

SECTION 6

REFERENCES AND LEGISLATION

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DIOCESAN CHILD PROTECTION MANAGEMENT GROUP

The Diocesan Child Protection Management Group is a Sub-committee of the Bishop's Council. It basically has three tasks:

1. To meet in emergency session to deal with any allegation of abuse within the Diocese which requires a coordinated and planned response.
2. To review Diocesan Child Protection Policy on an annual basis.
3. To oversee the work of the Diocesan Child Protection Officer both directly and through a Supervisor appointed from its membership.

In the case of an emergency (1. above) its tasks will be to plan and implement a Diocesan response which will address the following issues:

- a. The (alleged) victim(s)' needs
- b. The needs of other persons at risk.
- c. The needs of the Parish in which the victims reside and/or the Church they and/or the (alleged) perpetrator(s) attend.
- d. The needs of (alleged) Child Protection victim(s)' family and circle of friends.
- e. The Diocese or Parish's position in terms of the (alleged) perpetrator(s) in relation to employment, suspension, relocation and other relevant employment issues.
- f. The (alleged) perpetrator(s) in terms of employment, accommodation and support where relevant.
- g. In the case of (alleged) domestic violence where there are children in the home, all of the above where relevant.
- h. In the case of domestic violence where there are no children in the home, the needs of the (alleged) victim and other relevant matters in the list above at the discretion of the Diocesan authorities.
- i. Relationships with agencies investigating the (alleged) abusive incident(s) including meetings, information sharing protocols and other relevant matters.
- j. The media.
- k. Issues raised by the Diocesan Child Protection Officer from meetings with the secular authorities.

It will also be important to ensure meetings are held with appropriate frequency to ensure that the Reference Group keeps up to date with developments.

Membership

- Chair: an independent person who is not employed by the Diocese or a member of any Parish in the Diocese.
- Another independent person
- The Bishop
- A nominated Archdeacon
- The Diocesan Adviser in Pastoral Care and Counselling
- The Diocesan Child Protection Officer
- The Diocesan Communications Officer
- The Diocesan Director of Education
- The Diocesan Legal Adviser

DIOCESAN CHILD PROTECTION OFFICER

The tasks of the Diocesan Child Protection Officer are:

- To advise the Bishop, Archdeacons and other senior staff on child protection matters.
- To liaise and network with the secular authorities including Local Authority Child Protection Officers and the Police.
- To represent the Diocese in any strategy meetings, case conferences or other meetings called by the secular authorities in relation to child protection issues when so requested by them.
- To liaise and network with the provincial meeting of Child Protection Officers and with ecumenical contacts in the area.
- To provide advice and support to parishes and other diocesan organisations in relation to Child Protection issues.
- To provide such training to paid staff and volunteers as shall be approved or commissioned by diocesan staff following requests from relevant diocesan organisations or individuals.
- To maintain an awareness of current developments in the child protection field and to advise diocesan staff accordingly.
- To provide reports for the Diocesan Child Protection Management Group (q.v.).
- To act as lead person in the Diocese on Domestic Violence issues.
- To undertake any other tasks related to child protection as shall be agreed with relevant diocesan staff.

LEGISLATION

The Children Act 1989 provides a comprehensive framework for the care and protection of children and defines a child as any young person under the age of 18 years. Section 47 refers to the Local Authority's duty to investigate if they "have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer significant harm" to enable them to decide whether they should take action to promote the welfare of the child.

The Police Act 1997 set out the structure of the Criminal Records Bureau.

The Sex Offenders Act 1997 set up the Sex Offenders Register

The Data Protection Act 1998 extended the rights of individuals to have access to personal information held about them on computer or paper records. There are exceptions to these rights in limited circumstances, including where the information is held for the purposes of preventing or detecting crime.

The Human Rights Act 1998 provides that UK legislation must be construed in accordance with the European Convention on Human Rights. The Convention includes rights to respect for private and family life and also a right not to be harmed or tortured.

The Protection of Children Act 1999 re-structured the Department of Health Consultancy List, setting up the Protection of Children Act List (POCA List). It also amended the Police Act 1997 so that the CRB can use information from POCA List and the DfES's List 99 in CRB disclosures

The Criminal Justice and Court Services Act 2000 allows courts to impose orders disqualifying people from working with children following certain convictions. It is an offence knowingly to seek work with children if disqualified, and also an offence knowingly to recruit or permit a disqualified person to work with children.

The Sexual Offences (amendment) Act 2000 equalised the age of consent at 16 for both heterosexual and homosexual activity. It also provided extra protection for young people aged 16 and 17 who have sexual relationships with people in positions of responsibility.

The Children Act 2004 provides the legal underpinning for Every Child Matters: Change for Children programme. A series of documents have been published which provide guidance under the act to support local authorities and their partners in implementing new statutory duties.

Safeguarding Vulnerable Groups Act 2006 was created in response to recommendation 19 of the Bichard Inquiry. That those who wish to work with children and vulnerable adults should be registered. This Act provides the legislative framework for the new Independent Safeguarding Authority (ISA) scheme to be launched in October 2009.

Reports and guidance include:

Safe from Harm, a Home Office Publication is a code of practice for safeguarding the welfare of children in voluntary organisations

Working Together to Safeguard Children 1999 - Department of Health/Home Office/Department of Education and Skills inter-agency guidance to safeguard and promote the welfare of children was published in 1991 and revised in 1999. This document promotes good liaison between the voluntary and statutory agencies and the role of staff in the voluntary sector in bringing children who are thought to be in need of protection to the attention of the statutory agencies.

Caring for Young People and the Vulnerable 1999 - Home Office guidance for preventing the abuse of trust by people in positions of responsibility, with 16 and 17 year olds and vulnerable adults.

'No Secrets' DOH Guidance on implementing Multi-Agency Policy 2000

Complex Child Abuse Investigations: inter-agency issues 2002 - this Home Office guidance includes advice on sharing information during investigations

Sexual Offences Act (came into force on 1 May 2004) this legislation aims to overhaul sexual offences legislation providing a clear, coherent and effective set of laws that will increase protection, enable the appropriate punishment of abusers and ensure the law is fair and non-discriminatory.

Working Together to Safeguard Children 2006 sets out how individuals and organisations should work together to safeguard and promote the welfare of children. The guidance has been updated since the previous version published in 1999. The new version reflects developments in legislation, policy and practice.

What to do if you are worried a child is being abused 2006 sets out clear guidance to assist practitioners to work together to safeguard children. The documents sets out what you should do if you have a concern, and what will happen once you have informed someone about those concerns.

Protecting All God's Children 2010 4th edition: The Child Protection Policy for the Church of England.

Responding to Domestic Abuse 2006: Guidelines for those with pastoral responsibility.

Promoting a Safe Church 2006: Policy for safeguarding adults in the Church of England

The Church has access to more children and young people than any other voluntary organisation.

REFERENCE BOOKS AND WEBSITES

Working Together to Safeguard Children 2006: Every Child Matters, Change for Children TSO

www.tsoshop.co.uk

Safe from Harm

www.homeoffice.gov.

What to do if you're worried a child is being abused Dept of Health 2006

www.everychildmatters.gov.uk

Protecting All God's Children 2004

www.churchhousepublishing.co.uk

Safeguarding children and Young People Methodist Church.

www.methodist.org.uk/information/safeguarding.htm#safeguarding.

A Programme for Action (Nolan Report) Catholic Bishops' Conference 2001

www.nolanreview.org.uk

Information on the Criminal Records Bureau and the disclosure process

www.disclosure.gov.uk

Independent Safeguarding Authority

<http://www.ias-gov.org/default.aspx>

Newcastle local safeguarding Children's board

www.newcastle.gov.uk/lscb

Northumberland Safeguarding Children's board

<http://pscm.northumberland.gov.uk/portal/page>

North Tyneside Safeguarding Children's Board

www.northtyneside.gov.uk/lscb/board.htm

Children's Society

www.childrenssociety.org.uk

Churches Child Protection Advisory Service

www.cpas.co.uk

Department of Health – Area Child Protection Committees

www.acpc.gov.uk

NCH website for children and young people

www.itsnotyourfault.org

Newcastle Diocese

www.newcastle.anglican.org

NSPCC

www.nspcc.org.uk

Our Duty to Care

www.volunteering-ni.org

Books

Child Sexual Abuse and the Churches Patrick Parkinson, Hodder & Stoughton 1997

Christianity and Child Sexual Abuse Hilary Cashman, SPCK 1993

The Hidden Shame of the Church: Sexual Abuse of Children and the Church Ron O'Grady WCC Publications, Geneva 2001

The Church and Child Sexual Abuse E Conway, E Duffy, & A Shields. Columba 1999
Time for Action CTBI 2002

Sexual Abuse in Christian Homes and Churches Herald Press 1993

Healing Victims of Sexual Abuse Victory House 1988

The Courage to Heal: a guide for women survivors of sexual abuse Perennial Library 1990

Victims no longer: men recovering from incest and other sexual abuse Harper & Row 1994

Safe to grow: Guidelines on Child Protection for the Local Church and its Youth Leaders Baptist Union 1994

Beaten, Battered, Bruised and Blessed, Churches recognising and responding to Domestic abuse Pastor Joe and Lizzie Hayes, Alden Press Oxford 2004

From Silence to Sanctuary, A Guide to understanding, preventing and responding to abuse Jane Chevous, 2004

Feeling Happy, Feeling Safe M Elliot, Hodder & Stoughton 1991

Keeping Safe: A practical guide to talking with children M Elliot, NCVO 1986

A book for children who have secrets they have been afraid to tell Mousie Khadji Rouf, The Children's Society 1989.

Young People's Participation

Keeping it Safe: a young person-centred approach to safety and child protection, standards and guidelines NCVYS 2002 Available from 020 7422 8630

Hear by right: Standards for the active involvement of children and young people H Wade and B Badham 2003, National Youth Agency/LGA. Available from 0116 285 3709

The Learning and Skills Council's Guide to engaging with young people: *Putting Learners in the Driving Seat*. Available from www.lac.gov.uk/news_docs/Engage_Young_People.pdf

Participation – Spice it up! Save the Children. Available from 01752 202301

Empowering Children and Young People Save the Children. Available from 01752 202301

Safe Children Sound Learning Kirklees Metropolitan Council. Available from www.kirklees.gov.uk Guidance from and for the Muslim community.

Internet Safety

Chameleon Internet Security Resource
www.e2chameleon.btinternet.co.uk/childhtm
www.thinkuknow.co.uk

www.ngfi.northumberland.gov.uk/notices/default.htm link to CEOP and BECTA sites.
CEOP: Child exploitation and online protection
BECTA: British Educational Communications and Technology Agency.

Protective Behaviours
www.protectivebehaviours.co.uk

Blog Safety
www.kidsmart.org.uk/yp/smart

Childnet Chat danger
www.chatdanger.com

Childnet International
www.childnet-int.org

<http://www.nch.org.uk/itok/>

<http://www.getnetwise.org>

http://www.ofcom.org.uk/codes_guidelines/broadcasting/tv/safety_net

<http://www.esafeeducation.co.uk>

Internet Content Rating System
www.icra.org

www.getnetwise.org which provides an online safety guide for children and young people as well as for adults

For Web-site managers

<http://www.icra.org>

Filtering Software

<http://store.netnanny.com> <http://www.cyberpatrol.com>

Useful contacts related to Bullying

Child Line: - Freepost 1111, London N1 OBR, Tel: 0800 1111

Kidscape: 52 Buckingham Palace Road, London SW1W 9TR, Tel: 020 7730 3300

NSPCC: 0191 2260155

Newcastle Local Safeguarding Board: Michelle Crawford

michelle.crawford@newcastle.gov.uk

Domestic Abuse Projects and Helplines

Newcastle

Women's Aid	0191 265 2148	
Victim Support	West 0191 274 4274	
	East 0191 276 4080	
The Wendy House	07794048861	(support for women)

Northumberland

Victim Support	01670 822 334	
Cease 24	North 01668 283 224	(support for people affected by domestic abuse)
	South 01670 360 182	
Sixty/Eighty/Thirty	01434 608 030	Help for women in Tynedale
Northumberland Domestic Abuse Helpline	0800 0665555	
Respect (advice for perpetrators)	0845 1228609	
Male Advice	0208 6449914	
Social Services Emergency Standby	0845 6005252	

Northumberland 01670 820 199
Women's Refuge

North Tyneside

S.A.I.N.T. (Surviving Abuse In North Tyneside Tel: 07812 341415 or 0191 293 1921)

National

Mankind (male victims) 0870 794 4124

Broken Rainbow 07812644914

(same sex relationships)

Child-line 0800 1111

Elder Abuse

North Tyneside 0191 200 8181
Adult Protection Team

North Tyneside 0191 219 6701
Safeguarding Team

National Helpline 0808 8088141

References

Criminal Offences Fact Box

Taking, distributing or showing indecent photographs or pseudo-photographs of children.* (Section 1 (1) Protection Children Act 1978 as amended by the Criminal Justice and Public Order Act 1994)

*(pseudo-photograph means an image whether made by computer graphics or otherwise, which appears to be a photograph)

Possessing indecent photographs or pseudo-photographs of children. (Section 160 (1) Criminal Justice Act 1988 as amended by the Criminal Justice and Public Order Act 1994)

Printing, publishing, selling, hiring etc, harmful publications to children and young people. (Sections 1 and 2 Children and Young Person (Harmful Publications) Act 1955)

Sending a malicious communication. (Section 1 (1) Malicious Communications Act 1988)

Helpful Organisations

Childnet International, Studio 144, Brockley Cross Business Centre, 96 Endwell Road, London SE4 2PD. Telephone 020 7639 6967.

www.childnet-int.org

The Metropolitan Police have a free 'phone number for people to report child pornography 0909 100 0040

The Internet Watch Foundation (IWF) enables members of the public, via a helpline, to report child pornography

www.internetwatch.org.uk/hotline/

The IWF will investigate and contact the ISP and the National Criminal Intelligence Service (NCIS)

The Derwent Initiative: Tackling Sexual Offending Together Tel: 0191 232 3977

**USEFUL TELEPHONE NUMBERS, ADDRESSES
AND REFERENCE INFORMATION**

DIOCESAN CHILD PROTECTION OFFICER	0191 236 3474	Revd Jean Skinner 32 Easedale Avenue Gosforth NE3 5TB
NORTHUMBRIA POLICE	01661 872 555 01289 307 111 01665 602 777 01434 604 111 0191 214 6555 0191 214 6555	Ponteland (including HQ) Berwick Alnwick Hexham North Shields Newcastle
CUMBRIA POLICE	01768 891999	Penrith
CHILDREN'S SERVICES		
NEWCASTLE Duty Team (City Wide)	0191 277 2500	Cruddas Park Office Park Road, Elswick NE4 7RW
NORTHUMBERLAND	01670 714 411	Children's Services 163 Langdale Drive Beacon Hill Cramlington NE23 8EH
NORTH TYNESIDE	0191 200 8181	Children's Services Camden House, Camden Street North Shields NE30 1NW
CUMBRIA	01768 242 242 01228 526 690 (out of hours)	Social Services 19 – 24 Friargate Penrith CA11 7NX
NSPCC Emergency Helpline (24 Hours)	0191 2260155 0191 800 500	17 Brighton Grove, Newcastle upon Tyne NE4 5NS
Mosaic Project (Child Victims of Sexual Abuse)	0191 212 0237	55 Osbourne Road Jesmond
WOMEN'S AID NATIONAL HELPLINE	0808 2000 247	
ECCLESIASTICAL INSURANCE GROUP	01452 528 533	Beaufort House Brunswick Road Gloucester GL1 1JZ

DEFINITIONS AND IDENTIFICATION OF SUBSTANCES

Alcohol

Alcohol is a central nervous system depressant, which encourages dis-inhibition. The short term effects of alcohol use include intoxication (leading to accidents, aggression, etc.) poor co-ordination, vomiting, drowsiness, slurred speech, loss of consciousness, respiratory depression and death. Prolonged misuse of alcohol can result in physical health problems, (e.g. liver cirrhosis, alcoholic hepatitis, liver cancer etc.), malnutrition, depression, memory loss and blackouts.

Alcohol use can lead to psychological and physical dependence.

Amphetamine (Slang terms: Whizz, Speed.)

Amphetamine is a popular stimulant drug, which stimulates the nervous system and keeps the user awake and energetic. It is sometimes used to suppress the appetite. Amphetamine usually appears as a white or greyish powder (amphetamine sulphate) which is usually sniffed or injected. There are also pills or capsules produced for medical use, which are generally swallowed.

For some people, even moderate use of amphetamine can result in a condition known as “amphetamine psychosis”, which is characterised by excessive mood swings, irritability, confusion, and sometimes bouts of violent behaviour. The mental disorder or “psychosis” usually passes when the drug is stopped but there remains a danger that those with latent mental conditions could have this condition triggered by the use of amphetamines. Tolerance to amphetamines develops quickly, leading to a rapid increase in use. Anxiety, depression, paranoia and weight loss are common side effects of the drug.

Benzodiazepines (Slang terms: eggs, jellies, benzo)

Benzodiazepines are minor tranquillisers, which include temazepam, diazepam, nitrazepam and lorazepam. They are the most commonly prescribed drugs in Britain and therefore are readily available on the illicit market. Benzodiazepines are pills or capsules, which are usually swallowed, but they can be ground down and injected. The effects of benzodiazepines are to relieve anxiety and promote sleep. Tolerance can develop with frequently repeated doses.

Cannabis (Slang terms: dope, blow, hash, grass, ganja)

Cannabis is derived from a leafy plant; it can be bought as leaves, stalks and seeds, known as grass or in a solid brown lump, known as hash. It is usually smoked, often with tobacco in the form of “joints” or “spliffs”, or can be smoked by itself in a pipe. It can also be eaten with food or brewed as a drink. It is the most widely used illegal drug in Britain.

The effects of cannabis can depend largely on the mood or expectations of the user and vary from relaxation to being talkative, bouts of hilarity and greater appreciation of stimulus. However, if someone were depressed or anxious, it would make him or

her feel worse. Cannabis can affect short-term memory and concentration. For inexperienced users, nausea and anxiety are common.

There is no conclusive evidence that cannabis causes lasting damage to physical or mental health. It is not physically addictive, but a psychological dependency can develop.

Cocaine and crack (Slang terms: coke, rock, Charlie)

Cocaine is a white stimulant powder, which is sniffed or injected. Cocaine is usually impure and adulterated with other substances, which can be harmful. "Crack" is a more pure form of cocaine in the form of small "rocks" or crystals, which is usually smoked.

The effects of cocaine and crack use are similar to amphetamines but more intense. The effects of cocaine only last for up to an hour and crack wears off even more quickly. The effects elevate mood, increase confidence and lead to exhilaration, alertness, indifference to pain and fatigue. Large or repeated doses can cause agitation, anxiety, panic, paranoia, nose bleeds, convulsions and hallucinations, which will usually pass when the drug is out of the body. The after-effects of cocaine can be fatigue and depression.

Though not physically addictive, users may develop a strong psychological dependence to cocaine. After discontinuing use, the user may feel fatigued, sleepy and depressed, which can lead to recommencement of use. It can exacerbate a pre-existing psychotic condition.

Ecstasy (Slang terms: "E")

Ecstasy comes in different coloured pills or capsules. The effects can give a feeling of extra energy, a high that can make people very friendly and increase wakefulness.

Taken in large quantities, Ecstasy can cause damage to brain cells, feelings of anxiety, confusion and even paranoia. Ecstasy may also cause difficulty sleeping and is dangerous for people suffering from epilepsy or heart conditions. Females may find their periods become heavier. The short term effects of use are possible sweating, dry mouth and throat and raised blood pressure. Water is not an antidote to Ecstasy, and excessive drinking can lead to medical complications.

Heroin (Slang terms: smack, brown, gear)

In its purest form, heroin is a white powder derived from the dried milk of the opium poppy. When impure it can be brown in colour. It contains morphine and codeine, both effective painkillers. Heroin can be injected, sniffed or smoked.

The effects of use include euphoric detachment, physical and emotional pain relief; small doses induce feelings of warmth and contentment, which can last several hours. It is not uncommon for a first time user to experience unpleasant side effects like nausea and vomiting.

Tolerance and physical dependence develop quickly with frequently repeated doses. On the street, heroin is usually cut with other substances like glucose or talcum powder. Overdosing is a big risk, leading to coma and possible death.

LSD (Slang term: acid, trips)

LSD usually comes on small squares of blotting paper, which come in different colours and have a picture or motif on them. They are swallowed and take between thirty and sixty minutes to take effect.

The effects depend on the user's mood, and can last up to twelve hours. These often include distortion of vision/hearing or a feeling of being outside the body. Bad trips can lead to depression, panic and even paranoia. The user may complain of depression and anxiety for a few days. This will cease providing the user does not take any more. For individuals with prior history of mental illness, LSD may make the problem worse or indeed permanent. Other effects are hallucinations, memory loss, flashbacks, risk of accidents and psychotic reactions.

Methadone

Methadone is a painkiller, similar to heroin and comes in tablet or liquid form (usually green). It can cause physical dependence and is prescribed as a substitute medication for heroin and other opiate type drugs in detoxification programmes.

There are many side effects such as itchiness, drowsiness, nausea, vomiting, dry mouth and constipation. Methadone can be highly dangerous if used incorrectly or by those it is not prescribed for e.g. children. However, under supervision and with clear instruction around risks and safety precautions, methadone is an effective treatment. Information leaflets for parents are available from the Addictive Behaviour Service.

Solvents

"Solvents" includes glues, aerosols and gases (e.g. lighter fuel), the fumes of which can be inhaled to get "high". The effects last for about thirty minutes and the feeling is similar to being very drunk.

The effects of use can be increased risk of accident and death (e.g. vomiting while unconscious), gases and cleaning fluids can cause death through suffocation or heart failure. Long term use can result in tiredness and poor performance. There is possible lasting damage to the body (liver, kidney and brain), however this is rare.

Steroids

Anabolic steroids are either swallowed as a pill or capsule and can also be injected into a muscle. They are used by some athletes and body builders to increase muscle size and aggression, and by others to improve appearance. They can cause stunting of growth in those who are not yet fully grown.

Constant use is potentially harmful as it can raise blood pressure, increasing the risk of heart disease and strokes. Steroids can also cause liver and kidney damage. Psychological dependence can occur if the user believes they cannot perform without the drug.

Over the Counter Drugs

These are defined as those, which are available without a prescription from a pharmacy or other retail outlet. It is important to distinguish between medicine misuse and unnecessary use. Some people take vitamins and analgesic preparations indiscriminately: this is an example of unnecessary use. Misuse refers to the use of a preparation for a non-medical purpose in order to achieve psychoactive effects, for example euphoria or altered body image, e.g. weight loss.

Sometimes, over the counter drugs are used to “top up” or augment the effects of an illicit substance and occasionally they are used in an attempt to lessen or stave off withdrawal symptoms or for self-detoxification. The non-prescription medications which are misused include:

- **Benylin**, which can produce effects such as excitation, hallucinations, illusions, increased perceptual awareness and hyperactivity. When chronically misused, discontinuation can lead to withdrawal symptoms
- Opioid preparations such as **Codeine Linctus, Kaolin and Morphine mixture**. These substances are often used to supplement when other opioids are not available.
- Cough and cold preparations such as **Day Nurse, Contac 400 and Beechams Hot Lemon**. These substances are misused to elevate mood, combat fatigue and as a substitute for amphetamine to alleviate craving.