

Lark in the Park

Safeguarding Policy 2025

Lark in the Park
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Lark in the Park is a community project run annually at Sidcup Place and in the surrounding area of Sidcup.

OUR COMMITMENT

As a Leadership we recognise the need to provide a safe and caring environment for children, young people and vulnerable adults. We acknowledge that children, young people and vulnerable adults 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.” 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 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 site meets 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 vulnerable adults.
- file a copy of the policy and practice guidelines with the local authority London Borough of Bexley LSCB, and any amendments subsequently published. The Leadership agrees not to allow the document to be copied by other organisations.

SECTION1

RECOGNISING AND RESPONDING APPROPRIATELY TO AN ALLEGATION OR SUSPICION OF ABUSE, UNDERSTANDING ABUSE AND NEGLECT

Defining child abuse or abuse against a vulnerable 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 vulnerable adult.

In order to safeguard those in our organisation 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. States 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.

Detailed definitions, and signs and symptoms of abuse, as well as how to respond to a disclosure of abuse, are in the appendix to this policy.

1:2 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.

The Leadership will also ensure that children and vulnerable adults 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.

1:3 RESPONDING TO ALLEGATIONS OF ABUSE

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

- The person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to **Dan Rouse** (hereafter the "Designated Safeguarding Lead") tel no: 07904290514 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 Designated Safeguarding Lead or, if the suspicions in any way involve the Designated Safeguarding Lead, then the report should be made to **Jon Rouse** (tel no: 07710 813490) , **Paula Weston** (07931350459), or **Simon Dubbey** (07841872454) (hereafter the "Deputy Designated Safeguarding Lead ").If the suspicions implicate both the Designated Safeguarding Lead and the Deputies, then the report should be made to Local Authority Designated Officer or the police.
- Where the concern is about a child, the Designated Safeguarding Lead should contact Children's Social Services in the Local Authority where the child resides. Where the concern is regarding an adult in need of protection, contact Adult Social Services again of the Local Authority where the person resides.

To contact the Children's Services Multi-Agency Safeguarding Hub (MASH) Bexley;

Daytime hours (Monday to Friday 9am to 5pm) 020 3045 5440.

Out of hours (6pm to 8am Monday to Friday and weekends) 020 8303 7777 or 020 8303 7171.

The Bexley local Adult Social Services office telephone number (office hours) is 0208 303 7777

The out of hours emergency number is 0208 303 7777.

- 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 Designated Safeguarding Lead, the absence of the Designated Safeguarding Lead or Deputy should not delay referral to Social Services or the Police.
- The Leadership will support the Designated Safeguarding Lead/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, although the Leadership hope that members of the organisation will use the above procedure. If, however, the individual with the concern feels that the Designated Safeguarding Lead/Deputy has not responded appropriately, or where they have a disagreement with the Designated Safeguarding Lead(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 Designated Safeguarding Lead/ 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.

1:4 DETAILED PROCEDURES WHERE THERE IS A CONCERN ABOUT A CHILD:

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 Designated Safeguarding Lead/Deputy will:

- Contact Children's Social Services 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.
- Seek medical help if needed urgently, informing the doctor of any suspicions.
- 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.

- Seek and follow advice given by Children's Social Services if unsure whether or not to refer a case.

ALLEGATIONS OF SEXUAL ABUSE

In the event of allegations or suspicions of sexual abuse, the Designated Safeguarding Lead/Deputy will:

- Contact the Children's Social Services Department Duty Social Worker for children and families or Police Child Protection Team direct.
- They will NOT speak to the parent/carer or anyone else.

1:5 DETAILED PROCEDURES WHERE THERE IS A CONCERN THAT AN ADULT IS IN NEED OF PROTECTION:

Suspicious 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, Designated Safeguarding Lead/Deputy will:

- contact the Adult Social Care Team who have responsibility under the Care Act 2014 to investigate allegations of abuse.
- 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, Designated Safeguarding Lead will:

- Identify support services for the victim i.e. counselling or other pastoral support

1:6 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 Designated Safeguarding Lead, in accordance with Local Safeguarding Children Board (LSCB) procedures, will need to liaise with Children's Social Services in regards to the suspension of the worker, also making a referral to a designated officer formerly called a Local Authority Designated Officer (LADO).

SECTION 2

2:1 SAFE RECRUITMENT

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 job description / person specification for the post
- Those applying have completed an application form and a self declaration form
- Written references have been obtained, and followed up where appropriate
- A criminal records disclosure has been completed if appropriate for the position (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information)
- The applicant has been given a copy of the organisation's safeguarding policy and knows how to report concerns.

2:2 MANAGEMENT OF WORKERS – CODES OF CONDUCT

As a Leadership we are committed to supporting all workers and ensuring they receive support and supervision. 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.

2:3 WHISTLEBLOWING

As an organisation, we will follow the principles contained in the Public Interest Disclosure Act 1998. Therefore we expect that all employees (paid or voluntary) will report improper actions and omissions. Whilst all malpractice and acts of discrimination will be investigated, it is especially important that suspicions of abuse are immediately reported to the Designated Safeguarding Lead.

2:4 WORKING WITH OFFENDERS

When someone volunteers to help at LITP and is known to have abused children, or is known to be a risk to vulnerable adults, the Leadership will supervise the individual concerned and offer pastoral care, but in its safeguarding commitment to the protection of children and vulnerable adults, set boundaries for that person which they will be expected to keep. This will be in the form of a written contract tailored specifically to individual circumstances and informed ideally by risk assessments from the statutory agencies.

SECTION 3

PRACTICE GUIDELINES

As an organisation working with children, young people and vulnerable adults 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 a general code of conduct for workers we also have specific good practice guidelines for every activity we are involved in.

3:1 Duty of Care and Position of Trust

The duty of care is in part exercised through the development of respectful and caring relationships but also by workers taking all reasonable steps to ensure the safety and well-being of those they have responsibility for, particularly in relation to sexual, physical and emotional abuse. Before individuals start working with children, young people and vulnerable adults, they need to understand and acknowledge the responsibilities and trust inherent to their role.

Workers should always maintain professional boundaries and avoid behaviour which might be misinterpreted. Any kind of sexual relationship between an adult worker and a child is NEVER acceptable and if concerns arise in this area, this should be recorded and reported to the Safeguarding Coordinator.

3:2 Safety of Venues and Equipment

All electrical sockets are guarded and all electrical equipment PAT tested. No children under the age of 16 are allowed to serve behind the counter in the café.

3:3 Food and Drink Safety and Hygiene

Any food that is made and/or consumed on the premises should meet food safety regulations and the person responsible for the food should possess a basic food hygiene certificate or equivalent and be knowledgeable in areas such as food preparation, handling, storage, disposal of waste etc. Systems are in place to ensure that children, young people or vulnerable adults do not have access to food/drinks to which they are allergic

3:4 First Aid

A first aid kit and an appropriately qualified first aider will be available for all activities.

3:5 Safeguarding Principles for Group or Activity

- To ensure that everyone is treated with dignity and respect in attitude, language and actions.
- Consideration for the number of workers needed to run the group and if the group is mixed, then both male and female leaders should be present.
- Clear guidelines on personal privacy e.g. when working with children avoiding questionable activity such as rough or sexually provocative games and comments.
Not allowing anyone under 16 years of age to be left in charge of children of any age or those attending the group being left unsupervised.
- Only workers assigned to the children and youth activities being allowed to participate in the activity. Other adults should not be allowed free access.

3:6 Data Protection, Human Rights and Safeguarding

The leadership will comply with the rules on processing data as required in the EU General Data Protection Regulation (GDPR) 2018. Where disclosing information might place a child, young person or vulnerable adult at risk, then safeguarding considerations take precedence over data protection. In certain circumstances the Data Protection Act allows for disclosure of information without the consent of the person involved, including for the prevention or detection of crime, or the apprehension or prosecution of offenders. The European Convention of Human Rights also makes provision for the disclosure of information in connection with 'the protection of health or morals, for the protection of the rights and freedoms of others and for the prevention of disorder or crime. Disclosure should be appropriate for the purpose and only to the extent necessary to achieve that purpose.

Children, young people and vulnerable adults have the right to be protected from harm. For example, information relating to concerns that a child is at risk of significant harm should therefore not be withheld on the basis that it might be unlawful.

Information about allegations or concerns of abuse should not be shown to a parent or carer. Advice should always be sought from Children's Social Services, Adult Services, or the police

3:7 Accidents

All accidents, however minor, should be recorded in an accident book. If it is a child who has had the accident, then the parent/carer of the child should be asked to read and sign the accident book. Whether a vulnerable adult can sign the book will depend on the nature and extent of their disability.

3:8 Suggestions and complaints

Where a person wishes to make a complaint or make a suggestion about any activity or group the organisation is providing, it should be taken seriously. They should speak to the group leader first who should endeavour to resolve the matter. This should be followed up by a written response to the issue that has been raised and should be recorded and stored appropriately.

If a complaint is not resolved to the satisfaction of the person, then the matter should be taken to the Leadership.

The above refers to complaints of a general nature. In the case of safeguarding concerns, these should follow the procedures in the safeguarding policy.

3:9 Working with disruptive children and young people

Sometimes children and young people become angry, upset or disruptive. Occasionally their behaviour may endanger themselves or others. The Government has developed national standards in relation to early years and day care and the following guidelines can be adopted by the leadership.

If someone is being disruptive:

- Ask them to stop.
- Speak to them to establish the cause(s) of the upset.
- Inform them they will be asked to leave if the behaviour continues.
- Warn them if they continue to be disruptive, this might result in longer-term exclusion from the group.

If they are harming themselves, another person or property then others in the group should be escorted away from the area where the disruption is occurring. At the same time, and with a second worker present, request them to STOP. If your request is ignored, you might need to warn the individual that you will consider calling the Police. As a last resort, in the event of them harming themselves, other people or property, physical restraint may be needed until the Police arrive.

The workers involved should always record what happened in writing as soon as possible after the incident. This should include:

- What activity was taking place.
- What might have caused the disruptive behaviour.
- The person's behaviour.
- What was said and how the worker and others responded.
- A list of others present who witnessed the incident. A copy should be given to the leader, a copy retained by the worker and a copy kept with the logbook.
- Parents should be informed if their child has been restrained.

3:10 Anti- bullying Policy and practice (children & young people)

Bullying is the use of aggression with the intention of hurting another person. Children can bully each other, be bullied by adults and can sometimes bully adults. Any form of bullying results in pain and distress to the victim and is unacceptable behaviour within this organisation. Some common forms of bullying can be:

- Verbal -name-calling, sarcasm, spreading rumours, teasing including via emails or text messaging
- Emotional - being unfriendly, excluding, tormenting, graffiti, gestures, racial taunts
- Physical - pushing, kicking, hitting, punching or any use of violence
- Sexual - sexually abusive comments or gestures
- Racial - any of the above because of, or focusing on the issue of racial differences
- Homophobic - any of the above because of, or focusing on the issue of sexual orientation
- Unofficial activities such as initiation ceremonies and practical jokes which may cause children physical or emotional harm even though this may not be intended
- Online bullying (or Cyber-Bullying) is an increasing issue with the growth in the use of the Internet and social media by children.

There will be a known zero tolerance to bullying, so if it does occur, children and leaders will be able to report the matter and it can be dealt with promptly and effectively. There will be an expectation that anyone who knows that bullying is happening will report it. Whilst the child being bullied needs protection, the person/people doing it need to address the reasons for their behaviour and be encouraged to relate to others in more positive ways. .

Copies of the organisation's Anti Bullying Policy to be available to all workers.

3:11 Tobacco and Alcohol

A no-smoking policy will be enforced within all of the venues at LITP. All those attending the activity will be made aware of this policy and agree to abide by it.

Workers have the right to confiscate and destroy any alcohol found in a young person's possession.

There may be occasions where it is felt necessary to inform parents /carers that a child/young person has been drinking, particularly if they are under the influence of alcohol at the group or there are concerns for their health or safety. Obviously this may affect working relationships and there is a moral question that will need to be considered before any action is taken.

3:12 Solvents and Illegal Substances.

Workers should be alert to possession and use of illegal substances. If a worker becomes aware a child, young person or vulnerable adult may be abusing solvents they should be encouraged to seek professional help from their doctor or a counsellor specialising in this area.

It is a criminal offence to allow anyone attending an activity run by LITP, to supply illegal drugs or use them on the premises. The Leadership will adopt zero tolerance on all illegal substances and will contact the police should any such situations arise. All those attending the activity should be made aware of this protocol which should be clearly displayed.

For the individual involved:

- Ask them to stop, warning them of the consequences if they do not e.g. suspension or ban from the group.
- Inform parents/carers if the young person is under 16 years.
- Inform the parents/carers if the young person is over 16 years (with their permission).
- Discuss with the young person the proposed course of action, particularly if they re-offend (e.g. informing the police).
- Write down the content of any discussion with the young person, including the action taken and keep this in a secure place.
- Liaise with the police to devise a strategy for dealing with the use of illegal substances.

3:13 Gangs and Gang Crime

If there is reason to believe children and young people are involved in criminal gang activity, they need to be told if they carry a gun or a knife they could be arrested; also that a court appearance and a criminal record could jeopardise their chances of employment, going to university or college, or even travelling abroad.

The best way workers can help prevent children getting involved in a gang is to talk openly about it, finding out what they think about gangs and warning them of the dangers of becoming involved

Youth workers to be given a copy of : Gangs – signs of involvement and how to respond.

3:14 Special Needs and Disabilities

Workers should be aware that any child, young person or vulnerable adult attending an activity who has a special need or disability may need extra help in areas such as communication and mobility. They may behave in a non-age appropriate way. Appropriate boundaries will be set that take their needs into account, but also protect workers from false accusation. The organisation will train the workers in appropriate disability awareness including the use of different forms of communication (e.g. sign language) and language etiquette.

3:15 Filming and taking photographs

Permission must be obtained of both children and adults before a photograph is taken or film footage recorded. This will be requested by the designated photographer.

- It must be made clear why the image(s) or film is being used, what it will be used for and who might want to look at the pictures.
- When using photographs of children and young people, use group pictures and never identify them by name or other personal details. These details include e-mail or postal addresses, telephone numbers.
- Obtain written and specific consent from parents or carers before using photographs on a website.

Unauthorised photography or filming (including the use of mobile phones for this purpose), of any child/young person whilst they are involved in an activity, is not permitted. Authorised photographers will wear a clearly visible badge.

3:16 Staff/volunteer use of social media

All team members must use social media with discretion and wisdom. Photos of children or young people (where their faces are recognisable) at LITP cannot be posted on social media by team members. Only photos which are anonymous and do not show recognisable individuals can be posted on social media and used for publicity. Children and young people should never be named or “tagged” in team members’ posts on social media.

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

We therefore have clear guidelines in regards to 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. Good communication is essential in promoting safeguarding, both to those we wish to protect, to everyone involved in working with children and vulnerable adults and to all those with whom we work in partnership. This safeguarding policy is just one means of promoting safeguarding.

Signed by

D J Rouse

Date: March 2024

Review; March 2025

APPENDIX

STATUTORY DEFINITIONS OF ABUSE (Children)

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.

Significant harm

This relates to the degree of harm that triggers statutory action to protect a child. It is based on the individual child's health or development compared to that which could reasonably be expected of a similar child. e.g severity of ill treatment, degree and extent of physical harm, duration and frequency of abuse and neglect, premeditation. Department of Health guidance suggests that 'significant' means 'considerable, noteworthy or important.'

Children in Whom Illness is Fabricated or Induced (formerly known as Munchausen's Syndrome By Proxy)

This is a form of child abuse in which the parents or carers give false accounts of symptoms in their children and may fake signs of illness (to draw attention to themselves). They seek repeated medical investigations and needless treatment for their children. The government guidance on this is found in 'Safeguarding Children in whom Illness is Fabricated or Induced' (2002).

Spiritual abuse

Linked with emotional abuse, spiritual abuse could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying or doing things without respecting an their right to choose for themselves. Some indicators of spiritual abuse might be a leader who is intimidating and imposes his/her will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. He or she may say that God has revealed certain things to them and so they know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously God's) acceptance and approval.

Domestic Violence

The shared Association of Chief Police Officers (ACPO), Crown Prosecution Service (CPS) and government definition of domestic violence is: 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality.' (Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.)

In 2004 the Government's definition of domestic violence was extended to include acts perpetrated by extended family members as well as intimate partners. Consequently, acts such as forced marriage and other so-called 'honour crimes', which can include abduction and homicide, can now come under the definition of domestic violence.

Investigating complex (organised or multiple) abuse

This abuse may be defined as abuse involving one or more abusers and a number of children. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse.

Complex abuse occurs both as part of a network of abuse across a family or community, and within institutions such as residential homes or schools. Such abuse is profoundly traumatic for the children who become involved. Its investigation is time-consuming and demanding work, requiring specialist skills from both police and social work staff. Some investigations become extremely complex because of the number of places and people involved, and the timescale over which abuse is alleged to have occurred. The complexity is heightened where, as in historical cases, the alleged victims are no longer living in the setting where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role. (Working Together 2010 Sections: 6.10 – 6.11)

Child Prostitution

Working Together to Safeguard Children' (2006) Section 6.2 stated:

Children involved in prostitution and other forms of commercial sexual exploitation should be treated primarily as the victims of abuse, and their needs require careful assessment.

New offences targeted at those who sexually exploit children and young people

The Sexual Offences Act 2003 introduced a number of new offences to deal with those who sexually exploit children and young people. The offences protect children up to the age of 18 and can attract tough penalties. They include:

- paying for the sexual services of a child;
- causing or inciting child prostitution;
- arranging or facilitating child prostitution; and
- controlling a child prostitute.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other nontherapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between four and thirteen, but in some cases FGM is performed on new born infants or on young women before marriage or pregnancy. A number of girls die as a direct result of the procedure from blood loss or infection, either following the procedure or subsequently in childbirth.

FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

SIGNS OF POSSIBLE ABUSE (children & young people)

The following signs could be indicators that abuse has taken place but should be considered in context of the child's whole life.

Physical

- Injuries not consistent with the explanation given for them
- Injuries that occur in places not normally exposed to falls, rough games, etc
- Injuries that have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises on babies, bites, burns, fractures etc which do not have an accidental explanation*
- Cuts/scratches/substance abuse*

Sexual

- Any allegations made concerning sexual abuse
- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
- Age-inappropriate sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia*

Emotional

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging.
- Depression, aggression, extreme anxiety.
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness

- Running away/stealing/lying

Neglect

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

*These indicate the possibility that a child or young person is self-harming. Approximately 20,000 are treated in accident and emergency departments in the UK each year.

HOW TO RESPOND TO A CHILD OR VULNERABLE ADULT, WANTING TO TALK ABOUT ABUSE

Ensure the physical environment is welcoming, giving opportunity for the child or vulnerable adult to talk in private but making sure others are aware the conversation is taking place.

- It is especially important to allow time and space for the person to talk
- Above everything else listen without interrupting
- Be attentive and look at them whilst they are speaking
- Show acceptance of what they say (however unlikely the story may sound) by reflecting back words or short phrases they have used
- Try to remain calm, even if on the inside you are feeling something different
- Be honest and don't make promises you can't keep regarding confidentiality
- If they decide not to tell you after all, accept their decision but let them know that you are always ready to listen.
- Use language that is age appropriate and, for those with disabilities, ensure there is someone available who understands sign language, Braille etc.

HELPFUL RESPONSES

- You have done the right thing in telling
- I am glad you have told me
- I will try to help you

DON'T SAY

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- Why? How? When? Who? Where?
- I am shocked, don't tell anyone else.

TAKING CARE OF TOUCHING

- Keep everything public. A hug in the context of a group is very different from a hug behind closed doors.
- Touch should be related to the child, young person or vulnerable adults needs, not the worker's.
- Touch should be age-appropriate and generally initiated by the child, young person or vulnerable adult, rather than the worker.
- Avoid any physical activity that may be sexually stimulating.
- All children, young people and vulnerable adults are entitled to personal privacy and the right to decide how much physical contact they have with others, except in circumstances such as a medical emergency.
- When giving first aid (or applying sun cream etc), encourage the child, young person or vulnerable adult to do what they can themselves but, in their best interests giving appropriate help where necessary.
- Team members should monitor one another in the area of physical contact. They should be free to help each other by constructively challenging anything which could be misunderstood or misconstrued.
- Concerns about abuse should always be reported.

Guidelines for dealing with challenging behaviour including restraining

Staff should not use any form of degrading or humiliating treatment towards anyone. The use of sarcasm, demeaning or insensitive comments towards people is completely unacceptable. Where a person displays difficult or challenging behaviour, staff should follow the following procedure, taking extreme care to avoid any practice that could be viewed as unlawful and a breach of the person's human rights.

This means that staff should:

- not use force as a form of controlling the situation.
- try to defuse situations before they escalate e.g. by distraction
- behave as a role model
- avoid shouting at children other than as a warning in an emergency/safety situation

The law and guidance states that adults may reasonably intervene to prevent a child from:

- committing a criminal offence
- injuring themselves or others
- causing damage to property

In all cases where physical intervention has taken place, it would be good practice to record the incident and subsequent actions and report these to the safeguarding officer and the child or young person's parents.

Positive Handling refers to the whole range of de-escalation and management strategies, including where necessary, physical intervention. De-escalation strategies, including diversion, distraction, defusion and negotiation are used to prevent violence and reduce the risk of injury.

Physical intervention refers to any action by which one or more people restrict the actions of another, e.g. blocking the path of a child or guiding him or her away from a harmful situation. It includes physical restraint. Physical intervention must not be used as a method of enforcing discipline or compliance when there is no serious risk to individuals or significant risk to property. Most escalating conflicts can be resolved without the need for physical intervention.

Physical restraint is the positive application of force with the intent of overpowering to prevent harm. If all reasonable steps have been taken to prevent a person exhibiting violent behaviour and the situation continues then the person must be warned that if they do not desist physical restraint may be used. If a violent incident seems imminent, then wherever possible another member of staff must be summoned. This should not be seen as failure as the presence of a second adult could prove helpful in ensuring safety, objectivity and calm control, as well as providing a witness to what takes place.

Restraint must at all times be "reasonable" and judgement of what constitutes "reasonable" rests with the member of staff at that point in time. "Reasonable" is the minimum intervention a responsible adult would exercise to prevent physical injury or damage, always bearing in mind danger to those concerned. .

Physical Intervention must never:

- a) Interfere with breathing, blood supply or genital areas;
- b) Involve holding the throat, wrists, joints or fingers.

Restraint should be applied at just above the level of force of resistance and then relaxed and released as soon as possible to allow the person to regain composure. The person should be told what will happen next to avoid unnecessary anxiety.

Where a person has a sensory or physical disability, or a learning difficulty, particular care will be required to ensure that they understand what is happening and to ensure that a member of staff's actions are not discriminatory.

The use of any form of physical intervention carries the risk of allegations of abuse against staff. However, staff are equally open to accusation of a failure of 'Duty of Care' if a child / young person suffers as a result of a refusal to intervene physically where it probably would have kept them safe.

Physical intervention or physical restraint can only be justified if all other intervention strategies and non-physical methods have proved ineffective and / or there is an immediate danger of physical harm to individuals or the risk of significant damage to property. No member of staff is obliged to undertake physical intervention where doing so would place that member of staff in immediate danger of physical harm.

In no other circumstances can physical intervention or restraint against a person be justified.

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