve making a child/young person feel or believe that they are worthless, unloved, and inadequate or valued only insofar as they meet the needs of the other person.
- It may feature expectations being imposed on a child/young person that is inappropriate for their age or stage of development. It may also involve causing a child/young person to feel frequently frightened or in danger, or the exploitation or corruption of a child/young person.
- Some level of emotional abuse is involved in all types of ill treatment of a child/young person, though it may occur alone.

#### **Sexual abuse**

- Sexual abuse involves forcing or enticing a child/young person to take part in sexual activities, whether or not the child/young person is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex, or non-penetrative acts such as fondling.
- Sexual abuse may also include non-contact activities, such as involving children/young people in looking at, or in the production of, pornographic material, or watching sexual activities, or encouraging children/young people to behave in sexually inappropriate ways.
- Boys and girls can be sexually abused by both males and females, whether adults or other children/young people.

#### **Neglect**

- Neglect is the persistent failure to meet a child’s/young person’s basic physical and/or psychological needs, which is likely to result in the serious impairment of the child’s/young person’s health or development. It may involve a parent or a carer failing to provide adequate food, shelter or clothing, leaving a child/young person at home alone or failing to ensure that a

child/young person gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's/young person's basic emotional needs.

- It is accepted that, in all forms of abuse, there are elements of emotional abuse and that some children/young people are subjected to more than one form of abuse at any time.

These four definitions do not minimise other forms of maltreatment. Other types of abuse to be considered:

### **Extremism and Radicalisation**

**Extremism** is a vocal or active opposition to British values such as the rule of law, democracy and respect or tolerance of different faiths and beliefs. **Radicalisation** is the process in which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.

### **Child Abuse Linked to Faith and Belief (CALFB)**

There is a belief in some communities based on their beliefs in things such as witchcraft; or may be an influential person who promotes ideas such as people being possessed whilst also promoting the solution. It should be noted that a child can be abused as a result of faith or belief even without these factors being present. It can be where they use their beliefs and faith to influence how they discipline their child and belief that what they are doing will save the child or the wider community and therefore it is for the greater good.

**Female genital mutilation (FGM)** is a procedure where the female genitals are deliberately cut, injured or changed without medical reason for this to be done. It's also known as female circumcision or cutting. This is considered a part of culture and a desire to continue generationally the values and beliefs of this culture.

**Child sexual Exploitation (CSE)** *Child sexual exploitation: definition and guide for practitioners. Gov.uk (2017)*

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.

### **Child Criminal Exploitation (CCE)**

Child criminal exploitation is the control, coercion and or manipulation of children or young people to engage in criminal acts.

### **Note**

Recent guidance identifies other sources of stress for children/young people and families, such as social exclusion, domestic violence, the mental illness of a parent/carer or drug and alcohol misuse. These may have a negative impact on a child/young person's health and development and may be

noticed by an organisation caring for a child/young person. If it is felt that a child/young person's well-being is adversely affected by any of these situations, the same procedures should be followed.

### **Appendix 3**

#### **Signs and Symptom of Abuse**

**The following signs may or may not be indicators that abuse has taken place but the possibility should be considered.**

Physical signs of abuse may include:

- Any injuries not consistent with the explanation given for them.
- Injuries which occur to the body in places which are not normally exposed to falls or games.
- Unexplained bruising, marks or injuries on any part of the body.
- Bruises which reflect hand marks or fingertips (from slapping or pinching).
- Cigarette burns.
- Bite marks.
- Broken bones.
- Scalds.
- Injuries which have not received medical attention.
- Neglect, undernourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care.
- Repeated urinary infections or unexplained stomach pains.

Changes in behaviour which can also indicate physical abuse may include:

- Fear of parents/carers being approached for an explanation.
- Aggressive behaviour or severe temper outbursts.
- Flinching when approached or touched.
- Reluctance to get changed in front of others – for example, wearing long sleeves in hot weather.
- Depression.
- Withdrawn behaviour.
- Running away from home.

#### **Emotional abuse**

Physical signs of emotional abuse may include:

- A failure to thrive or grow, particularly if a child/young person puts on weight in other circumstances – for example, in a hospital or away from their parents/carers.
- Sudden speech disorders.
- Persistent tiredness.
- Development delay, in terms of either physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- Obsessions or phobias.
- Sudden underachievement or lack of concentration.

- Inappropriate relationships with other children and/or adults.
- Being unable to play.
- Attention-seeking behaviour.
- Fear of making mistakes.
- Self-harm.
- Fear of the parent/carer being approached regarding their behaviour.

## **Sexual abuse**

Physical signs of sexual abuse may include:

- Pain or itching in the genital/anal area.
- Bruising or bleeding near genital/anal areas.
- 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, such as becoming withdrawn or aggressive.
- Fear of being left with a specific person or group of people.
- Having nightmares.
- Running away from home.
- Sexual knowledge which is beyond the child's/young person's age or developmental level.
- Sexual drawings or language.
- Bed-wetting.
- Eating problems such as overeating or anorexia.
- Self-harm or mutilation, sometimes leading to suicide attempts.
- A child/young person saying they have secrets that they cannot tell anyone about.
- Substance or drug abuse.
- Suddenly having unexplained sources of money.
- Not being allowed to have friends (particularly during adolescence).
- Acting in a sexually explicit way with adults.

## **Neglect**

Physical signs of neglect may include:

- Constant hunger, sometimes stealing food from other children/young people.
- Being constantly dirty or smelly.
- Loss of weight or being constantly underweight.
- Inappropriate dress for the conditions.

Changes in behaviour which can also indicate neglect 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.

## **Appendix 4**

### **The Safeguarding Team Leader Role includes:**

- To ensure this policy is implemented throughout MKCC.
- To provide on-going safeguarding training and regularly review the operational guidelines as outlined above.
- To have an oversight of all safeguarding matters across the whole centre. Will be direct line manager and support to the Deputy Safeguarding Team Leader in overseeing and monitoring safeguarding issues and concerns.
- To be informed of safeguarding cases at review meetings with the Deputy Safeguarding Team Leader.
- To provide supervisions to Deputy and manage training needs as necessary in development of skills and knowledge.
- To report to the Champion of Safeguarding of the GB.
- Ensure adequate induction and training relating to safeguarding matters.
- Ensure that each activity carried out by the organisation is sound in terms of safeguarding as regards personnel, practices and premises.
- Checking all incident reports made by staff/volunteers, countersigning them and making such reference to the appropriate authority as is appropriate.

### **The Safeguarding Officer Role includes:**

- To endorse and follow all national and local safeguarding legislation and procedures, in addition to the international conventions outlined above.
- To ensure that the premises meet the requirements of the Equality Act 2010 and all other relevant legislation and that it is welcoming and inclusive.
- To support the Safeguarding Coordinator(s) in their work and in any action they may need to take in order to protect children and adults with additional care and support needs.
- To meet with coordinators individually to offer such support identifying support and training needs and guiding the coordinators within their role.
- To undertake regular supervisions with the safeguarding coordinators across MKCC and Tiny Steps Nursery.

### **The Safeguarding Coordinators Role includes:**

- Ensure that all necessary enquiries, procedures and investigations relating to safeguarding are carried out.
- Reporting results of screening enquiries and preserving 'need to know' levels of confidentiality and access to secure records.
- Ensure that all confidential records relating to safeguarding matters are kept secure.
- Liaising with children or adults social care at a formal and informal level on all safeguarding matters, also with the police.

- Reporting allegations and suspicion of abuse to the appropriate authorities.
- To follow Safeguarding Policies at all times reporting in a timely manner (on the same day and ideally within the hour) any incidents using the safeguarding form and taking appropriate action.
- Liaise with the Deputy Safeguarding Team Leader on Safeguarding matters and any concerns or issues raised.

## Appendix 5

### Reporting a cause for concern regarding a child, young person or adult with care and support needs

#### Part 1: Record of concern about a child/adult's safety and welfare

(for use by any staff/volunteers– This form can be filled in electronically. If the form is handwritten care should be taken to ensure that the form is legible)<sup>1, 2, 3</sup>

Child/Adult's name (subject of concern):	Date of birth/age:  Child/Adult:	Address:
Date & time of incident:	Date & time (of writing):	
Your Name (print): .....		Role/Job title:
Signature: .....		
Other members of the household <sup>4</sup> :		
Record the following factually: Nature of concern, e.g. disclosure, change in behaviour, demeanour, appearance, injury, witnesses etc. <i>(please include as much detail in this section as possible. Remember – the quality of your information will inform the level of intervention initiated. Attach additional sheets if necessary.)</i>		
How did the concern come to light?		
What is the child/adult saying about what has happened <sup>4</sup> ?		
Any other relevant information. Previous concerns etc.		
Date and time of discussion with Safeguarding Co-ordinator <sup>5</sup> : _____		

Check to make sure your report is clear to someone else reading it.

**Please pass this form to your Safeguarding Coordinator without delay**

## **Guidance notes for Form 1 (volunteers/staff only):**

Following are some helpful pointers in completing the above form:

1. As a registered body the church/charitable organisation is required to ensure that its duty of care towards its beneficiaries is carried out in line with the principles enshrined within the Working together to safeguard children and young people, 2018 and the Care Act, 2014. (Refer to your own church's/organisation's safeguarding policy at this point too).
2. Essential principles of recording the information received/disclosed/observed:
  - a. Remember: do not investigate or ask any leading questions
  - b. make notes within the first one hour of receiving the disclosure or observing the incident
  - c. be clear and factual in your recording of the incident or disclosure
  - d. avoid giving your opinion or feelings on the matter
  - e. aim to record using the 4 W's and 1 H: When, where, what, why and how
  - f. do not share this information with anyone else except your safeguarding co-ordinator in the first instance and they will advise on who else will need to be informed, how and when.
  - g. make use of the additional information section to add any other relevant information regarding the child/adult/ family that you may be aware of. This can include any historic concerns or observations.
3. **What constitutes a safeguarding concern?** – any incident that has caused or likely to cause significant harm to a child can be classed as a safeguarding concern. Abuse is classified under four different categories (with regards to children) as already stated within the safeguarding policy (physical, sexual, emotional, neglect). With regards to adults there are 6 further categorisations. Whilst it may be helpful to record a specific category in the above form, if possible, this may not always be the case. Therefore, it is important to seek advice from your safeguarding co-ordinator or thirtyone:eight at this stage.
4. **Why do you need information regarding 'other household members'?** – It has been demonstrated as important to include information about significant adults in the household especially when concerns relate to children as this has been a recurrent risk factor in several serious case reviews.
5. **Why is the view of the child/adult significant?** It is important to give whatever detail is available of the child or adult's explanation (or verbatim) of the matter to help ascertain if it is plausible and to help offer a context to the concern identified.
6. **Passing information to the Safeguarding co-ordinator** – Your safeguarding co-ordinator holds ultimate responsibility in responding to any safeguarding concerns within the church/organisation and therefore it is important that they have oversight of the actions being taken and make relevant and appropriate contact with statutory agencies if required. They will remain the most appropriate link between the organisation and external agencies.