

Visible Ministries

Safeguarding Policy & Good Working Practices

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VISIBLE MINISTRIES

SAFEGUARDING POLICY & PROCEDURE


Visible Ministries take the responsibility for the safety and protection of children and vulnerable adults seriously. If you have any concerns at all for the welfare of a child who is connected with the work of Visible, please speak to our Designated Safeguarding Lead: Ian Henderson (DSL).


The procedures that are in this policy have been written to minimise risks and to ensure that we do our very best for children and vulnerable adults. Because of this we expect the procedures outlined here to be adhered to by anyone who comes into contact with Children or vulnerable adults in the work of Visible or during any event or function.

If for any reason these procedures are unable to be followed, or there is difficulty in putting recommendations into practice, this must be brought to the attention of our DSL, so that it can be amended as required.

Policy adopted and approved on by the Trustees on: December 2020

Review date: September 2021

Signed:  (Jon Hancock, Chair)

Signed:  (Ian Henderson, CEO)

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INTRODUCTION

Every effort will be made to safeguard the welfare of children, young persons and vulnerable adults, who are involved in Visible activities.

This will mean ensuring that our workers are all appropriately trained and carry out their duties with due regard to the welfare of children and vulnerable adults.

For clarification purposes, the term 'workers' will be used throughout this document in relation to any adults who assist any activity in direct contact with children, youth or adults, in whatever role. This is either as activity leader, assistant, volunteer helper, and student, in either paid or voluntary capacity.

The term "child or young person" relates to a legal minor – i.e. any person under the age of 18 years.

The term "An adult with additional care and support needs" relates to an adult who is or may be in need of community care services by reason of disability, age or illness; and is or may be unable to take care of or unable to protect him or herself against significant harm or exploitation.

The term Ministry Leader relates to the leader of the particular activity *that day*.

Visible has a Designated Safeguarding Lead (DSL) Adrian Peters who will oversee this policy and its procedures and who will coordinate any action arising from it.

Visible's Dept Safeguarding lead is Natasha Rees who will coordinate any actions in the absence of the DSL.

STATEMENT OF VALUES

FOR THE PROTECTION OF CHILDREN/VULNERABLE ADULTS

In developing our local procedures, we have kept at the forefront of our minds the need to prevent any children, youth and vulnerable adults from coming to any harm whilst using our facilities. To this end, we are committed to:

- Listening to, relating effectively and valuing people of all ages and vulnerability whilst ensuring their protection within Visible's activities.
- Encouraging and supporting parents and/or carers.
- Ensuring that workers and those working with those more vulnerable than most, are given adequate support and training.
- Having a system for reducing risks as they relate to the different groups using our facilities and services.
- Having a system for dealing with concerns about possible abuse.
- Maintaining good links with the statutory childcare authorities.
- Preventing children and young people from coming to harm in the first instance, and to serve to encourage awareness.
- Workers will treat all children/young people with dignity, respect in attitude, language used and actions.

The activities and work will be planned with the safety and well being of children as prime consideration, and organised in a way, which minimises the possibility of children being harmed.

As a minimum:

- All workers will be DBS checked and will have undertaken some Child Protection training.
- While DBS checks are being carried out, workers will be supervised and under no circumstances will be with children on their own.
- All workers will have been formally appointed after informal interview and after completing an application form and DBS check.
- Each group of children will have at least 2 workers allocated to them unless working in an open plan setting with other groups so that additional help and support is readily available.
- All contact with children will be kept public. We do advocate hugging a child if they fall or are distressed, but this must be at request of the child and must be restricted to an arm over the shoulder.
- Workers will never smack or hit a child whatever the circumstances.
- Workers will monitor one another in the area of physical contact. They will help each other by pointing out anything, which could be misconstrued. However if they observe this behaviour on more than one occasion it will be raised with the Ministry Leader.
- Workers will record unusual events; recording in detail what they witnessed (e.g. incidents such as fights and what action was taken, accusations of assault, throwaway sexual comments etc). This should be recorded centrally. The DSL will be notified and will decide if any further action needs to be taken.
- Concerns about actual or potential abuse will be reported to the Ministry Leader and the DSL who will keep written records.

UNDERSTANDING ABUSE

Who is it that abuses children?

Children are very rarely abused by a stranger. More often than not it is someone close to the child, for example a parent, carer, babysitter, sibling, relative or friend of the family.

Sometimes the abuser is someone in authority such as a teacher, youth leader, children's worker, or, very sadly, a church worker or leader.

It is particularly important that we understand this and dispel the common myths and assumptions about who might abuse a child. It is all too easy to think that it can “never happen here”. This would be an error of judgement and would minimise our effectiveness in looking after children we come into contact with.

Having said that abusers are rarely strangers it is known that sometimes, paedophiles and others who set out to abuse children join organisations (including churches) to obtain access to children. That is why we have stringent controls on who can access our children and have careful processes for looking after them whilst they are in our care.

Who abuses adults with additional care and support needs?

What is true for children is also true for adults with additional care and support needs. There are however situations where strangers or members of the community that have strong prejudices towards these individuals, or are ignorant of the person's needs, might abuse the person concerned.

“It is very important to stress that most people do not abuse others. Many people who work with children or adults with additional care and support needs have a desire to do so for genuine reasons and in turn they play a very important role in protecting them”

WHAT DO WE MEAN BY ABUSE?

If we were to take a survey amongst those reading this document there may well be as many definitions of abuse as there are people. Our individual understanding is affected by our experience, education and any past training we have received.

The Social Care Institute for Excellence has a helpful definition which can serve as a starting point:

Abuse is a violation of an individual's human and civil rights by any other person or persons and may be:

- *A single act or repeated acts*
- *An act of neglect or a failure to act*
- *Multiple acts - for example, an adult at risk may be neglected and also be financially abused*

There are five main categories of abuse detailed in government guidance in England.

1: Physical abuse – this includes hitting, shaking, squeezing, burning, biting, administering poisonous substances, suffocating, drowning or the use of excessive force.

2: Emotional abuse – this represents behaviours that are

“persistent emotional mistreatment of children such as to cause severe and persistent adverse effects of the child’s emotional development”

It can be very distressing for a child or an adult with care and support needs to experience lack of love and affection, threats, verbal attacks, taunting, being made fun of or shouting. The definition also extends to behaviours that might make the victim feel worthless, unloved and inadequate or to be exposed to interactions that are beyond a child’s developmental capability.

3: Sexual abuse – this category of abuse includes the involvement of dependent, developmentally immature children or adolescents in sexual activity that they do not fully comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles.

It also includes children or adults with additional care and support needs being exploited by being enticed or forced to watch, participate or contribute to the production of sexual images either in person or using digital communications.

Remember to keep in mind that the commonly held view that this form of abuse is only perpetrated by adult males is simply not true. Women and other children can also commit acts of sexual abuse.

4: Neglect and acts of omission represent the failure of responsible people to meet the basic essential needs of a child or adult with care and support needs.

This includes many different things like ignoring medical, emotional, or physical needs, failure to provide health, care, support or educational services, withholding medication, adequate nutrition and heating.

The failure to provide adequate supervision (including leaving a child with inadequate care-givers) or to protect a vulnerable person from physical or emotional harm also qualify in this category of abuse.

5: Bullying and Cyberbullying

Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable.

Bullying includes: verbal abuse - such as name calling, non-verbal abuse - such as hand signs or glaring, exclusion - such as ignoring or isolating someone, undermining - by constant criticism or spreading rumours, controlling or manipulating someone, racial, sexual or homophobic bullying and making silent, hoax or abusive calls.

Bullying can happen anywhere – at school, at home or online. When bullying happens online it can involve social networks, games and mobile devices. Online bullying can also be known as cyberbullying.

Cyberbullying includes: sending threatening or abusive text messages, creating and sharing embarrassing images or videos, 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games, setting up hate sites or groups about a particular child, encouraging young people to self-harm, voting for or against someone in an abusive poll, creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

In addition to these 5 'main' forms of abuse there are many other forms of abuse that are briefly mentioned below:

- Discriminatory abuse
- Financial abuse
- Spiritual abuse
- Trafficking abuse
- Domestic abuse
- Organised abuse
- Abuse link to faith or belief
- On-line abuse
- Substance misuse abuse
- Sexual exploitation

This is a distressing list, but it is necessary that we have a broad understanding of the types of things that should call us to attention when we see them in the lives of a vulnerable person.

It is worth noting that for some forms of abuse when concerning adults – consent and capacity must be taken into consideration.

THE 5 R'S RESPONDING PROCESS

R – RECOGNISE THE ABUSE.

R – RESPOND TO THE ABUSE.

R – RECORD THE ABUSE.

R – REPORT THE ABUSE.

R – REFLECT AFTERWARDS.

At Visible Ministries we have adopted the '5 R's process' to help us process reports of abuse. Following are the 5 R's explained in more detail. It is important to read through each step carefully and act accordingly to maximise the opportunity to save an individual from future abuse.

HOW MIGHT WE RECOGNISE ABUSE?

The following lists are some of the things that we should consider warning signs and symptoms of abuse. However, they are only a guide and are not necessarily proof of abuse but may be indicators of it.

By keeping our eyes and ears open we might notice:

- a) Changes or regression in mood or behaviour.
- b) A previously bright and bubbly child suddenly has become quiet and withdrawn.
- c) Nervousness/watchfulness.
- d) Sudden under-achievement or lack of concentration.
- e) Changed or inappropriate relationships with peers and/or other adults.
- f) Attention seeking behaviour.
- g) Persistent tiredness.
- h) Running away/stealing/lying.

Other things to look out for include: -

- i) Any injuries not consistent with the explanation given for them, or where differing explanations have been received.
- j) Injuries, which occur to the body in places, which are not normally exposed to falls, rough games, etc.

- k) Injuries and illnesses, which have not received medical attention.
- l) Instances where children are kept away from the group or school inappropriately.
- m) Reluctance to change for, or participate in, games or swimming.
- n) Any signs of neglect, under nourishment or inadequate care.
- o) Any allegations made by a child concerning sexual abuse.
- p) A child with excessive preoccupation with sexual matters, and detailed knowledge of adult sexual behaviour, or who regularly engages in age inappropriate sexual play.
- q) Sexual activity through words, play or drawing.
- r) A child who is sexually provocative or seductive with adults.
- s) Inappropriate bed sharing arrangements at home.
- t) Severe sleep disturbance with fears, phobias, vivid dreams, or nightmares, sometimes with overt or veiled sexual connotation.

One or more warning signs may be evident. Many symptoms of distress in a child or an adult with care and support needs can point to abuse, but there can be other explanations too.

HOW WE RESPOND TO THE ABUSE

If any of us suspects that abuse has taken place or is current, we have an individual responsibility to report our suspicions to the designated Safeguarding Lead at Visible Ministries.

If you see or suspect abuse of a vulnerable person or have concerns about the behaviour of an adult it is your personal responsibility to act.

Safeguarding is a responsibility we share together and by responding you may be adding to an existing body of knowledge held by the Safeguarding Lead which could help prevent or stop an abusive situation.

Do not be afraid to report a concern or to be wrong.

Step 1: Assess the risk:

It is important to recognise that there is a difference between what is **urgent** and what is **serious**. This will help to decide what to do next.

A helpful way to think about this:

“it is important to state that there is a difference between what is urgent and what is serious. If a young baby has had bruising, that is both urgent and serious and immediate action may be taken. Where the concern is about sexual abuse – that is very serious but not urgent in the same way in that it will be important for information to be collected behind the scenes. Or, if there is a concern that an adult with additional care or support needs may be being financially exploited that is very serious but not urgent because again

things will need to be collated and time taken to get that problem sorted out. Remember, it is not your job to make judgements or to undertake investigations but to refer to the relevant people”

Wherever possible consult immediately with the Ministry Leader. It is best to work with a team approach.

DO NOT go charging in “all guns blazing”. You may unwittingly alert a potential abuser which may in turn lead to further manipulation and exploitation of the person you are trying to help. In the worst-case scenario, you may inadvertently “destroy” very important evidence that the police may later need if bringing a conviction.

Of course, any action that is potentially or actually harmful to children or adults with additional care and support needs, requires challenging then and there.

If you see something dangerous, risky or harmful, calmly and quietly take action.

RECORDING THE ABUSE

Where abuse is suspected or seen, by any worker, the following procedure must be followed.

Immediately write down in detail what you saw, heard, or were told, using specific quotes where possible. It is important to distinguish clearly between fact i.e. I saw this bruise and it was 1" round, and on the left

upper arm, and judgement or assessment i.e. it was caused by a pinch. Recording should be short and to the point. Sign and date the report.

REPORTING THE ABUSE

All incidents or worries concerning children, adults with additional care and support needs or workers should be advised without delay to the Ministry Leader or or in the event of their unavailability the Designated Safeguarding Lead.

- 1) Take your report to the ministry leader for that activity. (**NOTE:** If the disclosure is made against the activity leader, **do not** take it to them but go straight to the Designated Safeguarding Lead yourself.
- 2) If the disclosure is not made against the activity leader, then they must inform the DSL upon receiving the report, who must in turn record this with the Date, time, ministry activity, name and any details to describe where there is any suspicion of abuse.
- 3) The leader of that activity will, after discussing this with the DSL, approach the parent to ascertain the circumstances in which an injury that has aroused/suspicion has occurred. If the explanation still causes concern then further advice will be sought.
- 4) The DSL will inform the statutory agencies as appropriate.
- 5) The Chair will be informed of any involvement of outside agencies in this respect.

Please be aware that any allegations or suspicions are covered by confidentiality, and therefore other Visible Ministries employees and workers have no rights to this information. The sharing of information is limited to a “need to know” basis. This will protect the interests of all the parties concerned.

Visible will **not** investigate any concerns or allegations of harm. Such situations will be referred to Social Services, Police or NSPCC for proper independent investigation. The Trustees should be kept informed if not already consulted.

REFLECT AFTERWARDS

This is an important process, but we should acknowledge that following this process can be distressing for all involved. As such, it is good practice to reflect on our actions and ask ourselves “have I done all I need to do?”. By doing this we massively increase the chances of keeping an individual safe from future abuse.

APPOINTING NEW WORKERS

Selection of workers for Visible will be after appropriate checks, inquiries and considerations about their suitability for the work. No activity leader will appoint or use somebody in this work just because they are short staffed.

Each potential new worker will complete an application form. The DSL will check information on the form and make arrangements for the DBS form to be completed and submitted.

Before taking up a position each worker will be interviewed and a “settling in” period of 3 months will be given after which time a review of suitability will be undertaken.

Application forms and DBS forms will be kept securely by the Trustees.

TRAINING AND SUPPORT FOR WORKERS

All workers with children and vulnerable adults will receive training and will be supervised and supported in the work they do.

- Opportunities will be given for people to discuss their contribution and review their roles.
- Positive ideas/training and development needs will be clearly identified by each activity leader for all their workers.
- Safeguarding training will be given to all new workers.

COMPLAINTS AGAINST WORKERS

All complaints will be dealt with respectfully and sensitively. The following procedures apply.

- The worker receiving the complaint whether in writing or verbally will tell the ministry leader who will record this centrally.
- Where possible the complainant should be asked to sign to agree with what is recorded.
- The activity leader will then tell the DSL who will inform the Trustees if necessary.
- The DSL and the Chair will determine the next course of action.
- In complaints about possible abuse the worker will be relieved from duty immediately until investigations are completed.
- If abuse is witnessed and a statement is signed by that witness, then the DSL will inform the statutory authorities.

PHOTOGRAPHY & SOCIAL MEDIA

No photographs may be taken or published of young people engaging in Visible activities without written consent from parents.

Written parental consent must also be obtained for any contact between staff/volunteers and young people over text, phone or social media. This contact should strictly be limited to information regarding Visible activities and no contact should be made between 10:00pm-8:00am.

Visible workers will abide by the staff code of conduct in regard to Social Media, as outlined in the Staff Handbook.

POLICY REVIEW

- The responsibility for introducing, implementing and maintaining this policy rests with the Trustees
- The policy will be reviewed annually by the DSL, together with the Trustees
- Each time the policy is revised the DSL will inform all workers.
- A new version number will be given every time changes are made.

KEY TELEPHONE NUMBERS

Childline	0800 1111
Social Services Emergency Duty Officer	01625 534700
Police	101 (999 in emergencies only)
DSL (Adrian Peters)	07713616430
Deputy DSL (Natasha Rees)	07453807907
Chair (Jon Hancock)	07595 309125

HELPFUL INFORMATION

FEMALE GENITAL MUTILATION (FGM)

All workers need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

Where workers suspect that a girl is at risk of FGM, they must report this to the DSL without delay. The DSL will then activate the relevant safeguarding procedures, using Greater Manchester Safeguarding Partnership document Female Genital Mutilation Multi-Agency Protocol.

Where workers suspect that FGM appears to have been carried out on a girl under the age of 18, they have a statutory duty to report this to the police. Unless workers have good reason not to do so, they should discuss any such case with the DSL or children's social care in accordance with the **Procedures for Dealing with Concerns about a Child** set out elsewhere in this policy.

The following may be indicators of risk:

- The family comes from a community that is known to practice FGM;
- Any female child born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family;
- Any female who has a relative who has already undergone FGM must be considered to be at risk;
- The socio-economic position of the family and the level of integration within UK society can increase risk.

Indicators that FGM may soon take place:

- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A child may talk about a long holiday (usually within the school summer holiday) to her country of origin or another country where the practice is prevalent.
- A child may confide to a professional that she is to have a 'special procedure' or to attend a special occasion.
- A professional hears reference to FGM in conversation, for example a child may tell other children about it.

The following may be short-term indicators that FGM has taken place:

- Prolonged absence from school with noticeable behaviour changes on the girl's return.
- Longer/frequent visits to the toilet particularly after a holiday abroad, or at any time.
- Some girls may find it difficult to sit still and appear uncomfortable or may complain of pain between their legs.
- Some girls may speak about 'something somebody did to them, that they are not allowed to talk about'.
- A professional overhears a conversation amongst children about a 'special procedure' that took place when on holiday.
- Recurrent Urinary Tract Infections (UTI) or complaints of abdominal pain.

- Intense pain and/or haemorrhage that can lead to shock during and after the procedure;
- Occasionally death.
- Haemorrhage that can also lead to anaemia.
- Wound infection, including tetanus. Tetanus is fatal in 50 to 60 percent of all cases.
- Urine retention from swelling and/or blockage of the urethra.
- Injury to adjacent tissues.
- Fracture or dislocation as a result of restraint.
- Damage to other organs.

In the UK, girls and women affected by FGM will manifest some of these long term health complications. They may range from mild to severe or chronic.

- Excessive damage to the reproductive system
- Uterine, vaginal and pelvic infections
- Infertility
- Cysts
- Complications with menstruation
- Psychological damage; including a number of mental health and psychosexual problems, e.g. depression, anxiety, post traumatic stress, fear of sexual activity. Many children exhibit behavioral changes after FGM, but problems may not be evident until adulthood.
- Abscesses.
- Sexual dysfunction.
- Difficulty in passing urine.
- Increased risk of HIV transmission/Hepatitis B/C – using same instruments on several girls.

CHILD SEXUAL EXPLOITATION

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups.

What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber-bullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Once again, workers should be especially vigilant to signs and other evidence that a child is or is at risk of becoming a victim of CSE and report their concerns immediately to the DSL. The DSL will then make a referral to the relevant authorities in accordance with agreed inter-agency procedures.

RADICALISATION AND VIOLENT EXTREMISM

We are committed to protecting young people from the malign influence of violent political and religious extremism. Further, Visible recognises the 'Prevent duty' and the importance of acting in accordance with Prevent Duty Guidance: for England and Wales (2015).

Workers must be particularly vigilant and will report any concerns they have about radicalisation and violent extremism to the DSL. The DSL will then make a referral to the relevant authorities in accordance with Greater Manchester Safeguarding Partnership guidance Safeguarding Children and Young People Vulnerable to Violent Extremism.