LIVINGHOPE

RESPONDING WELL CHILDREN

Reviewed February 2020

³⁷ "You shall love the Lord your God with all your heart and with all your soul and with all your mind.

³⁸ This is the great and first commandment. ³⁹ And a second is like it: You shall love your neighbour as yourself. ⁴⁰ On these two commandments depend all the Law and the Prophets."

Matthew 22:37-40

1. Introduction

This document provides practice guidelines including actions that should be taken when receiving a safeguarding concern in relation to children and also some guidance in recognising abuse.

2. First Response

There are many situations whereby a member of Living Hope may have concerns, or be made aware of concerns, regarding a child or adult. The person noticing or being informed of concerns must consult with the local safeguarding officer as soon as practicable. The only exception to informing the officer is if they are the subject of the concerns. In this situation the Safeguarding Manager should be informed directly or, if necessary the Ecumenical Safeguarding Advisor. Under no circumstances, should the person who is the subject of the allegations be informed until after the allegations have been discussed and agreement reached with the statutory authorities. Further action will be decided in discussion and agreement with the statutory agencies.

2.1 Listening

If approached by anyone wishing to talk about a concern, follow the basic guidelines below:

- Consider whether the time and place are appropriate for you to listen with care and security. Do not defer listening, but seek the other person's agreement to find a suitable place to listen.
- Stay calm and listen to the information very carefully, showing you are taking seriously what you are being told.
- Take into account the person's age and level of understanding. It may be appropriate to ask if they mind you taking notes while they talk or at the end so you can check with them that you have understood everything correctly.
- Do not make promises you cannot keep.
- Do not promise confidentiality but explain what you will do with the information.
- Find out what the person hopes for.
- Reflect back key points of what has been said to confirm you have understood what has been communicated.
- Either during (if appropriate) or after, make notes of what was said, including the date, time, venue and the names of people who were present. Sign the record.
- Provide the person with the means to contact you and be clear about how and when you will give feedback. Be prepared to continue to be there for the person. Be dependable.
- Do not contact the person about whom allegations have been made.

2.2 Emergency situations

The person receiving the information will need to assess whether the subject of the concern is at risk of immediate harm and if so, take any immediate action necessary to safeguard them including contacting the Police using the '999' telephone number.

2.3 Assessment of risk

In all situations, the following risks should be considered and reviewed regularly in regard to the circumstances of any concern raised:

- risks to the victim
- risk to members of vulnerable groups within the church and involved with church activities
- risks to the person believed to be responsible for the issue and their family
- risks to the wider congregation or attendees at church activities
- risk to the reputation of Living Hope Church.

In most cases, the ongoing consideration of risk should be an integral and continuing part of responding well to an incident.

2.4 Logging and Reporting

All incidents, as soon as practicable should be logged on the Living Hope Safeguarding System – at the time of writing this document this is located at 'https://login.safeguard.software/'.

Should you not have access to this site, contact any members of the Safeguarding Team for further information.

The reports through this site will have necessary comments added to by the Safeguarding Team, along with direction for the team member to undertake where necessary. This may involve providing further support to the abused individual and advice as to what is to be undertaken.

Telephone support is always available through the local Safeguarding Officers or the wider Safeguarding Team.

2.5 Referring to Statutory Agencies

All referrals to statutory agencies will be submitted by the Safeguarding Manager, or in his absence an individual with the delegated authority. The exception to this is contacting the Police for emergency situations.

The Ecumenical Safeguarding Advisor will be advised by the Safeguarding Manager when such a referral has been made.

3 Definitions of Abuse – Children

3.1 Child

"A child" means every human being below the age of eighteen years.

Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best life chances.

3.2 Abuse & Neglect

Harm and significant harm

'Harm' means ill-treatment or impairment of health and development. 'Significant harm' is the threshold that justifies compulsory intervention in family life in the best interests of the children and is based on comparing the child's health and development to that which could be reasonably expected of a child of a similar age.

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family, in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults, or another child or children.

Physical abuse

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

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including 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

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 nonpenetrative acts such as masturbation, kissing and inappropriate touching. They may also include noncontact activities, such as involving children looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

3.3 Spiritual Abuse

Coercion and control of a child in a spiritual context. This abuse may include manipulation and exploitation, enforced accountability, censorship of decision-making, requirements for secrecy and silence, pressure to conform, misuse of Scripture or the pulpit to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a 'divine' position, isolation from others, especially those external to the abusive context.

Lisa Oakley and Kathryn Kimmond, 2014, Journal of Adult Protection

3.4 Peer to Peer and Social Media Bullying

Peer to peer abuse is any form of physical, sexual emotional abuse and coercive control between children.

Online abuse and any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones, children and young people may experience cyber bullying, grooming, sexual abuse, sexual exploitation or emotional abuse.

NSPCC Website. Online abuse definition accessed June 2016

3.5 Organised Crime Groups

Child Sexual Exploitation

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

Working Together to Safeguard Children 2018 - UK

Child trafficking

The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered "trafficking in human beings".

Council of Europe, ratified by the UK Government in 2008

4 Possible Signs and Symptoms of Abuse – Children

Identifying abuse is not an easy thing to do and the indicators given here are examples only. Some of the indicators can occur in more than one type of abuse, bearing in mind that there can sometimes be other non-abusive explanations. However, they may alert you to the need to be aware of the possibility of abuse, to be observant and to record any concerns. If in doubt, you should always seek the advice from the Safeguarding Team.

4.1 Physical

- Bruising in unusual places, patterns or shapes
- Burns and scalds, especially in significant shapes (eg iron or cigarette end)
- Bite marks
- Serious injury where there is a lack of, or an inconsistent, explanation
- Untreated injuries
- Unusual fractures

Children may be:

- unusually fearful with adults
- unnaturally compliant with their parents/ carers
- wearing clothes that cover up their arms and legs in unusual circumstances (e.g. Warm weather)
- reluctant to talk about or refuse to discuss any injuries, or fearful of medical help
- aggressive towards others.

4.2 Emotional abuse

- Behaviour extremes:
 - o children may be overactive or withdrawn
 - o changes in behaviour
- Lacking in confidence or self-worth
- Lack of concentration
- Physical symptoms without an apparent cause
- Difficulty in trusting adults or very anxious to please adults
- Reluctance to go home; fear of parents being contacted
- Socially isolated
- Behaviour that expresses anxiety (eg rocking, hair-twisting or thumb sucking)
- Self-harming behaviour
- Substance misuse
- Sleep and/or eating disorders
- School non-attendance
- Running away

4.3 Sexual abuse

- Changes in behaviour a child may start being aggressive, withdrawn, clingy, have difficulties sleeping or start wetting the bed
- Avoiding the abuser the child may dislike or seem afraid of a particular person and try to avoid spending time alone with them
- Sexualised behaviour children who have been abused may behave in sexually inappropriate ways or use sexually explicit language

- Physical problems the child may develop health problems, including soreness in the genital and anal areas or sexually transmitted infections or they may become pregnant
- Problems at school an abused child may have difficulty concentrating and their grades may start to drop
- Giving clues children may also drop hints and clues that the abuse is happening without revealing it outright

4.4 Neglect

- Children whose personal hygiene and state of clothing is poor
- Children who are constantly hungry and frequently tired
- Developmental delay
- Low self-esteem
- Socially isolated
- Poor skin tone or condition of hair
- Untreated medical problems
- Failure to thrive with no medical reason
- Poor concentration
- Frequent accidents and/or accidental injuries
- Eating disorders
- Begging and stealing