



Safeguarding Policy Part B: Children (ages 0-11)

St Peter's, Colchester

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GLOSSARY

DBS	Disclosure and Barring Service
DSA	Diocesan Safeguarding Advisor
MAL	Ministry Area Leader
NST	Church of England's National Safeguarding Team
PCC	Parochial Church Council
PSO	Parish Safeguarding Officer
SRPM	Safer Recruitment and People Management Policy

Guidelines for recognising and responding to potential child abuse

Child abuse is serious. All caregivers need to know how to recognise and respond to indicators or disclosures of abuse. The following guidelines are in place to meet that need.

Definitions

Who is a child?

Any person under the age of 18 years.

What is abuse?

‘Working together to safeguard children’ states:

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Categories of abuse

There are 4 categories of abuse when considering safeguarding children. All abuse falls into one or more of these categories. Please see the appendix for definitions and signs of abuse.

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Neglect

In addition to the categories of abuse, there are a range of identified risks, which for the sake of this policy will be referred to as types of abuse. These all fit within one or more of the categories of abuse, but are not limited to:

1. Domestic Abuse
2. Child exploitation
 - a. Child sexual exploitation
 - b. Child criminal exploitation includes Criminal, gang related, county lines
 - c. Child financial exploitation includes Modern Slavery and forced servitude
 - d. Extremism and Radicalisation
3. Bullying, cyberbullying, online abuse and other technology-based abuse

4. Abuse related to faith or belief including forced marriage, and so-called honour-based abuse
5. Violence against women and girls includes Female Genital Mutilation, breast ironing and labia stretching
6. Peer abuse (also referred to as peer-on-peer abuse)
7. Harmful sexual behaviour
8. Abuse of a position of trust
9. Fabricated or Induced Illness

Guidelines for when a child discloses (tells us) they have been abused

As a church, we seek to create and maintain a safe environment for all. This includes being open and responding appropriately to concerns and disclosures raised by children and young people. Caregivers should avoid intentionally instigating a meeting with a child or young person to receive a disclosure or take a statement from them – that is the role of Children’s Social Care or the Police. However, if a child or young person directly discloses abuse, the following general guidelines should be followed:

Respond

- Try to maintain a calm disposition and to avoid looking shocked or dismissive.
- Listen to the child carefully and in a manner that conveys they are being heard and taken seriously.
- Give the child or young person the time and space to tell their story in their own time.
- Ask questions only for clarification. Do not interrogate or investigate and never ask leading questions.
- Reassure the child or young person that they have done the right thing by disclosing.
- Explain what will happen next (eg that you will inform/take advice from your Ministry Area Lead (MAL) or the Parish Safeguarding Officer (PSO)) and that the church may have to contact the Diocesan Safeguarding Advisor (DSA) or statutory services to get them the help that they need and to keep them safe.
- Do not make promises that cannot be kept (for example, that the disclosure will be kept secret or that everything will be OK).

Record

- Make an accurate record of the disclosure (preferably within one hour, but always within 24 hours).
- Record dates and times of the events and when you made the record. Record what was said and when, what you said in reply and what was happening immediately beforehand (e.g. a description of the activity/situation).
- The safeguarding concern form is available to staff members on ChurchSuite for this purpose.

- Keep all handwritten notes. Alternatively the Safeguarding Administrator can scan and store the notes on the St Peter's Dropbox folder. Such records should be kept securely and retained in line with the Church of England data retention guidelines.

Report

Emergency: If you believe a child or adult is at immediate risk of significant or serious harm, contact the police on 999 or Children's Social Care.

Non-emergency: Contact your MAL or PSO as soon as possible. (If the allegation is against your MAL, or if they cannot be contacted, contact the PSO. Contact details are at the end of this document.) The MAL/PSO will then seek advice from the DSA as required within 1 working day. The MAL and PSO will act upon all directions given by the Diocese in the timescale given. They will also consider whether any additional action is required.

- You retain the right to report serious matters directly to the DSA, Social Care, or the Police. Even so you must also contact either your MAL or the PSO, informing them of the details of the concern and any action taken.
- If you are not sure whether a concern needs reporting, check with your MAL or the PSO. You don't need to mention names initially unless advised to do so, and any information given will be handled confidentially.
- Apart from telling your MAL/PSO, the information must be treated as confidential and not shared with other church members.
- Do not investigate the concerns of abuse yourself. Do not contact anyone who may be implicated in the concern or disclosure, even if they would normally be contacted as part of the procedure, until advice has been sought from the PSO, the Diocesan Safeguarding Advisor or statutory agencies.
- Consider your own wellbeing and ask your ministry area leader for pastoral support if needed.

Safeguarding children whilst they are in our care

Caregiver ratios

Except in exceptional circumstances each group should have at least two workers; even for smaller groups. If possible, particularly when working with older children, it is wise to have at least one male and one female worker, however, this is not mandatory. Staff ratios for all groups should always be based on both the ratios below and a risk assessment. (For example, staffing numbers may need to be increased for outdoor activities; particularly if the activity is considered higher risk, potentially dangerous, or when children with disabilities or other additional needs are involved).

Where more than one group meets in the same venue, and the groups can be seen by others, the total number of adults to children within the room should be within the ratio suggested but the individual group may have fewer adults providing that risks can be effectively managed.

In exceptional circumstances, if there are not enough caregivers present on the day, the caregivers must either:

- recruit another DBS-screened individual to help or;

- meet in the same venue as other screened caregivers and in full view of those caregivers. (This option must only be used if the risks associated with the activity can be effectively managed.)
- A record of the circumstances and response must be maintained.

In an emergency situation, the emergency takes priority over the ratios. However, children should never be left unattended in a room. In non-emergency situations, planning should generally ensure that this scenario does not occur.

In addition to always having two caregivers present, the church has adopted the Church of England’s minimum requirements which are:

Age of children	Number of adults	Number of children
0-2 years old	1	3
2-3	1	4
4-8	1	6
9-12	1	8
13-18	1	10

For all groups and activities

- A written health and safety risk assessment must be completed and communicated as needed.
- A registration form must be completed for every child who attends groups or activities. This should include up-to-date information on parents’ contact numbers, medical information (e.g. allergies) and any additional support needs.
- An attendance register must be maintained and be available throughout the meeting. The register must include the names of both the children in attendance and the adults present.
- A first aid kit must be available on any premises that are used by children.
- An accident form is available, and all accidents and incidents must be recorded and sent to the Church Office.
- In St Peter’s premises where children’s groups meet, the Childline and Family Lives telephone numbers should be displayed.

Provision of transport in private cars

Generally, St Peter’s does not provide transport for children. However, occasionally, situations where transport is provided can, and do, arise. If transport is provided in a private car:

- Parents must provide explicit consent.
- The vehicle used must be roadworthy.
- The person driving must hold a full driving licence and be competent to transport children and fit for the task.
- The vehicle and driver must have insurance that covers such an activity. (This will usually require insurance that covers business use).

- Ideally, there should be 2 adults in the car and children should be seated in the rear and be suitably restrained.
- Where it is not possible to have 2 adults in the car, transport arrangements should be risk assessed and all risks mitigated including risks to both the children, and to the adults, and risks associated with unforeseen circumstances such as a child being ill, a breakdown, an accident, or unforeseen delays due to road conditions.

Off-site trips

Likewise, children are not generally taken to offsite activities, however, occasionally, off-site trips may be organised, for example on some 'weekends away'. If offsite trips are arranged:

- The MAL for the event must be informed and must approve the activity in advance.
- Details of the activity and any itinerary must be given in advance to parents and consent forms must be completed in advance of the activity.
- Details of the activity and a list of contacts must be left with someone from the church.
- Details of the activity and arrangements must be made available to the incumbent and/or PSO, in writing prior to the offsite activity.
- A risk assessment must be completed, and the activity must be within the scope of the church's Public Liability Insurance.
- A leader must be designated to take responsibility for first aid, including ensuring that a suitable first aid kit is available.

Expected standards of conduct

Leaders must always be mindful of the imbalance of power between an adult and a child.

Discipline

All caregivers are responsible for providing a loving, respectful, and orderly atmosphere in which children can learn, play and interact with others. This atmosphere should be maintained by preparing beforehand, proactively directing children towards acceptable activities, verbally encouraging positive behaviour and, when necessary, correcting or redirecting inappropriate behaviour.

Acceptable means of redirecting inappropriate behaviour include correcting the child verbally, withholding a certain privilege or activity for a brief time, or separating them from the group for a brief time (particularly if their behaviour is endangering or upsetting other children).

Caregivers must never use any form of physical punishment. If behaviour is uncontrollable or the child does not respond to the discipline measures above, the parents/guardians will be contacted. Caregivers should never yell at a young person, except in circumstances where the young person is in danger or is placing, or at risk of placing others in danger.

Appropriate contact and conversation

Caregivers need to be above reproach in all that they do, and wisdom is often required in different situations. Advice can be sought from group leaders or MALs. Two good questions to ask in any situation are:

- 'What is the worst that could happen?'

- 'What is the worst way this could be perceived or construed?'

Team members should help and support one another; including regarding physical contact, by pointing out anything that does not meet expected standards of conduct or care, or that could be misconstrued or misunderstood. Concerns about caregivers, including low level concerns that do not meet the threshold for referral to statutory services, should be reported to the group leader or the MAL, so that the caregiver can be supported to meet the required standards of conduct. Any concerns about a specific person must be reported to the PSO. Records must be maintained of any such conversations on the St Peter's system.

Acceptable physical contact

Age and situationally appropriate sympathetic attention, humour, encouragement and age appropriate, child-led physical contact are beneficial for children (particularly for younger children) as part of their development and their coming to understand appropriate human relationships and interactions (including understanding and respecting personal boundaries). Some adults have decided to avoid having anything to do with children or young people and avoid all occasion of making physical contact or encouraging them. This is an understandable, but regrettable response to the fear of false accusation. It also conveys unhelpful messages to the children. Caregivers should follow the guidelines below to guide physical contact:

- Always avoid being alone in a room with a child. Keep everything in public.
- Conversations should be appropriate for the age of the young person and respectful of individual boundaries and preferences.
- Avoid unnecessary physical contact with young people. Touch should be age-appropriate and generally initiated by the young person rather than the caregiver.
- Avoid any physical activity that is, or may be thought to be, sexually stimulating to the adult or the young person or that involves an unnecessary risk of injury.
- Always ask permission.
- Be mindful of your body position.
- Keep everything public. A hug in the context of a group is very different from a hug behind closed doors.
- Physical contact should always be in response to a child's needs and not related to the worker's needs or preferences. It should be age appropriate, welcome and generally initiated by the child, not the church worker.
- Avoid any physical contact that is or could be construed as sexual and/or abusive/offensive.
- Allow the child to determine the degree of physical contact with others except in exceptional circumstances (eg when they need medical attention).
- You should discourage children you support from sitting on your lap. You can offer to sit side by side.
- You should discourage people you support from touching your face. You can offer your hand instead.
- You can allow people you support to give you brief hugs if you feel comfortable with this.
- You can allow people you support to hold hands or link arms with you to help with travel and stability.

- You should avoid using touch if the person you support is very distressed and is unlikely to tolerate it.

Note: St Peter's does not routinely engage in 1:1 counselling, mentoring, or pastoral care of children. This policy, however, does not exclude such a possibility. Such activity must only be conducted:

- By those who have been Safely Recruited and are in possession of a current Enhanced (with Barred List) DBS check.
- With explicit consent from parents that outlines full details of the venue and time and must be organised directly with the parents. (No communication directly with the child is permitted, either to arrange, or to provide 1:1 pastoral care, including to arrange 'follow up' or ongoing care.
- With the knowledge (in advance) of the MAL, who will inform both the Incumbent and the PSO of the arrangements.
- After a formal risk assessment has been completed and agreed with the parent(s).

In addition:

- A record of the discussion will be retained by the person providing the care and must be made available to the MAL, the Incumbent, or the PSO upon request.
- Such records are the property of St Peter's and must be retained in line with Church of England data retention guidelines.

Frequently asked questions

Can I allow a child to sit on my lap when we're all sitting on the floor?

You should discourage school-aged children you support from sitting on your lap. You can offer to sit side by side.

Can I play games that involve physical contact with children?

Yes, you may play age-appropriate games involving physical contact as long as you are in public and your actions could not be reasonably misunderstood or misrepresented by a third party. Bear in mind that the "chummier" you are with children in this way, the less likely you are to have any authority in their eyes. Remember too that they are not as strong as you.

Can I hold hands with a child?

Yes, you may, if there is a clear reason to do so and as long as you are in public and there is no way your actions could be reasonably misunderstood or misrepresented by a third party. Reasons could include walking a child across a road, or to the bathroom, playing a game requiring hands held. For younger children this might happen frequently.

For older children there will be very few occasions when this is appropriate.

Can I ever hug a child?

Yes, you may if a child is clearly distressed, as long as you are in public and there is no way your actions could be reasonably misunderstood or misrepresented by a third party. There may be other occasions when this might be appropriate if initiated by the child, like congratulating them. Bear in mind your normal character and the personality and preferences of the child. (For example, if you rarely hug

anyone you should probably not hug a child in your care. If hugging is one way you interact with all kinds of people you might need to rein yourself in a bit, but not necessarily completely.) Avoid any physical activity that is, or may be thought to be, sexually stimulating to the adult or the child.

Can I ever tickle a child?

It is difficult to see why a child would need to be tickled by a caregiver and should be avoided when acting as a caregiver, except when caring for babies and very young (preverbal) children. This is not to say that a child should never be tickled by anyone, but there is a time and a place, even in the context of close relationships.

Can I ever physically restrain a child?

Yes. If a child's behaviour is dangerous for themselves or to another person restraint, used in proportion to the situation, may be necessary. Outside these scenarios physical restraint should be required rarely and other strategies for de-escalation or containment are preferable. Where restraint is unavoidable, remember the imbalance of both power and physical strength. The child should not be restrained for any longer than is necessary to keep everyone safe. In any situation where physical interventions are necessary, a record must be kept, and the young person's parents must be informed of the restraint.

Note: it is important to remember that physical restraint can escalate, rather than deescalating a situation.

Can I take a picture of a child in my care?

No. Caregivers must never take any pictures of children they are caring for unless they have received explicit, written consent from the child's parents/guardians, which indicates the intended purpose. For the avoidance of doubt, caregivers must also never post any pictures of the children in their care on social media platforms including but not limited to Instagram, Facebook, WhatsApp, X (formerly known as Twitter), Snapchat etc, and photos taken must be stored on St Peter's drives and the caregiver must not retain copies in any form; whether on devices or storage media.

Toileting

A caregiver may change the nappy for any baby if required.

For school-aged children, toilet breaks should be organised for them. They should be able to take themselves to the toilet without assistance.

If a preschool or school-aged child requires assistance in going to the toilet, another adult should be informed, and assistance should be given by a caregiver of the same gender where possible. The caregiver should wait outside the closed cubicle door unless the child requires assistance. The cubicle door must not be closed with the caregiver and child inside. (See below for guidance re: children with Special Educational Needs or disabilities.)

Food

The only foods caregivers can give to children are:

- Biscuits, plain crackers and popcorn provided by the church.
- Food provided by a parent/guardian for a specific child.

- When on a weekend away, children may receive cookies/muffins or fruit etc during the midmorning break time. These food items will be labelled with allergy information. Leaders will be made aware of any children with allergies and what they can and can't consume.

No other food is given. Food for a specific child must not be shared with any other child. Some children in our care have severe allergies to certain foods and giving them the wrong food could have serious consequences.

Risk management/illness/accidents

Caregivers should consider the health and safety of all children and caregivers when organising activities or planning games. Church activities are risk assessed, and carers will be made aware of any risk mitigation measures that they are required to take. However, care givers should be alert to risk at any time, including unanticipated risk not covered by risk assessments.

Children with infectious illnesses must be kept at home and not join the children's groups. If a young person appears ill while in the church's care, caregivers will use their discretion to determine whether the young person should be isolated from other young people by a caregiver (who will remain with them), and whether parents/guardians should be contacted to collect their child.

A basic first aid kit must be readily available at all times. All caregivers should be familiar with its location. In the event of a life-threatening illness or injury, emergency medical services will be called first, then the parents will be located and informed immediately. Caregivers will report all injuries, whether major or minor, via an online accident and incident report form (available on ChurchSuite) or by emailing the Administrator at office@stpeterscolchester.org

Caregivers should be familiar with evacuation procedures, including where the fire exits are located and where the meeting point is, should the fire alarm sound.

Safeguarding children with special education needs and disabilities (SEND)

Safeguarding processes for young people with special education needs and disabilities (SEND) are the same as for all young people. Young people with SEND have the same human and civil rights as any other children, including the right to be safe from abuse and neglect and to be protected from harm.

However, research suggests that children with SEND may be more vulnerable to abuse or neglect than other children. For some children with SEND, recognising and disclosing abuse or neglect may be more difficult, and sometimes, their support needs, health conditions etc can result in abuse not being identified. However, it is also true that some children may show possible indicators of abuse that are in fact, part of a medical condition; providing a coherent explanation that may not apply to other children.

For children with SEND, it is important that we treat them as individuals, understanding them and their support needs, and identifying and reporting early "low level" indicators suggestive of abuse and neglect. This can be more difficult, for a variety of reasons including:

- Greater dependence on parents or carers for practical assistance in their day to day lives, such as feeding or personal care may result in an erosion of their sense of what is acceptable and of their own rights and autonomy.

- Impaired capacity to recognise, resist or avoid abuse, or feeling too vulnerable or scared to report abuse/bullying.
- Speech, language, or other communication needs/ barriers which can make it more difficult to tell adults what is happening, or to enable them to understand.
- Increased likelihood of social isolation, with fewer outside contacts than non-disabled children, resulting in less access to someone to whom they trust to disclose abuse to.
- An embedded cultural or societal assumption that abuse and neglect does not happen to disabled children, leading to a lack of vigilance, or failure to identify the signs and indicators of abuse and hinder the reporting of concerns.
- Staff or volunteers allowing empathy with parents or carers, who may be under considerable stress, to hinder the expected focus on the needs of the child. The stress and challenges of supporting a child with SEND can lead to behaviour or treatment of the child being accepted by other adults, when the same behaviour would cause concerns if the child did not have such additional support needs. Consequently, concerns that are observed may be minimised or excused rather than being raised.
- Behavioural/physical indicators, such as self-injury or withdrawal, can be interpreted as part of the child's disability or condition rather than as the result of abuse or neglect (or vice versa), and therefore abuse/neglect can be missed and go unreported
- Symptoms of some disabilities or illnesses can give the impression of abuse, bringing the parents incorrectly under suspicion.
- Being perceived as physically or behaviourally different from others may make the child more likely to be a victim of bullying, exclusion or intimidation.

Where the participants in a group or activity at St Peter's includes a child with SEND, caregivers must be especially vigilant to the potential increased risk of abuse and neglect, and the additional action that will be needed to ensure the policies and procedures are enacted for that child as they would be for any other child.

Caregivers must be additionally aware of the following possible indicators of abuse or neglect for a child with SEND:

- A bruise or other mark in a site that might not be of concern on a non-disabled child, such as the shin, might be of concern on a nonmobile child.
- Malnourishment, potentially due to not getting enough help with feeding.
- Force feeding.
- Unjustified/ excessive use of restraint.
- Rough handling / extreme approach to behaviour modification (e.g. withholding of liquid, food, medication, clothing).
- Poor grasp of a child's communication system or method, or other support needs.
- Ill-fitting equipment, e.g. callipers, sleep boards, inappropriate splinting or inappropriate use of equipment.
- Misappropriation of financial benefits.
- Invasive procedures that are unnecessary or carried out against the child's will.

- Misuse of medication, or deliberate failure to follow medical or therapeutic programmes, or other medical advice or procedures.
- Consistent failure to attend appointments with support services.
- Age or culturally inappropriate care and support.

Even subtle changes in behaviour or presentation may be an indication that something is wrong and / or that they are being abused. It is vital caregivers for children with SEND are aware of changing patterns of behaviour and their potential causes.

Where there are concerns about the welfare of a child with SEND, caregivers should act upon them in accordance with this policy as they would for any other child. Where a child with SEND has communication needs, special attention should be paid to gaining a clear understanding of the child's perception of events, wishes and feelings. This may require the involvement of other adults or agencies who are better equipped to meet the needs of non-verbal children.

Supplementary information for specific ministry areas

Creche

Creches may variously be located in the St Peter's church hall, St Peter's vestry, and St Peter's vicarage. Parents/carers should take their creche-aged children there at the point indicated in the service. Upon arrival each child is registered. If they are new, a registration form is filled out by the parent or carer. The children are registered at this point, and this marks the official start of the caregiver's responsibilities.

For children who are new, creche helpers must ensure they have met the child's parent or carer at registration, so that they know who will be collecting the child at the end of creche.

At the end of the service, a parent or carer must pick up their child from creche. This marks the official end to the caregivers' responsibility for the child. If the creche helper is not familiar with the adult collecting the child, they should look to another known adult who can vouch for them being the parent/guardian of the child.

Sunday school

The precise arrangements vary between the services; however, all Sunday School groups adhere to the principles outlined in this policy. Specific arrangements are outlined in the procedures and / or risk assessments.

- Children are registered before or on arrival to Sunday school.
- At the indicated point during the service/on arrival to a Sunday school session children become the caregiver's responsibility. Caregivers remain responsible for the child throughout the session until they are handed back to their parent or guardian.

Church Lunches

Occasionally food is provided before/after a Sunday service. For the duration of the Church Lunch children are in the care of their parents or guardians. The children may mingle freely with any adults in the building at the discretion of their parents or guardians.

Weekends away

If any weekend away advertises childcare, or if provision is made for volunteers to help in addition to parents or designated guardians, the childcare for that weekend must be treated in the same way as other meetings that provide childcare. It comes under our Safeguarding Policy and must be run accordingly, following the same procedures as Sunday creche and Sunday school as detailed in this policy with the following alterations/additions:

Note: this does not exclude 'informal' arrangements, agreed between parents attending the weekend away, however, since such events do not sit within the scope of this policy and are the responsibility of the parents, the children remain the responsibility of their parents and any decisions about the "informal" sharing of childcare are the responsibility of each child's parents.

Registering

Children are registered for the weekend when initially signed up, so no further registration is needed when their specific groups meet. However, parents must drop off and collect their children at the beginning and end of the advertised children's programme slots. This marks the official start and end of caregiver responsibilities for these children.

Registers of attendance

At such events, a register of both the children attending and the adults present and running the session will be maintained as for other St Peter's childcare events.

Evening patrol

Parents and guardians are responsible for putting their children to bed. Once children are in bed, their parents or guardians may leave them at their own discretion. The evening patrol volunteers provide a listening service and contacting the child's parent or guardian when required.

Note: during evening patrol, parents/guardians are still responsible for their children. The evening patrol volunteers provide a 'listening' service and will contact parents if there is reason to believe that a child may need them.

Between the advertised times, pairs of volunteers will patrol the corridors of sleeping areas listening for any children who are disturbed. If volunteers hear of a child who is disturbed, they will contact another volunteer in a more centralised area, who will fetch the child's parents/guardians and ask them to return to their child.

Volunteer pairs must always stay together. Volunteers should not under normal circumstances enter a child's bedroom unless this is necessary to deal with an emergency (or other serious incident). In such an event, the volunteers must report the situation to the MAL or team leader as soon as possible and record details of the circumstances. This record should then be passed to the PSO.

All evening patrol volunteers, and parents of relevant children must be given a copy of this guidance before evening patrol can begin.

Evening Patrol Volunteers

- These volunteers might not be DBS screened and may not necessarily have been through the 'Safer Recruitment' process, as they should not come into direct contact with children.
- Although the full safer recruitment process does not apply, no volunteer who is known, or believed, to be unsuitable to work with children will be appointed.

- Volunteer pairs should not be closely related to each other. (eg husband and wife, parent and child etc. This includes couples who are in a romantic relationship but are not engaged or married.)

Holiday Club

The creche and children's programmes at Holiday Club come under our safeguarding policy and must be run accordingly, following the same procedures as Sunday creche and Sunday school as detailed above. All caregivers must be safely recruited, and the same procedures concerning ratios, registration, discipline, toileting, food and accidents must be followed as in Sunday creche/Sunday school, with the following alterations/additions:

- Caregivers are only responsible for children during the advertised times of the children's or youth programmes. At all other times, children are the responsibility of their parents or guardians.
- Any excursion offsite, or onsite activity that is not part of the advertised children's programme is an informal arrangement that falls outside the provisions of this policy. Decisions about participation in such activities is the responsibility of parents, and the children remain the responsibility of their parents or guardians throughout. Caregivers are free to participate in these excursions or activities, but do so as members of the group and not as caregivers.

Tiny Tots

All children attending Tiny Tots will attend with a parent or guardian and remain the responsibility of their parents or guardian throughout the session. Childcare is not provided during these sessions, and leaders are not engaging in regulated activity and thus are not recruited through the safer recruitment process that applies to children's workers.

Registering

All children and their parent/carers will be registered when they arrive and will sign out when they leave. All helpers present will be registered on a separate register. For the duration of the morning these registers will form the fire register, and thereafter the completed registers will be filed and kept secure, in accordance with Church of England data retention guidance.

Restricting access to outsiders

Throughout the session, someone will be on the door to welcome people as they arrive. It is also the responsibility of the welcomer to ensure that no one who is not associated with Tiny Tots or is not a member of St Peter's staff enters the building for the duration of Tiny Tots.

Discipline

Children remain in the care of their parent or guardian throughout the session, and signage in the building reminds them of this. If required, helpers will remind parents or guardians of their responsibility and draw their attention to matters that need to be addressed. Each parent or guardian is expected to ensuring good order and discipline among the children in their care. Consequently, staff and volunteers running the group sessions will not be responsible for discipline, although gentle encouragement and distraction strategies may initially be tried. However, helpers should be vigilant about potential safety issues, and where a child is engaging in activity that is likely to be a danger either to themselves or others, or is likely to be upsetting to other children, it is the responsibility of the helpers to take action. This may be either to draw the parent or guardian's attention to the child's actions, or in extreme circumstances to intervene. The safety of the children should take precedence over the fear of being seen to interfere by the parent or guardian.

Appropriate contact

Although children remain the responsibility of their parent or guardian, the Tiny Tots team recognise that as the parent or guardian gets to know and trust them, parents may ask a team member to care for their child momentarily (eg. if they are attending to the needs of another child in their care). This is acceptable but should be the exception rather than the rule. The team need to be aware in such situations that they must be above reproach in all that they do, and wisdom is often required to know what that looks like in different situations. Two good questions to ask in any situation are:

- 'What is the worst that could happen?' and
- 'What is the worst way that this could be perceived or represented?'

The team should support and care for each other by offering or receiving receive advice from other members of the team if their behaviour is beginning to stray from what is wise.

Food and drink

Coffee will be provided for the parents, and it is their responsibility to behave sensibly with their coffee. However, because of the risks to children with hot coffee, it is strongly recommended that helpers do not drink coffee when they are around the children. Snacks will be provided for the children, but nothing other than the snacks provided should be offered and these should only be offered with the permission of the parent or guardian.

Toileting

Toileting is the responsibility of the parent or guardian.

Risk management/illness/accidents

It is the responsibility of the Tiny Tots team to consider the health and safety of all children when planning zoned activities. Sessions will be risk assessed, and any risk mitigation measures will be communicated to everyone who needs to know them.

Toys should be scrutinised regularly to ensure they are not broken and could not constitute a danger to children.

Parents and guardians will be asked not to bring children to Tiny Tots if they have an infectious disease or appear unwell.

A basic first aid kit is always readily available. All team members should be familiar with its location, contents and use. One team member will be designated to take responsibility for first aid each week. All accidents and injuries, however minor, must be recorded using the online accident and incident report form. In addition, a specific Tiny Tots incident book will be kept. This will record not only accidents and injuries, but any other incident where a child or adult has caused harm or could potentially have placed others at risk of harm. This is for the purpose of monitoring such incidents as per our responsibilities under the Health and Safety policy.

All helpers should be aware of where the fire exits, and meeting points are. If the fire alarm sounds helpers should usher those in attendance and their children to the nearest exit and take them to the meeting point. The fire officer will ensure that they bring the register with them so that they can check that the building has been evacuated. During the evacuation, attention should be given to areas where children or adults may be unnoticed such as the toilets. Risk assessments should detail the relevant evacuation arrangements; including where those evacuated can go in the event of adverse weather conditions.

Parents' Bible Studies (PBSs)

Central PBSs

Creches are provided for children in St Peter's. This comes under our safeguarding policy and must be run accordingly, following the same procedures as Sunday creche and Sunday school as detailed above. All caregivers must be appointed in accordance with the safe recruitment policy (see section F of this policy). And the same regulations concerning ratios, registration, discipline, toileting, food and accidents must be followed as outlined for Sunday creche/Sunday school above.

Local PBSs

Local PBS groups may meet during the week in homes across the region. Women are free to bring their own children to a local group, but they remain responsible for their own children throughout the time the group meets.

Women in a local group are free to join together amongst themselves and informally arrange childcare for their own children while the group meets. This may include using an au pair or nanny or arranging amongst themselves to cover childcare; however, it must be made clear to parents that this is not a St Peter's provision and it is the responsibility of each parent to assess for themselves whether they believe the arrangements are appropriate for their child. Local PBSs are not covered by the St Peter's safeguarding policy, and as such it is not guaranteed that someone from the group is DBS-checked (although they may be).

Other events/activities

From time to time the Sunday congregations will organise extra events which include children.

Occasional seminars/training days

For occasional seminars and training days (eg marriage day, parenting day, staff training), if childcare is required for children, it must be requested in advance, and any childcare provision must comply with the church safeguarding policy.

Events run jointly with other Church of England churches

Where events are being held at St Peter's but run jointly with another Church of England church, care givers can be volunteers from that other church, so long as they have been safely recruited by that church according to Church of England policy. Volunteers from the other church must be familiar with the St Peter's safeguarding policy and the safeguarding procedures relevant to the event being held. The church that the volunteer attends must confirm to St Peter's in writing that the volunteer has been appointed in accordance with their safeguarding policy, that the volunteer's DBS check and training are up to date, and that they do not have any concerns about their suitability to work with children or vulnerable adults.

A parent/guardian must drop off and collect their children at the prearranged venue. This marks the official start and end of caregiver responsibilities for these children.

9:00am & 6:30pm services

No provision is made for children during the 9:00am or 6:30pm (or other afternoon) services. Children are welcome in our midst but remain in the care of their parents or guardians throughout. The children may mingle freely with any adults in the building at the discretion of their parents or guardians.

Midweek small groups

Creche-aged children are welcome to the small group evenings at the discretion of the small group evening leader but remain in the care of their parents/guardians throughout.

Babysitting

No formal babysitting provision is available at St Peter's. Families who attend the church can, of course, make informal arrangements among themselves but must take full responsibility for assessing the suitability of the babysitter.

APPENDIX: Categories and types of abuse (children)

Taken from [Church of England Safeguarding e-manual](#).

There is no single indicator of abuse. It is important to be aware of all signs or indicators. It is also important to be aware that sometimes, patterns of 'low level' concerns that, viewed in isolation from one-another, may not seem to be significant, but which when seen together, may be a cause of greater concern. It is, of course, also possible that such concerns may be identified over time, in different church contexts or ministry areas, or that a cluster of concerns amongst siblings is identified that suggest a pattern of significance. For this reason, any concerns, including low-level concerns, should be reported to the PSO. This may not result in any specific action, but provides opportunity to piece together patterns across time, context or even family members, where such patterns exist.

Abuse can be intentional, unintentional or the result of negligence. It can happen anywhere.

Generic indicators of abuse

As listed below generic indicators of abuse that could relate to more than one category:

- Unexplained or inadequately explained sudden changes in behaviour or demeanour.
- Significant deviation from developmental norms not explained by disability or some other identifiable cause:
 - This may involve 'failure to thrive', consistent failure to meet developmental milestones, or other significant developmental delay.
 - It could also be a child who 'knows too much' about aspects of life that are developmentally inappropriate; particularly where that knowledge appears to be experiential rather than purely theoretical.
- Developmental regression.
- Unexplained weight loss.
- Excessive sleep, drowsiness, or tiredness.

- Hypervigilance, nervousness, anxiety and withdrawing behaviour or presentation, flinching in specific situations or with specific people.
- Aggressive or violent behaviour or attitudes that condone or endorse violence.
- Loss of hair, skin conditions, repeated and unusual infections, or poor immune system.

Categories of abuse

Physical abuse

What it is

Abuse that causes physical harm, or that exacerbates physical harm due to inaction, insufficient or otherwise inappropriate consideration and response. It may include, for example:

- Assaults that do not involve the use of weapons or implements including:
 - Hitting, punching, kicking, slapping, pushing, shaking, pinching, biting, scratching, pulling hair, spitting.
 - Disproportionate or excessively harsh discipline, rough handling when providing personal care, unnecessary restraint, disproportionate or excessive force during restraint, or maintaining restraint for an unnecessarily long duration.
- Assaults using “weapons” or implements including:
 - knives, sticks, belts slippers, DIY tools, other household objects or hard surfaces.
- Throwing objects at the child or throwing the child.
- Choking, strangling, drowning, or suffocating.
- Burning or scalding.
- Causing dehydration or malnutrition by withholding food or drink.
- Poisoning, including unnecessary medication, incorrect administration of medication, sedation or other forms of poisoning such as administration of alcohol, salt poisoning, use of corrosive substances such as bleach etc. to cause harm.
- Withholding medical treatment, therapy, medication etc.
- Withholding first aid attention following an accident
- Inappropriate or rough handling, including when performing personal care or administering first aid (eg. removing a plaster forcefully to cause tearing of the skin).
- Force feeding, causing excessive obesity through overfeeding/inappropriate diet.
- Failing to take reasonable action to prevent accidental injuries or allowing repeating injuries due to inaction and failure to learn the lesson.
- Insufficient precautions, allowing a child access to dangerous objects or substances, including medication, recreational drugs etc.
- Physical abuse can happen antenatally through substance misuse etc.

Signs and indicators of potential physical abuse include:

- Unexplained or inadequately explained marks or injuries, including bruises, burns, cuts, abrasions, fractures, etc.
- Untreated medical conditions (e.g. skin conditions, nappy rash, recurring illnesses etc.) including unwillingness of parents / guardians to seek medical or first aid intervention.
- Regular excessive hunger or thirst.
- Wearing extra layers of clothing or clothes that keep much of the body covered, particularly during warm weather .
- Regular injuries or patterns to injuries (e.g. usually at weekends, or during school holidays or when visited by or visiting a specific person etc).
- Injuries to babies or pre-mobile very young children.
- Head injuries that could have resulted from shaking such as swelling, being extremely sleepy or unconscious, breathing problems, seizures, vomiting, unusual behaviour, such as being irritable or not feeding properly.

Injuries that occur in unusual positions on the body or that have an unusual and unexplained appearance. (E.g. knocks to extremities; arms, legs, head, are not unusual and may not be suspicious if a consistent and reasonable explanation is provided. Marks to the abdomen, back, neck, back of head etc are less common).

Examples of factors which could cause confusion would include:

- Mongolian Blue Spot
- Brittle bone syndrome
- Leukaemia
- Other medical conditions

It is currently *not* illegal in England for *parents* to smack a child so long as the smack does not leave a lasting mark (eg not lasting more than 5 minutes or so). If the smack causes bruising it is regarded as excessive and is classed as abuse. Smacking in inappropriate places (eg head) or the use of implements such as belts, sticks, footwear etc is not permissible and will be regarded as abuse.

Note: Scotland and Wales have over recent years removed the “reasonable chastisement” defence from law, but at present England has not followed suit. There is, however, a campaign by the Royal College of Paediatrics and Child Health, supported by the NSPCC and Thirtyone:eight, calling for England and Northern Ireland to follow suit.

The considered decision not to have a child vaccinated is not classed as abuse, but repeated failure to attend appointments or refusal to seek medical or first aid treatments could be regarded as abuse.

Sexual abuse

What it is

Abuse that provides the perpetrator with some form of sexual gratification. It can involve forcing, coercing, or enticing a child into sexual activities, not necessarily involving a high level of violence, or exposing a child to sexual material or activity, whether or not the child is aware of the significance of what is happening, and whether or not the perpetrator participates in the sexual activity directly. It would include:

- Forcing, coercing or enticing a child into sexual activity including grooming a child in preparation for abuse.
- Sexual assault, including rape (vaginally, orally or anally), penetration with an object, inappropriate touching, rubbing, or fondling (whether inside or outside of the clothing), kissing, masturbation etc.
- Non-contact activities such as viewing or producing sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways.
- Sexualised language or conversation and lack of appropriate boundaries and privacy.
- Indecent exposure.
- Voyeurism.
- Satanic or ritual abuse.
- Bestiality.

Sexual abuse can take place online, and technology can also be used to facilitate offline abuse.

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children or young people.

Signs you may see

Knowing the signs and indicators of sexual abuse can help give a voice to children and young people. Sometimes children won't understand that what's happening to them is wrong. Or they might be scared to speak out. Some signs you might notice include:

- Avoiding being alone with, or frightened of, people or a person they know
- Language or sexual behaviour you wouldn't expect them to know
- Sleep problems, nightmares or bed-wetting
- Self-harm
- Changes in eating habits or developing an eating problem
- Alcohol or drug misuse.
- Poor hygiene or otherwise seeking to make themselves unattractive
- Lack of age-appropriate boundaries or inhibitions
- Genital or urinary irritation or bruising in the genital area
- Frequent infections, pain or itching in the genital area
- Bleeding from the anus or vagina
- Sexually transmitted infections
- Stains on underwear or nightwear
- Age-inappropriate wetting / soiling
- Bruising to the inner thighs or upper arms, in the genital area, around the mouth or anus.
- Difficulty walking and or sitting
- Depression

- Role play (particularly in younger children) whether intentional or without realising its significance
- Sexualised language or behaviour that is inappropriate for the age or developmental stage of the child
- Agitation, upset or withdrawal from any physical contact, or from being seen in a state of undress

Examples of factors which could cause confusion would include

- Medical conditions or infections
- Excessive masturbation
- Age / developmentally appropriate inquisitiveness, exploration and play

If a child is being or has been sexually abused online, they might:

- Spend a lot more or a lot less time than usual online, texting, gaming or using social media.
- Seem distant, upset or angry after using the internet or texting.
- Be secretive about who they're talking to and what they're doing online or on their mobile phone.
- Have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet.
- Children and young people might also drop hints and clues about the abuse.

Emotional abuse

What it is

The persistent emotional maltreatment of a child resulting in ongoing severe adverse effects on emotional wellbeing and development, sense of security, identity, and self-confidence. This would include:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Withholding or blocking opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- Age or developmentally inappropriate expectations being imposed on children, interactions that are beyond a child's developmental capability.
- Overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction.
- Seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying).
- Causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
- Belittling or ridiculing the child.
- Domineering or overly critical parenting.
- Comparing them unfavourable to other children or conveying disappointment with what they do and / or who they are.

- Using fear as a means to manage behaviour.
- Threatening the child or threatening to harm others as a consequence of their behaviour.
- Yelling, screaming or otherwise verbally abusing the child.
- Blaming the child for things that are not their fault, or that are to be expected from a child of that age or developmental stage.
- Making a child feel unloved or only conditionally loved (eg making a child feel that they are only valued or loved insofar as they meet the needs or expectations of someone else).
- Ignoring the child, failing to listen to their views, wishes, or beliefs and silencing the child.
- Preventing appropriate social contact and interaction, isolation, ignoring or excluding, abandonment and imprisonment.
- Emotional blackmail or using the child as a 'pawn' or weaponizing contact with the child (particularly in difficult relationships or where a parent's relationship is breaking down).

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Signs you may see

There might not be any obvious physical signs of emotional abuse. A child or young person might not tell anyone what's happening until they reach a 'crisis point'. That's why it's important to look out for signs in how a child or young person is acting. As children grow up, their emotions change. This means it can be difficult to tell if they're being emotionally abused. But children who are being emotionally abused might:

- Lack self-confidence and / or self-assurance.
- Struggle to control their emotions.
- Have difficulty making or maintaining relationships.
- Act in ways that are inappropriate for their age.
- Be overly affectionate with strangers or people they don't know well.
- Appear fearful, wary, or anxious with certain people, or certain groups of people.
- Lack a close relationship or bond with their parent.
- Behave aggressively or cruelly towards other children, or to animals.
- Display attention seeking behaviours.
- Struggle to control their emotions.
- Have extreme outbursts.
- Be isolated and distant from their parents.
- Lack social skills.
- Have few or no friends.
- Paranoia.
- Mood swings, changes in mood or behaviour.
- Withdrawal and inability or discomfort with social situations and interaction.

Examples of factors which could cause confusion would include:

- Death or illness in the family
- Family relationship breakdown
- Family stress or specific family issues
- Medical or psychological conditions
- Death of a pet

Neglect

What it is

The persistent failure to meet a child's basic needs, to an extent that is likely to result in the serious impairment of the child's health, development, or wellbeing.

Neglect may occur during pregnancy as a result of maternal substance abuse, the failure to follow the advice of antenatal practitioners. 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 caregivers).
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs you may see

Neglect can be difficult to identify. The presence of one or more of the signs and indicators does not necessarily mean a child is being neglected. Where multiple signs or indicators are present over time, they may point to a more serious problem. Children and young people who are neglected might have:

- Significant needs persistently unmet
- Poor physical care
- Lack of food / drink inappropriate or inadequate diet
- Failure to access medical care or to follow medical advice / instruction
- Inappropriate clothing
- Poor hygiene (including oral hygiene)
- Lack of supervision/Isolation, ignoring, exclusion
- Lack of heating / lighting
- Leaving a child to lie in faeces / urine
- Not aiding communication or providing adequate stimulation
- Failure to meet cultural, religious or social needs
- Neglecting pets
- Health and development problems: regular illness, infections or dental issues, missed medical appointments, such as for vaccinations, poor language or social skills.

- Continual tiredness
- Repeated accidental injuries, often caused by lack of supervision
- Skin issues, such as sores, rashes, flea bites, scabies or ringworm
- Housing and family issues: living in an unsuitable home environment, such as having no heating, being left alone for a long time, taking on the role of carer for other family members

Types of abuse

Domestic abuse

What it is

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse.

It's important to remember domestic abuse:

- Can happen inside and outside the home
- Can happen over the phone, on the internet and on social networking sites
- Can happen in any relationship and can continue even after the relationship has ended and that both males and females can be abused or abusers

Signs you may see

The Domestic Abuse Act 2021 now recognises that children are victims of domestic abuse as well as their parents. It may be harder to detect in children, but signs you might see include:

- Aggression or bullying, anti-social behaviour, like vandalism.
- Anxiety, depression or suicidal thoughts.
- Attention seeking.
- Bed-wetting, nightmares or insomnia.
- Constant or regular sickness, like colds, headaches and mouth ulcers.
- Drug or alcohol use, eating disorders, problems in school or trouble learning.
- Tantrums.
- Withdrawal.

It is possible that the child may be reluctant to leave the parent who is the victim alone and may be afraid for them or have a desire to protect them.

Exploitation

Child sexual exploitation

What it is

Occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:

- The victim may have been sexually exploited *even if the sexual activity appears consensual*. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. Exploitation can take place between a child and an adult as well as 'peer on peer' (eg between one young person in exchange for something the victim needs or wants).
- For the financial advantage or increased status of the perpetrator or facilitator.

Gangs use sexual exploitation to exert power and control, for initiation or to use sexual violence as a weapon. Children or young people might be invited to parties or gatherings with others their own age or adults and given drugs and alcohol. They may be assaulted and sexually abused by one person or multiple perpetrators. The sexual assaults and abuse can be violent, humiliating and degrading.

Child criminal exploitation - gang related abuse/county lines

What it is

As set out in the [Serious Violence Strategy](#), published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- (a) in exchange for something the victim needs or wants, and/or
- (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence.

The victim may have been criminally exploited *even if the activity appears consensual*. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

This includes 'County Lines', a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal lines'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons. Exploitation can take place between a child and an adult as well as 'peer on peer' (for example between one young person and another).

Signs you may see

- Frequently absent from and doing badly in school.
- Going missing from home, staying out late and travelling for unexplained reasons.
- In a relationship or hanging out with someone older than them.
- Being angry, aggressive or violent.
- Being isolated or withdrawn.
- Having unexplained money and buying new things.

- Wearing clothes or accessories in gang colours or getting tattoos.
- Using new slang words.
- Spending more time on social media and being secretive about time online.
- Making more calls or sending more texts, possibly on a new phone or phones.
- Self-harming and feeling emotionally unwell.
- Taking drugs and abusing alcohol.
- Committing petty crimes like shop lifting or vandalism.
- Unexplained injuries and refusing to seek medical help.
- Carrying weapons or having a dangerous breed of dog.

Modern slavery

What it is

- Slavery
- Human trafficking
- Forced labour and domestic servitude
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Signs you may see

- Shows signs of physical or psychological abuse and untreated injuries.
- Looks malnourished or unkempt or appears withdrawn and neglected.
- Seems under the control or influence of others.
- Wears the same clothes every day.
- Wears no safety equipment even if their work requires it.
- Living in dirty, cramped or overcrowded accommodation.
- Living and working at the same address.
- Appears unfamiliar with their neighbourhood or where they work.
- Rarely allowed to travel on their own.
- Collected and dropped off on a regular basis early in the morning or late at night.
- In a crowded minibus with other workers.
- Has no control of their identification documents such as their passport.
- Reluctant to seek help and avoids eye contact.
- Appears frightened or hesitant to talk to strangers.
- Fear of police, don't know who to trust or where to get help.
- Afraid of deportation, and risk of violence to them or their family.

Extremism and Radicalisation

What it is

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm.

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. This can include harmful minority religions ('cults').

Signs you may see

- Isolating themselves from family and friends.
- Talking as if from a scripted speech.
- Unwillingness or inability to discuss their views.
- A sudden disrespectful attitude towards others.
- Increased levels of anger .
- Increased secretiveness, especially around internet use.

Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later persuading them into cutting themselves off from their friends and family. However, these signs don't necessarily mean a child is being radicalised – it may be normal teenage behaviour or a sign that something else is wrong.

Bullying, cyberbullying and online abuse

What it is

Bullying can include many different forms of abuse, including physical and emotional abuse, and typically (but not exclusively) takes place between peers. Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home, online, at work or in church. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.

Cyberbullying can include:

- Sending threatening or abusive text messages
- Creating and sharing embarrassing images or videos
- Trolling – the sending of menacing or upsetting messages on social networks, chat rooms or online games
- Shaming someone online
- Setting up hate sites or groups about a particular child
- Encouraging young people to self-harm
- Revenge porn

Signs you may see

- Being afraid to go to school or youth groups (or work or church), being mysteriously 'ill' each morning, or skipping school/youth group.
- Being nervous, losing confidence, or becoming distressed and withdrawn.
- Problems with eating or sleeping.
- Belongings getting 'lost' or damaged.
- Spending a lot more or a lot less time than usual online, texting, gaming or using social media.
- Seem distant, upset or angry after using the internet or texting.
- Being secretive about who they're talking to and what they're doing online or on their mobile phone.
- Physical injuries, such as unexplained bruises.
- Not doing as well at school.
- Asking for, or stealing, money (to give to whoever's bullying them).
- Bullying others.

Female Genital Mutilation

What it is

Female genital mutilation (FGM) is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting' but has many other names. The practice is not required by any religion and is medically unnecessary, painful and has serious health consequences at the time it is carried out and in later life.

The procedure is performed on girls of any age, but there are certain higher risk times including newborn infants, prior to onset of puberty, and on young women before marriage. FGM may be practised illegally by family members (including extended family) or other members of the community in the UK, or girls may be sent abroad for the procedure. FGM is illegal in the UK, under the Female Genital Mutilation Act 2003 (as amended).

Signs FGM might happen include

- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
- A girl has an unexpected or long absence from school.
- A girl struggles to keep up in school.
- A girl runs away - or plans to run away - from home.

Signs FGM might have taken place

- Having difficulty walking, standing or sitting.
- Spending longer in the bathroom or toilet.

- Appearing quiet, anxious or depressed.
- Acting differently after an absence from school or college.
- Reluctance to go to the doctors or have routine medical examinations.
- Asking for help - though they might not be explicit about the problem because they're scared or embarrassed.