

Excellence in Safeguarding

Level 2 Training

Handout Pack



Working Together to Safeguard Children

A guide to inter-agency working to safeguard and promote the welfare of children – July 2018

Section 11 of the Children Act 2004

Places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

2. Section 11 places a duty on:

- local authorities and district councils that provide children's and other types of services, including children's and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services
- NHS organisations and agencies and the independent sector, including NHS England and clinical commissioning groups, NHS Trusts, NHS Foundation Trusts and General Practitioners
- the police, including police and crime commissioners and the chief officer of each police force in England and the Mayor's Office for Policing and Crime in London
- the British Transport Police
- the National Probation Service and Community Rehabilitation Companies
- Governors/Directors of Prisons and Young Offender Institutions (YOIs)
- Directors of Secure Training Centres (STCs)
- Principals of Secure Colleges
- Youth Offending Teams/Services (YOTs)
- 3. These organisations and agencies should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:
- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children
- a senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation's/agency's safeguarding arrangements
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services
- clear whistleblowing procedures, which reflect the principles in Sir Robert Francis' Freedom to Speak Up Review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed
- clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies
- arrangements which set out clearly the processes for sharing information, with other practitioners and with safeguarding partners
- a designated practitioner (or, for health commissioning and health provider organisations/agencies, designated and named practitioners) for child safeguarding. Their role is to support other practitioners in their organisations and agencies to recognise the needs of children, including protection from possible abuse or neglect. Designated practitioner roles



- should always be explicitly defined in job descriptions. Practitioners should be given sufficient time, funding, supervision, and support to fulfil their child welfare and safeguarding responsibilities effectively
- safe recruitment practices and ongoing safe working practices for individuals whom the
 organisation or agency permit to work regularly with children, including policies on when to
 obtain a criminal record (*now DBS) check
- appropriate supervision and support for staff, including undertaking safeguarding training
- creating a culture of safety, equality, and protection within the services they provide

In addition:

- employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
- staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and the procedures to be followed if anyone has any concerns about a child's safety or welfare
- all practitioners should have regular reviews of their own practice to ensure they have knowledge, skills and expertise that improve over time

People in positions of trust

- 4. Organisations and agencies working with children and families should have clear policies for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has: behaved in a way that has harmed a child, or may have harmed a child possibly committed a criminal offence against or related to a child behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- 7. Employers, school governors, trustees and voluntary organisations should ensure that they have clear policies in place setting out the process, including timescales for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegation against people who work with children should be reported immediately to a senior manager within the organisation or agency. The designated officer, or team of officers, should also be informed within one working day of all allegations that come to an employer's attention or that are made directly to the police.
- 8. If an organisation or agency removes an individual (paid worker or unpaid volunteer) from work in regulated activity with children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation or agency must make a referral to the Disclosure and Barring Service to consider whether to add the individual to the barred list.
- 9. This applies irrespective of whether a referral has been made to local authority children's social care and/or the designated officer or team of officers. It is an offence to fail to make a referral without good reason



Voluntary, charity, social enterprise, faith-based organisations and private sectors

- 57. Voluntary, charity, social enterprise (VCSE) and private sector organisations and agencies play an important role in safeguarding children through the services they deliver. Some of these will work with particular communities, with different races and faith communities and delivering in health, adult social care, housing, prisons, and probation services. They may as part of their work provide a wide range of activities for children and have an important role in safeguarding children and supporting families and communities.
- 58. Like other organisations and agencies who work with children, they should have appropriate arrangements in place to safeguard and protect children from harm. Many of these organisations and agencies as well as many schools, children's centres, early years, and childcare organisations, will be subject to charity law and regulated either by the Charity Commission or other 'principal' regulators. Charity trustees are responsible for ensuring that those benefiting from, or working with, their charity, are not harmed in any way through contact with it. The Charity Commission for England and Wales provides guidance on charity compliance which should be followed. Further information on the Charity Commission's role in safeguarding can be found on the Charity Commission's page on Gov.uk.
- 59. Some of these organisations and agencies are large national charities whilst others will have a much smaller local reach. Some will be delivering statutory services and may be run by volunteers, such as library services. This important group of organisations includes youth services not delivered by local authorities or district councils.
- 60. All practitioners working in these organisations and agencies who are working with children and their families are subject to the same safeguarding responsibilities, whether paid or a volunteer.
- 61. Every VCSE, faith-based organisation and private sector organisation or agency should have policies in place to safeguard and protect children from harm. These should be followed, and systems should be in place to ensure compliance in this. Individual practitioners, whether paid or volunteer, should be aware of their responsibilities for safeguarding and protecting children from harm, how they should respond to child protection concerns and how to make a referral to local authority children's social care or the police if necessary.
- 62. Every VCSE, faith-based organisation and private sector organisation or agency should have in place the arrangements described in this chapter. They should be aware of how they need to work with the safeguarding partners in a local area. Charities (within the meaning of section 1 Charities Act 2011), religious organisations (regulation 34 and schedule 3 to School Admissions) and any person involved in the provision, supervision or oversight of sport or leisure are included within the relevant agency regulations. This means if the safeguarding partners name them as a relevant partner they must cooperate. Other VCSE, faith-based and private sector organisations not on the list of relevant agencies can also be asked to cooperate as part of the local arrangements and should do so.



Safeguarding Roles And Responsibilities

Trustees / Deacons

- Ultimately responsible for safeguarding
- Responsible for the implementation of policy and procedures
- Responsible for supporting the church workers
- Responsible for raising awareness about best practice within the church
- Responsible for ensuring that the relevant people have received the appropriate training

Safeguarding Trustee / Deacon

Not necessarily the person who heads up safeguarding in the church – could be a trustee / deacon with an interest and willingness to learn.

- Takes a lead on safeguarding matters for the trustees / deacons
- Be the point of contact with trustees / deacons for safeguarding issues
- Ensure church policy and procedures are reviewed annually

Designated Person for Safeguarding

- Receives all reports of concerns regarding the safeguarding of children, young people and adults at risk
- Listens, observes and acts on those concerns appropriately, having taken advice from the relevant people
- Acts as a link between the church and other agencies or bodies on safeguarding matters

Disclosure and Barring Service (DBS) Verifier

• Responsible for all aspects of processing DBS checks for church staff and volunteers (with the exception of the minister).

The Minister

- Shares with the trustees the general responsibility for the adoption and implementation of the church's safeguarding policy
- Should be made aware of any safeguarding issues within the church
- Should take responsibility for ensuring that the pastoral needs of all are being met.

Wherever possible, the minister should **NOT** be the Designated Person for Safeguarding.



Types Of Abuse

These definitions of abuse have been compiled from a range of sources.

Physical Abuse	Includes	Some of the key indicators
To inflict pain, physical injury or suffering	Hitting, slapping and beating Shaking, pinching, throwing and pushing Kicking, burning, drowning and hair pulling Squeezing, suffocating, poisoning and using inappropriate restraint Parent or carer fabricates the symptoms of, or deliberately induces illness in a child	 Any injuries not consistent with the explanation given for them Cuts, lacerations, puncture wounds, open wounds, welts Bruising and discolouration - particularly if there is a lot of bruising of different ages and in places not normally exposed to falls, rough games etc. Black eyes, burns, broken bones and skull fractures If the person is seen to have injuries that recur or are in the same place on more than one occasion or are without plausible explanation Any injury that has not received medical attention or been properly cared for Poor skin condition or poor skin hygiene Loss of hair, loss of weight and change of appetite Repeated or unexplained tummy pains Person flinches at physical contact &/or keeps fully covered, even in hot weather; Person appears frightened or subdued in the presence of a particular person or people
Emotional Abuse	Includes	Some of the key indicators
The use of threats, fear or power gained by another's position, to invalidate the person's independent wishes Such behaviour can create very real emotional and psychological stress. In children it can cause severe and persistent adverse effects on their emotional development	Mocking, coercing, threatening or controlling behaviour Bullying, intimidation, harassment or humiliation The lack of privacy or choice, denial of dignity, deprivation of social contact or deliberate isolation Making someone feel worthless, a lack of love or affection or ignoring the person Psychological abuse may well be indicative of other forms of abuse. All forms of abuse have an emotional component.	 Changes in mood, attitude and behaviour Becoming quiet, clingy or withdrawn or conversely becoming aggressive or angry for no apparent reason Denial and hesitation to talk openly Excessive fear or anxiety Changes in sleep pattern or persistent tiredness Loss of appetite Helplessness or passivity Confusion or disorientation Implausible stories and attention seeking behaviour Low self-esteem Inappropriate relationships with peers &/or adults Running away, stealing or lying



Sexual Abuse	Includes	Some of the key indicators
For an adult - Any non-consenting sexual act or behaviour No one should enter a sexual relationship with someone for whom they have pastoral responsibility or hold a position of trust For a child – forcing or enticing a child to take part in sexual activities	Rape, sexual assault or sexual acts to which the person has not consented, could not consent or was pressurised into consenting Indecent assault, incest, being forced to touch another person in a sexual manner without consent Making sexual remarks, suggestions and teasing Indecent exposure, being forced to watch pornographic material or sexual acts Enforced or coerced nakedness or inappropriate photography of a person in sexually explicit ways Being spied on while a person is undertaking personal care activities	 Emotional distress Preoccupation with anything sexual and age-inappropriate knowledge of sexual behaviour Mood changes Expressions of feelings of guilt or shame Itching, soreness, bruises or lacerations, particularly around the genital areas Difficulty in walking or sitting, or unexplained vaginal or anal bleeding Unexplained venereal disease or genital infections A child who is sexually provocative or seductive with adults Disturbed sleep patterns Torn, stained or bloody underclothing Significant changes in sexual behaviour or outlook A woman who lacks mental capacity to consent to intercourse becomes pregnant
Neglect	Includes	Some of the key indicators
A person's wellbeing is impaired and their care needs are not met In a child, neglect is likely to result in the serious impairment of the child's health or development Neglect can be deliberate or can occur as a result of not understanding what someone's needs are	Failing to provide access to appropriate health, social care or education services Failing to provide a warm, safe and comfortable environment Ignoring medical or physical care needs, including not providing adequate food or assistance with eating / drinking, or not clothing them sufficiently Leaving alone or unsupervised Failing to intervene in behaviour which is dangerous to the adult (particularly when the person lacks the mental capacity to assess the risks to themselves or to others) Deliberately withholding aids, such as walking sticks or hearing aids Denying social, religious or cultural contacts, or denying contact with the family	 Person looking unkempt or dirty and has poor personal hygiene Person is malnourished, has sudden or continuous weight loss and is dehydrated – constant hunger, stealing or gorging on food Person is dressed inappropriately for the weather conditions Dirt, urine or faecal smells in a person's environment Home environment does not meet basic needs (for example not heating or lighting) Health and safety hazards in the living environment Untreated medical conditions, pressure sores, rashes, lice on the person Depression Person and / or carer have inconsistent or reluctant contact with Heath and Social Services Callers / visitors are refused access to the person Prolonged isolation or lack of stimulation Person who is not able to look after themselves is left unattended and so put at risk Not being helped to the toilet when assistance is requested



Financial Abuse	Includes	Some of the key indicators
The inappropriate use, misappropriation, embezzlement or theft of money, property or possessions	Theft, fraud or embezzlement of monies, benefits or goods Exploitation or profiteering Applying pressure in connection with wills, property or inheritance, or financial transactions The abuse of influence, power or friendship to persuade a person to make gifts or change their will Being charged excessive amounts for services such as minor building works on a property	 Unexplained loss of money Missing personal belongings such as art, jewellery and silverware Deterioration in standard of living, not having as much money as usual to pay for shopping or regular outings Inability to pay bills, getting into debt Sudden changes in a person's finances Person unable to access their own money or check their own accounts Cheques being signed or cashed by other people without someone's consent Recent acquaintances expressing sudden or disproportionate interest in the person and their money Reluctance on the part of the family, friends or the person controlling the person's funds to pay for necessary food, clothes or other items Recent changes of deeds / title of home Inappropriate granting and / or use of Power of Attorney Sudden change or creation of a will to benefit and individual significantly
Spiritual Abuse	Includes	Some of the key indicators
The inappropriate use of religious belief or practice Coercion and control of one individual by another in a spiritual context The abuse of trust by someone in a position of spiritual authority (such as a minister) The person experiences spiritual abuse as a deeply emotional personal attack	Forcing religious ideas or practices onto people, particular those who may be vulnerable to such practices Extreme pastoral interference in personal matters – reducing individual choice and responsibility The misuse of scripture or power to control behaviour and pressure to conform The requirement of obedience to the abuser, or the suggestion that the abuser has a "divine" position Intrusive healing and deliverance ministries, which may result in people experiencing emotional, physical or sexual harm The denial of the right of faith or opportunity to grow in the knowledge and love of God Exclusion of people to the full range of church life (no arrangements for gluten-free wafers or non-alcoholic wine at Communion, or fear of involving those who are HIV positive)	It is often difficult for churches to identify spiritual abuse because its definition may be more an issue of personal interpretation of common practices in the church or denomination Pastoral practices that 'force' people into accepting religious values or ideas Confusion, and uncertainty of who, what or why they believe any more Deeply scarred – emotionally, psychologically and spiritually



Discriminatory Abuse	Includes	Some of the key indicators
The inappropriate treatment of a person because of their age, gender, race, religion, cultural background, sexuality or disability	Ageist, racist, sexist, or abuse based on a person's disability Abuse linked to a person's sexuality Harassment, slurs or similar treatment Withholding services without proper justification, or lack of disabled access to services and activities	 Low self-esteem Withdrawn Anger Person puts themselves down in terms of their gender or sexuality Abuse may be observed in conversations or reports by the person of how they perceive themselves
Institutional Abuse	Includes	Some of the key indicators
The mistreatment of a person by a regime or individuals within an institution. It can occur through repeated acts of poor or inadequate care and neglect, or poor professional practice or ill-treatment The church as an institution is not exempt from perpetrating institutional abuse	The inability of an institution to safeguard people from emotional or even physical harm and neglect Having fixed rules and routines by which people are controlled People prevented from doing things that are their rights No access to personal possessions or personal allowance	 Being routinely referred to in a condescending fashion Disrespectful language and attitudes Being spoken to or treated like a child A person's privacy and dignity is routinely compromised Failure to recognise the individuality of people and applying a 'one size fits all' approach to support No evidence of support services care plans that focus on the individual's needs Premises that are regularly understaffed



What to do & what not to do when responding to abuse or concerns

 If they are an adult, ask their consent for you to pass on their concerns. Explain clearly what you will do and what will happen next. Try to give them a timescale for when and how you / the Designated Person for Safeguarding will contact them again. Do not minimise what is being said. Do not ask probing or leading questions, or push for more information. Do not offer false reassurance. Do not delay in contacting the Designated Person for Safeguarding. Do not contact the alleged abuser. 	WHAT TO DO	WHAT NOT TO DO
 Be supportive. Tell them that: They were right to tell you; You are taking what they have said seriously; It was not their fault; That you would like to pass this information on to the appropriate people, with their permission; Be open and honest. Give contact details for them to report any further details or ask any questions that may arise. Never leave a child or adult at risk to wait to hear from someone without any idea of when or where that may be. Do not pass on information to those who don't need to know. Not even for prayer ministry. 	 Try to be reassuring & remain calm. If they are an adult, ask their consent for you to pass on their concerns. Explain clearly what you will do and what will happen next. Try to give them a timescale for when and how you / the Designated Person for Safeguarding will contact them again. Take action – don't ignore the situation. Be supportive. Tell them that: They were right to tell you; You are taking what they have said seriously; It was not their fault; That you would like to pass this information on to the appropriate people, with their permission; Be open and honest. Give contact details for them to report any further 	 Do not show shock, alarm, disbelief or disapproval. Do not minimise what is being said. Do not ask probing or leading questions, or push for more information. Do not offer false reassurance. Do not delay in contacting the Designated Person for Safeguarding. Do not contact the alleged abuser. Do not investigate the incident any further. Never leave a child or adult at risk to wait to hear from someone without any idea of when or where that may be. Do not pass on information to those who don't

Children

If you have any concerns about a child's welfare or if a child discloses abuse to you...

YOU MUST ALWAYS PASS THIS ON

You have a duty of care to protect the child and an obligation to report it to your church's Designated Person for Safeguarding.

Adults

If you have any concerns about an adult's welfare or an adult discloses abuse to you...

They have the right to tell you not to pass it on

This includes upholding their right to follow a course of action which you may deem unwise or eccentric, including staying in a situation of abuse.

Adults have the right to refuse help. You may only report concerns against their wishes when:

- The adult lacks the mental capacity to make such a choice
- There is a risk of harm to others
- In order to prevent a crime



Scenario Prompt Sheet

(These can be used as prompts when thinking about these scenarios)

The	e 4 R's:	
1.	Recognise	
2	Respond	
	nespond	
3.	Record	
4	Danart	
4.	Report	
The	e 4 R's:	
	Recognise	
т.	Recognise	
2.	Respond	
	·	
3.	Record	
4	Report	
The	e 4 R's:	
1.	Recognise	
	-	
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2.	Respond	
3.	Record	
	-	
4.	Report	

Safeguarding Incident Form



To be completed by the Designated Person for Safeguarding

Name of church / organisation	
Contact details of church / organisation	
Name of Designated Person for Safeguarding (DPS)	
Contact details of Designated Person for Safeguarding	
Name of concerned person or to whom disclosure was given	
Contact details of concerned person or whom disclosure was given	
INDIVIDUAL OF CONCERN - CON	TACT DETAILS
Name	
Date of birth	
Address	
Phone number / Email address	

THE INCIDENT

- What happened? (Nature of concern / disclosure made use the person's own words if known)
- When did it happen? (date, time)
- Where did it happen? (specific location)
- Who was allegedly involved and in what way? (includes witnesses)

Safeguarding Incident Form



To be completed by the Designated Person for Safeguarding

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ANY ACTION THAT HAS BEEN TAKEN

• Have the carers or parents / guardians been informed? (Please tick)	Yes		No	
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• If so, when and by whom?

 Have the statute 	ry authorities be	en informed?
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Yes No

• If so, please complete the table:

Example:

	Example.		
Authority	Police		
Name	Bobby		
Position	Child abuse officer		
Email contact	bobby@police.com		
Phone contact	077999		
Contacted by	Minister		
Date & time of contact	1.30pm 1/4/15		

Has the Local Association been informed?
 (Please do so if the statutory authorities are involved)

Yes	No	

- If so, when and by whom?
- Any other action taken:

FUTURE ACTION TO BE TAKEN

- What action needs to be taken?
- Who is responsible for this?

SIGNATURES

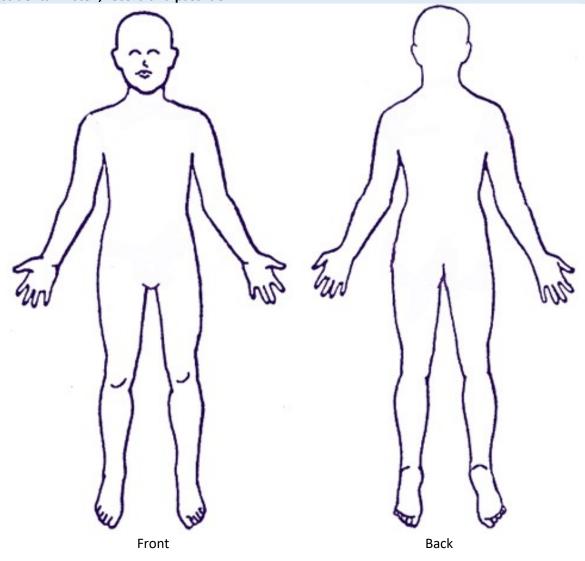
SIGNATURE OF DESIGNATED	Signature of minister, or Church	
SAFEGUARDING	Safeguarding Team	
PERSON	<u>member</u>	
Date & time	Date & time	



BODY MAP

Name of Individual of Concern	
Name of person completing this form	

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. Remember it's not your job to investigate or to decide if an injury or mark is non-accidental. Listen, record and pass it on.



Signature	
Date and time	



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