



**MOTTRAM EVANGELICAL CHURCH  
&  
HATTERSLEY COMMUNITY CHURCH**

**“SAFEGUARDING IN ACTION”**

POLICY AND PROCEDURES  
FOR PROTECTING CHILDREN,  
YOUNG PEOPLE AND  
VULNERABLE ADULTS

**2010 EDITION**

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This Policy is subject to an Annual Review.

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## 1.0 OUR SAFEGUARDING POLICY

Mottram Evangelical Church and Hattersley Community Church operates under the name of "The Church" and may be abbreviated to 'MEC/HCC' throughout the document.

This policy has been adapted from 'The Message Trust Safeguarding in Action Policy' and was adopted at the Mottram Evangelical Church Members' Meeting and Hattersley Community Church Members' Meeting held on 14<sup>th</sup> January 2009 and 7<sup>th</sup> January 2009 respectively.

This policy complete with its relevant sections of procedures and guidance is intended to ensure the **safeguarding** of the children, young people and vulnerable adults with whom we work. **Safeguarding** is a relatively new term which is broader than 'child protection' as it also includes prevention. Safeguarding children, young people and vulnerable adults is vital for charities as charity trustees have a duty of care towards those with whom their organisation has contact. Having safeguards in place within an organisation not only protects and promotes client welfare but also it enhances the confidence of trustees, staff, volunteers, parents/carers and the general public. Safeguarding policies and procedures are beneficial to a charity in many ways – protecting its reputation, helping to effectively meet its objectives and protecting its finances.<sup>1</sup>

### 1.1 SCOPE OF DOCUMENT

This document is a living, breathing resource at the heart of our commitment to excellence in delivering services to our community. It should be thoroughly understood and rigorously implemented by all staff and volunteers. A good working knowledge of its principles should be pursued by all support staff. Partners and stakeholders in MEC/HCC projects should also use it as an important reference point in our collaborative efforts to keep children, young people and vulnerable adults safe from harm.

### 1.2 CHALLENGES WE FACE

Transformative face to face work with children, young people and vulnerable adults is a highly rewarding vocation, which is vital for both the present and future health of our communities. However, the nature of the work involves many risks and challenges. The urgency of the need for such work must not lead to a short-cutting of the professional standards such work demands. The government frequently publishes legislation which we must adhere to (see bibliography for examples) and the local authority we work within also has its own priorities and policies. Operating within this plurality of legislation and policy is one of the many complexities of working with children, young people and vulnerable adults.

MEC/HCC has the stated aim of working in a spirit of partnership with all other agencies who are committed to the well-being of children, young people and vulnerable adults. Moreover, it is absolutely essential considering the nature of our work, that we pursue healthy working relationships with statutory bodies such as schools, police, local authority social services and youth services. Staff and volunteers must bear in mind that they do not have to be the solution to every problem. There may be times

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<sup>1</sup> <http://www.charity-commission.gov.uk/supportingcharities/protection.asp>



when children, young people and vulnerable adults should be referred to specialists in certain fields. This document includes guidance on when and why such decisions may be needed.

### 1.3 GENERAL PRINCIPLES

Our endeavours to ensure effective safeguarding within our work are based on four simple principles:

1. Robust administration of recruitment, selection and screening
2. Structures for the facilitation of training, supervision and accountability
3. Procedural systems including internal reporting systems, access to specialist advice and inter-agency co-operation
4. Operating within a risk management framework

### 1.4 POLICY STATEMENTS

A Young Person is defined by the Children Act 1989 as being under the age of 18. MEC/HCC accepts, in line with this Act, that the welfare of the young person is paramount.

A Vulnerable Adult is defined as a person aged 18 or over who has:

- A learning or physical disability
- A physical or mental illness, chronic or otherwise including an addiction to alcohol or drugs
- A reduction in physical or mental capacity
- A dependency upon others, or a requirement for assistance in the performance of physical functions
- Severe impairment in the ability to communicate with others
- Impairment in a person's ability to protect him/her self from assault, abuse or neglect

MEC/HCC recognises the unique status of children, young people and vulnerable adults and will respect them as individuals. All workers will safeguard the safety and welfare of children, young people and vulnerable adults in their care.

All MEC/HCC outreach activities will be formally risk-assessed using best practice principles. Management process and staff/volunteer activity will be geared to the priorities identified through the risk-assessment mechanism (see Appendix 7 for more detail).

MEC/HCC will ensure that relationships with children, young people and vulnerable adults are carried out with integrity and without exploitation. The highest professional standards will be continually encouraged and maintained.

Any allegation of abuse disclosed will be taken seriously (see Section 4) and MEC/HCC will collaborate fully with the statutory and voluntary agencies concerned with abuse of the vulnerable. MEC/HCC has systems of accountability and supervision and reserves the right to conduct investigations into the conduct of its staff and volunteers.

The Church requires its staff to provide evidence that their behaviour has never caused harm to children or young people or put them at risk. At time of recruitment, and at specified intervals during their service, all staff, either paid or voluntary, will be subject to thorough background checks, including detailed character references and also Disclosure screening by the Criminal Records Bureau.



MEC/HCC undertakes to follow the principles found within the Abuse of Trust guidance published by the Home Office and it is therefore unacceptable for those in a position of trust to engage in any behaviour, which might allow a sexual relationship to develop for as long as the relationship of trust continues. In order to eliminate any ambiguity over this point the practical implications of this are that any member of staff found to be having a sexual relationship with a young person under the age of eighteen will be immediately dismissed. If the young person is under sixteen the police will be informed and legal proceedings will commence.

### 1.5 TRAINING

The content of this policy forms the basis of a training package for all the church's staff and volunteers. MEC/HCC is committed to an on-going training programme for all staff and volunteers.

### 1.6 CRB DISCLOSURES

Mottram Evangelical Church and Hattersley Community Church will use The Message Trust, which is registered with the Criminal Records Bureau (CRB), to undertake background checks for staff and volunteers who are involved with EDEN. For other church staff and volunteers CRB disclosures will be obtained through the Churches Child Protection Advisory Service (CCPAS). The CRB provides The Message Trust and CCPAS with frequent news of developments in policy and best practice.

All staff and volunteers working with children and young people as part of The Church's ministry will be subject to an Enhanced Disclosure, which will be updated every 3 years.

All staff and volunteers must co-operate in timely fashion with all CRB related matters.

Upon direct guidance from officers of the CRB MEC/HCC *will only* insist upon CRB checks for staff or volunteers involved in 'Regulated Activity' (see definition below) These CRB checks *will all* be at **Enhanced** level.

#### Regulated Activity is:

- Any activity of a specified nature that involves contact with children or vulnerable adults frequently, intensively and/or overnight. (Such activities include teaching, training, care, supervision, advice, treatment and transportation.)
- Any activity allowing contact with children or vulnerable adults that is in a specified place frequently or intensively. (Such places include schools and care homes.)
- Fostering and childcare.
- Any activity that involves people in certain defined positions of responsibility. (Such positions include school governor, director of social services and trustee of certain charities.)

'Regulated activity' is when the activity is frequent (once a month or more) or 'intensive' (takes place on three or more days in a 30-day period).



CRB related matters are highly confidential and MEC/HCC takes the utmost care in ensuring the expectations of the CRB are met with respect of all matters of processing or applications and storage of results.



## 2.0 DEFINITIONS OF ABUSE

### Significant Harm (Children Act 1989)

- **Harm** means ill-treatment or the impairment of health or development.
- **Health** means physical or mental health.
- **Development** means physical, intellectual, emotional, social, or behavioural development.
- **Ill-Treatment** includes sexual abuse and forms of ill-treatment which are not physical.
- **Significant** in this context means treatment having or likely to have serious and lasting effects (DOHSS Review of Child Care Law, 1985).

'Where the question of whether harm suffered by a child is 'significant' turns on the child's health or development, his/her health or development shall be compared with that which could reasonably be expected of a similar child'.

### 2.1 CATEGORY DEFINITIONS

Somebody may abuse or neglect a child, young person or vulnerable adult, by inflicting harm, or failing to act to prevent harm. Abuse can happen in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

The following categories of abuse are recognised throughout England and Wales by the Department of Health, Department of Education and Employment and the Home Office in "Working Together to Safeguard Children" (1999).

#### PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or young person. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill-health to a child they are looking after. This situation is described using terms such as: fabricated illness, factitious illness by proxy or induced illness (previously referred to as Munchausen's Syndrome by proxy).

#### EMOTIONAL ABUSE

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

#### SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities whether or not the child is aware of what is happening. The activities may



involve physical contact or may be non-contact activities, or encouraging children/young people to behave in sexually inappropriate ways.

#### NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

#### ORGANISED ABUSE

This may be defined as abuse involving one or more abuser and a number of related and non-related abused young people and children. The abusers concerned may be acting together to abuse children, or may be using an institutional framework or a position of authority to recruit children for abuse.

#### ABUSE OF TRUST

All staff need to know that inappropriate behaviour with or towards young people is unacceptable. It is an offence for a person over 18 e.g. youth worker to have an intimate relationship with a young person under 18 where that person is in a position of trust in respect of the young person, even if the relationship is consensual. This applies where the person works in the same environment as the young person even if he/she does not work directly with that young person.

#### GROOMING

The deliberate actions taken by an adult to form a trusting relationship with a child, with the intent of later having sexual contact is known as **child grooming**. The act of grooming a child sexually may include activities that are legal in and of themselves, but later lead to sexual contact. Typically, this is done to gain the child's trust as well as the trust of those responsible for the child's well-being. Research has shown children are less likely to report a crime if it involves someone that he or she knows, trusts, and cares about. Additionally, a trusting relationship with the family means the child's parents will be less likely to believe any potential accusations.

**NOTE:** Some children, young people or vulnerable adults may suffer more than one category of abuse.

## 2.2 SIGNS AND SYMPTOMS OF ABUSE

Children, young people and vulnerable adults who suffer abuse may behave in a variety of ways that can be a signal for help. The following section summarises advice given to school teachers on this subject. (paraphrased from 'Schools and Child Protection', Schonveld 1995)

- Some signs and symptoms are common to all forms of abuse – low self-esteem and changes in behaviour, for example.
- Clusters of signs and symptoms are particularly important rather than isolated instances – although some signs on their own can be particularly significant.



- Significance should be attached to any mismatch between an injury and the account of how it happened.
- On their own, the signs and symptoms do not necessarily indicate abuse, but they must be recorded, as many cases of abuse are identified only when one person's observation of apparently insignificant signs is considered alongside other information.
- It is important to consider the duration, intensity and frequency of the signs and symptoms.
- Staff/volunteers must record signs and symptoms, even if they have no proof that these indicate abuse. For example, information about when injuries occur (such as after the weekend) can be important.
- Some forms of abuse have no overt signs. Young children often communicate their distress through their behaviour, whereas older children may become adept at hiding signs of abuse. A child who is being abused may still show no classic signs and symptoms. Absence of proof is not proof of absence.
- Children, young people and vulnerable adults from different cultural backgrounds may communicate their distress in different ways.
- Bear in mind that what you observe is being filtered through your own personal circumstances, the society you live in, and your culturally and socially determined attitudes.

**NOTE:** Lists of signs and symptoms are not fail-safe mechanisms, but they are often helpful indicators in certain combinations of the likelihood or reality of abuse. Young people may behave strangely or appear unhappy for many reasons, as they move through the inevitable stages of growing up, and their families experience changes.

These are lists of some of the signs and types of behaviour which may indicate that a young person is being abused. In themselves they are not evidence of abuse, but they may suggest abuse if a young person exhibits several of them or if a pattern emerges.

Remember that there can be other explanations for a child, young person or vulnerable adult showing such signs or behaving in such ways. There is a good deal of overlap between the signs and symptoms of the different types of abuse, particularly between emotional and other types of abuse.

## 2.3 RECOGNISING ABUSE BY TYPE

### Possible signs of physical abuse

- Unexplained injuries or burns, particularly if they are recurrent
- Refusal to discuss injuries
- Improbable explanations for injuries
- Untreated injuries or lingering illness not attended to
- Admission of punishment which appears excessive
- Shrinking from physical contact
- Fear of returning home or of parents being contacted
- Fear of undressing



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- Fear of medical help
- Aggression/bullying
- Over compliant behaviour or a ‘watchful attitude’
- Running away
- Significant changes in behaviour without explanation
- Deterioration in work
- Unexplained pattern of absences which may serve to hide bruises or other physical injuries

“Distinguishing between a non-accidental injury and an accidental one is no more straightforward than being able to identify neglect, even for skilled forensic paediatricians. All children collect bruises and other signs of injury as part of the routine business of being a child and, although there are patterns of difference between accidental and non-accidental injuries there are exceptions to every rule. Remember that as well as the physiological signs of physical abuse, the child may also show similar social, emotional and psychological attributes to those described as consequent upon neglect. Remember also that every one of those indicators associated with non-accidental injury can have an accidental cause.”

*Extract from ‘Social Work with Children and Families’ Butler.I, and Roberts,G (1997)*

Below: Table showing potential signs of physical abuse.

Sign	Non-accidental	Accidental
<b>Bruises</b>	More numerous; bruises may be at different stages of healing, often found in soft tissue, e.g. ear, cheeks, mouth; often patterned, e.g. finger and thumb pinch mark, slap mark, or imprint of hard object; may be symmetrical, e.g. grab marks on both arms or ears, two black eyes.	Likely to be few and scattered; likely to occur where bone is close to surface, e.g. forehead, elbow, knee or shins.
<b>Burns:</b>	Contact burn likely to show distinct boundary, eg. Hot-plate, cigarette burn; likely to be at unusual site, eg. Palm of hand, top of thigh, buttocks.	Likely to be treated, easily explained and minor, eg. Brush with cigarette rather than defined edge.
<b>Fractures</b>	Numerous and not appropriate to age and stage; may include ribs or skull; ‘spiral’ fractures.	Likely to be arms and legs; fractures are rare in babies and young children.
<b>Other Injuries</b>	Large bites, fingernail marks, deep cuts, poisoning.	Minor & superficial; likely to have been treated.

**Possible Signs of Emotional Abuse**

- Continual self-deprecation



- Fear of new situations
- Inappropriate emotional responses to painful situations
- Self-harm or mutilation
- Compulsive stealing/scrounging
- Drug/solvent abuse
- 'Neurotic' behaviour – obsessive rocking, thumb sucking, and so on
- Air of detachment – don't care attitude
- Social isolation – does not join in and has few friends
- Desperate attention-seeking behaviour
- Eating problems, including over-eating and lack of appetite
- Depression, withdrawal

**Possible signs of sexual abuse.** Children 5-12 years may:

- Hint about secrets they cannot tell
- Say that a friend has a problem
- Ask you if you will keep a secret if they tell you something
- Begin lying, stealing, blatantly cheating in the hope of being caught
- Have unexplained sources of money
- Have terrifying dreams
- Start wetting themselves
- Exhibit sudden inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Stop enjoying previously liked activities, such as music, sports, art, scouts or guides, going to summer camp, gym club
- Be reluctant to undress for gym
- Become fearful or refuse to see certain adults for no apparent reason; show dislike of a particular babysitter, relative or other adult
- Act in a sexual way inappropriate to their age
- Draw sexually explicit pictures depicting some act of abuse
- Seem to be keeping secret something which is worrying them
- Have urinary infections, bleeding or soreness in the genital or anal areas
- Have chronic ailments, such as stomach pains or headaches
- Take over the parent role at home, seem old beyond their years
- Develop eating disorders, such as anorexia or bulimia
- Become severely depressed, even attempt suicide
- Have a poor self image, self mutilate
- Continually run away
- Regress to younger behaviour, such as thumb sucking, surrounding themselves with previously discarded cuddly toys



### **Possible signs of neglect**

- Constant hunger
- Poor personal hygiene
- Inappropriate clothing
- Frequent lateness or non-attendance at school
- Untreated medical problems
- Low self-esteem
- Poor social relationships
- Compulsive stealing or scrounging
- Constant tiredness
- Developmental delay
- Failure to thrive

## **2.4 GENERAL SUMMARY OF IMPACTS OF ABUSE**

### **Physical abuse**

- Immediate physical effects  
(e.g. head injuries, damage to internal organs, broken bones)
- Longer term physical effects of serious injuries  
(inc. permanent disabilities)
- Physical and emotional developmental delays
- Stress related symptoms
- Depression, anxiety
- Difficulty in forming and sustaining relationships

### **Emotional Abuse**

- Low self-esteem
- Low concentration span
- Behavioural difficulties
- Developmental delays
- Difficulty in forming and sustaining relationships
- Depression, anxiety
- Dissociation including detachment

### **Sexual abuse (physical signs)**

- Sexually transmitted infections
- Soreness or injury of the genital or anal area
- Recurrent urinary tract infections
- Finger tip bruising on knees and inner thighs
- Vaginal discharge or bleeding
- Persistent abdominal pain and headaches without obvious cause



### **Sexual abuse (behavioural signs)**

- Anxiety
- Sudden onset of wetting or soiling, day or night
- Sleep disturbances – nightmares, refuses to sleep alone
- Inappropriate sexual play
- Explicit sexual knowledge (especially in young children)
- Excessive masturbation
- Promiscuous attention seeking behaviour
- Withdrawn
- Escape attempts – running away, sleeping out, suicide attempts, drugs and alcohol abuse
- Poor self-esteem
- Self harm
- Sudden weight loss or gain or appetite disorders – Bulimia, Anorexia Nervosa
- Suicide attempts

### **Neglect and Failure to Thrive**

- Cold injuries, hypothermia, chest infections, frost bite
- Nappy rash
- Skin infections
- Malnutrition
- Vitamin deficiencies
- Thin hair, alopecia
- Ostracized at school
- Shunned by other children
- Developmental delays - Motor, language intellectual, social, behavioural
- Learning difficulties

### **Factors which may influence the effects of abuse (individually or combined) are:**

- The nature and severity of the abuse
- The duration of any one incident
- The frequency of abusive incidents
- The relationship of the child to the abuser
- The child's age
- The child's development
- The psychological resources of the child
- The reactions of others to the abuse
- The quality of therapeutic intervention



### **3.0 ADDITIONAL CHALLENGES FACING STAFF AND VOLUNTEERS**

#### **3.1 DRUG / ALCOHOL ABUSING PARENTS**

Drug and alcohol abuse by parents can have a serious effect on their children.

- 70% of children taken into care have parents who are suspected of substance abuse.
- Not all parents who abuse drugs or alcohol mistreat or abuse their children, but sometimes they can be put at considerable risk.
- There is an increased risk of violence in families where parents abuse substances.
- Young people can suffer from lack of boundaries and discipline and live chaotic lives. This can damage their psychological and emotional development and may result in problems with their relationships later in life.
- The children who are most vulnerable are those who parents are violent, aggressive, neglectful or rejecting. These children can remain “invisible” from the services intended to support them unless their behaviour attracts attention at school or elsewhere outside the home, e.g. the places where MEC/HCC staff and volunteers are working.

#### **3.2 DOMESTIC VIOLENCE**

- The effect of domestic violence on children is such that it must be considered as abuse.
- Either witnessing it or being the subject of it is very traumatic and should be treated as physical or emotional abuse as appropriate.
- Statistics confirm a strong link between domestic violence and child abuse.
- One in three child protection cases show a history of domestic violence to the mother.
- Children and young people in violent households are three to nine times more likely to be injured or abused, either directly or while trying to protect their parent.
- It is widely accepted that there are dramatic and serious effects of children witnessing domestic violence, e.g. absenteeism from school, ill-health, bullying, anti-social behaviour, drug and alcohol misuse, self-harm etc.

#### **3.3 SELF HARM**

- Rates of self-harm in the UK have increased over the last ten years.
- Government research published in 2001 suggests that as many as 215,000 teenagers (1 in 10) throughout the UK may have harmed themselves.
- More than 24,000 teenagers are admitted to hospital in the UK each year, harming themselves. Most have taken overdoses or cut themselves (University of Oxford, 2002).
- The National Enquiry into Self-harm among Young People is currently ongoing, you can view its interim reports at <http://www.selfharm.org.uk/>



- Resources and advice are available to organisations who work with young people. Look at [www.selfharm.org.uk](http://www.selfharm.org.uk) for what's on offer.
- Suicide Attempts: the most severe form of Self Harm is to attempt suicide. The most common way a young person will attempt to do this is by taking a drug overdose. Advice on how to deal with a suicide attempt of this nature can be found in Appendix 9.

### 3.4 TEENAGE PREGNANCY

- Britain has the highest rate of teenage pregnancy in Western Europe. In the year 2000, there were over 87,000 children in Britain born to teenage mothers.
- Young women can be fearful of their families and other people finding out they are pregnant and may keep the knowledge to themselves.
- Embarrassment may stop young girls from seeking help. They may want to talk to someone who will not judge them, or think they are silly because they do not have the right information.
- Sensitivity to the situation is important. It is not unusual for the first line of advice from secular agencies to be a recommendation of termination.
- MEC/HCC recommends the use of the **confidential Pregnancy Helpline** facilitated by **Image**, a Christian organisation with sympathetic and caring counsellors. As an organisation they network all the Christian run pregnancy centres in the Manchester area. Pregnant teenagers can ring their helpline on: **0845 330 8466** from 7pm – 10pm 7 days a week, and from 10am – 2pm weekdays. Staff and volunteers wanting general advice can call their office on **0161 273 8090**.
- It is important to remember that some young women may become pregnant as they take risks when using alcohol or drugs. Some may also become pregnant as a result of violence, such as rape or sexual abuse.
- Young men facing being a teenage parent are confronted with many issues in which they have little choice or control. They may need support as well as the young mother.

### 3.5 INFATUATION

Staff and volunteers need to be aware that it is not uncommon for young people to develop an attraction towards a member of staff / volunteer and/or develop a heterosexual or homosexual infatuation. Signs of such an attraction or infatuation may be expressed in a number of ways, verbal and non-verbal. All situations should be responded to sensitively to maintain the dignity of all concerned. Staff and volunteers should also be aware that such circumstances always carry a high risk of words or actions being misinterpreted and for allegations to be made.

A member of staff or a volunteer, who becomes aware that a young person may be infatuated with them or a colleague, should discuss this at the earliest opportunity with a church leader so that appropriate action can be taken. In this way, steps can be taken to avoid hurt and distress for all concerned.



### **3.6 CONSENT FORMS**

Many of the services and activities of MEC/HCC will involve regular formal and informal contact with young people. In many cases it will be appropriate for parents to have the opportunity to give prior consent for their child's involvement. Appendix 8 gives comprehensive advice on how to go about this.



## 4.0 DISCLOSURES OF ABUSE

### 4.1 LISTENING AND RESPONDING TO A DISCLOSURE

When a child, young person or vulnerable adult chooses to tell a responsible adult, e.g. their youth worker, about abuse they have suffered or are suffering, we call this 'a **disclosure**'. This should not be confused with the other use of the word **Disclosure** in Child Protection circles, which is an alternative way of referring to a CRB check i.e. 'getting a Disclosure'.

A disclosure in this sense is an allegation of inflicted harm, directed towards another person or persons. All allegations must be taken seriously. Allegations may come from the young persons themselves and may relate to abuse from a family member or someone outside the family, e.g. a teacher, youth leader, pastor, etc. No group of people is exempt from being abusers.

**If a vulnerable person tells a member of staff or volunteer about abuse it is important that the guidelines below are followed:**

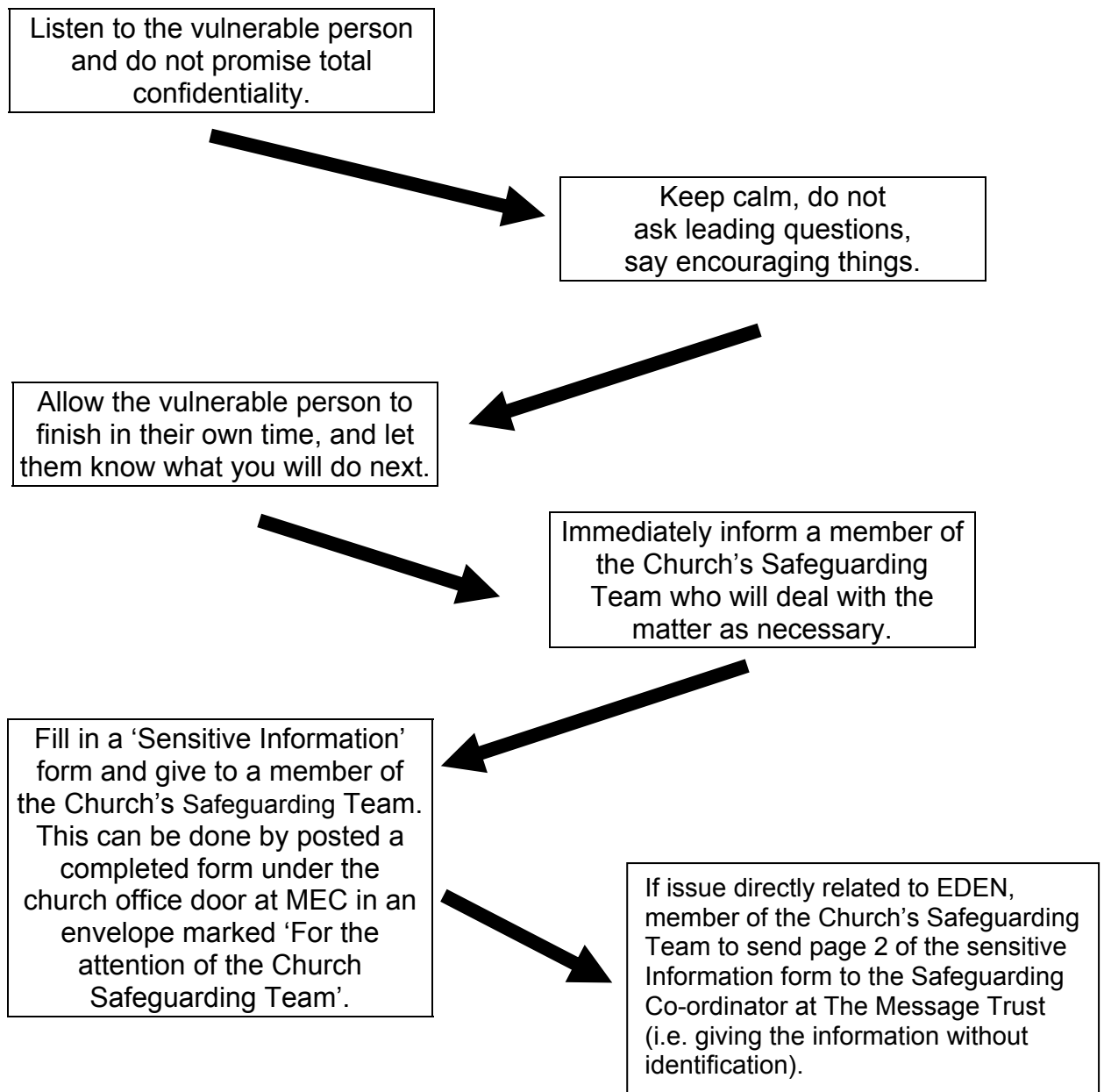
- 1) Tell the vulnerable person you will need to let someone else know - don't promise confidentiality. Always let the vulnerable person know what you are going to do next and explain that you will tell them what happens.
- 2) Listen carefully but do not ask questions, as any leading questions may prejudice any possible investigation.
- 3) Reassure the vulnerable person they have done the right thing by telling someone.
- 4) If after talking to a young person about a sensitive issue, you feel concerned or upset, make sure you seek help as soon as possible from a member of the Church's Safeguarding Team.
- 5) Write up what has been told as soon as possible using the Sensitive Information Form (Appendix 1) and wherever it is possible use the vulnerable person's own words to describe the abuse. Pass the completed form to a member of the Church's Safeguarding Team as soon as possible in an envelope marked "For the attention of the Church Safeguarding Team." If the issue directly involves EDEN the member of the Church's Safeguarding Team will review the form, ensure it is correctly coded, copy it, and send the original to the Safeguarding Coordinator at The Message Trust.
- 6) Be aware that what has been told is highly confidential and should only be shared on a need to know basis. It is a staff member or volunteer's responsibility to tell a member of the Church's Safeguarding Team.
- 7) The member of the Church's Safeguarding Team will need to decide what action to take in liaison with the other members of the Church's Safeguarding Team and if appropriate the Safeguarding Coordinator at The Message Trust. The category of abuse and the current level of risk to the vulnerable person will be taken into account when making this decision.



### Notes on the process

- 1) There may be instances where no allegation is made but a young person's behaviour may give cause for concern. In this instance follow the process described in 3.5.
- 2) If a disclosure of abuse is made in a letter, website chat, e-mail, text (or any other means) received from a young person this must be treated in accordance with this policy.
- 3) If the suspicions of abuse in any way involve a member of the Church's Safeguarding Team the report should be made directly to the Pastor.

### 4.2 ACTION FLOW CHART FOR DISCLOSURES





#### 4.3 HANDLING ALLEGATIONS AGAINST STAFF AND VOLUNTEERS

MEC/HCC has procedures for dealing with allegations against staff and volunteers that aim to strike a balance between the need to protect vulnerable people from abuse, and the need to protect staff and volunteers from false or unfounded accusations.

- Vulnerable people can be helped to understand what is and is not acceptable behaviour towards them and taught about staying safe from harm, and how to speak up if they have worries or concerns.
- Given the regular contact with vulnerable people in a variety of situations, staff and volunteers are vulnerable to accusations of abuse. Their friendships with vulnerable people may lead to allegations against them being made by the vulnerable people, their parents or others.
- The allegations may be false, malicious or misplaced and may be deliberate or innocent of such intent.
- Regardless of the motives underlying any allegations, they may also be well-founded. As an organisation, MEC/HCC has a procedure on the management of situations where there are allegations of abuse.
- Everyone who deals with allegations of abuse should maintain an open and enquiring mind. It is also essential that all agencies concerned act in a manner and at a speed suitable to the nature and level of the concern once suspicions are brought to their attention.
- An over hasty or ill-judged decision immediately to suspend a member of staff when an allegation of abuse is made, can have a detrimental effect on the person's career. There may be other options to suspension. All concerned will wish to be reassured that responsible agencies will act in a careful, measured way when allegations of abuse are brought to their attention.
- Media attention during an investigation of an allegation can add to the problems for the member of staff or volunteer and may even hinder an investigation. It is often the case that the media become aware of allegations through parents or other family members.
- Vulnerable people who report to a member of staff or volunteer that another member of staff or volunteers has abused them must be listened to and heard, whatever form their attempts to communicate their worries take.
- The vulnerable person should be listened to but not interviewed or asked to repeat the account. Avoid questions, particularly leading questions.
- The vulnerable person should not be interrupted when recalling significant events.
- All information should be recorded carefully including details such as timing, setting, who was present and what was said in the vulnerable person's own words. The account should be obtained verbatim as near as possible.
- Care should be taken not to make assumptions about what the vulnerable person is saying or to make interpretations.
- On no account should suggestions be made to vulnerable people as alternative explanations for their worries.
- The written record of the allegations should be signed and dated by the person who received them as soon as practicable.
- All actions taken should be recorded.



- A member of staff or volunteer must not promise confidentiality to a vulnerable person who makes an allegation.
- In responding to a vulnerable person who makes a disclosure, account should be taken of the age and understanding of the vulnerable person and whether that person or others may be at risk of significant harm.
- The vulnerable person should be assured that the matter will only be passed onto people who need to know about it.
- The member of staff or volunteer receiving the allegation of abuse against another member of staff or volunteer should report this immediately to their immediate line manager. In the event of the line manager being implicated the report should be made directly to a church leader of Mottram Evangelical Church or Hattersley Community Church.
- Immediately an allegation is made the line manager should obtain written details of the allegation, signed and dated from the person who received the allegation and countersigned and dated by the line manager and record any information about times dates, locations and names of potential witnesses.
- Where an allegation (anonymous or otherwise) is made against a member of staff or volunteer there should be urgent consultation by the line manager with the church Pastor as to how to take the matter forward.
- If a child, young person or vulnerable adult makes an allegation that is considered to be a potential criminal act, or indicates that s/he has suffered, is suffering or is likely to suffer significant harm, then there will be an immediate referral in accordance with the safeguarding procedures set out in this policy.

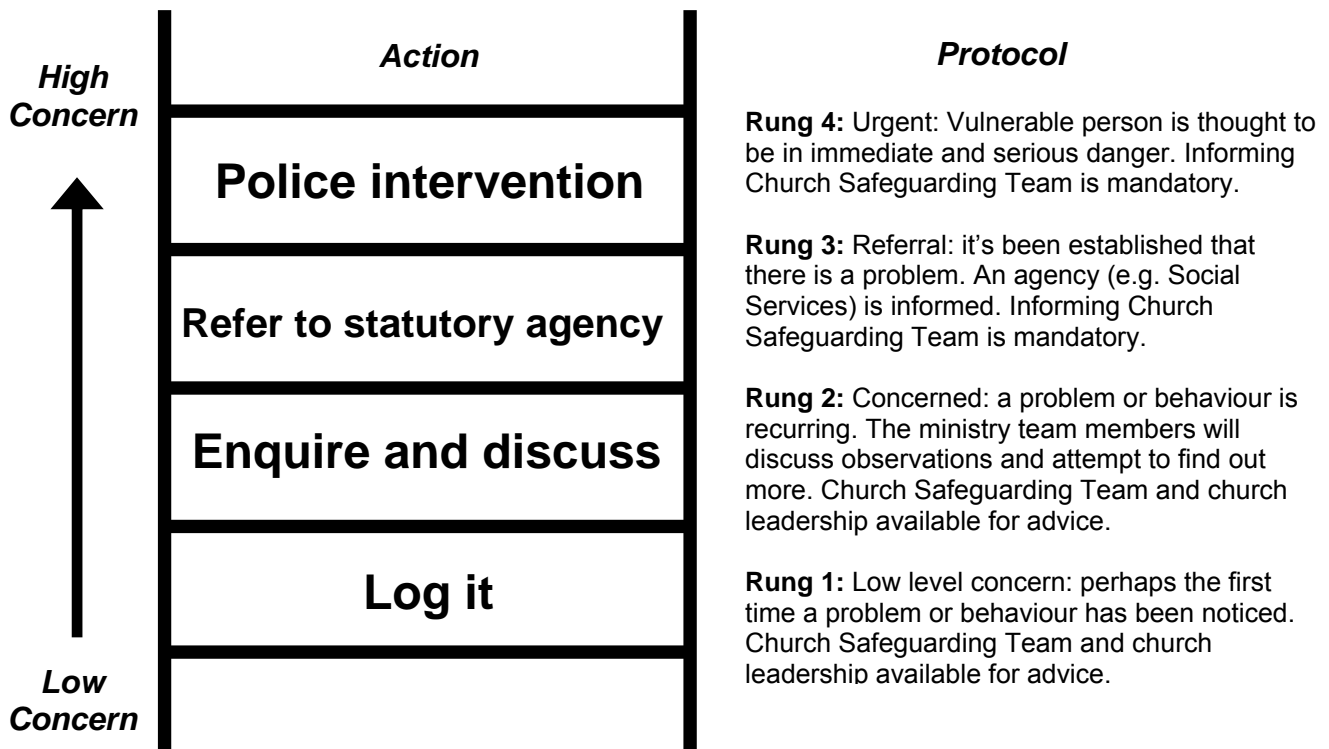
## **5.0 ACTING UPON CONCERNS OF ABUSE**

### **5.1 LADDER OF CONCERN**

Staff working in an outreach capacity are likely to come into contact with children, young people and vulnerable adults suffering from poverty, social exclusion and multiple points of disadvantage. To compound this, some of the people we work with will also be living in situations where they are at risk of the types of abuse described in section 2 as well as the additional challenges covered in this section. Staff and volunteers may find these situations very difficult on a personal and emotional level. It is important for staff and volunteers to know that they are supported by the Church's Safeguarding Team and the leadership of MEC/HCC, and that there are systems, resources and procedures available to help them.

Staff and volunteers should always try to remain level-headed and not let their emotions affect the quality of their judgements in difficult situations. This is why working in teams is so important in the work we do – in teams the quality of judgement and decision making exercised is improved. The following process is recommended to help staff and volunteers decide what to do when they have concerns about the welfare of a vulnerable person they have contact with.

This illustration details the escalation of response required from staff and volunteers in the event of concerns about a young person's circumstances or behaviour. In practice this process is married to the Action flow chart for Disclosures featured in section 4.1.



The decision making process on action and intervention can be fraught with moral dilemmas, including concerns for your own personal safety, e.g. the fear of reprisals. Staff and volunteers are encouraged to raise any concerns of reprisals with a church leader in order to: a) ensure that personal judgement is not being clouded, and b) to consider mitigating action that can be taken to ensure that such fears do not become realities.

## 5.2 GUIDANCE ON MAKING REFERRALS

### In cases of physical injury or symptoms of neglect

- Contact Social Services for advice in suspected cases of deliberate injury or where there is concern about the child / young person / vulnerable adult's safety which might possibly relate to a parent or carer. The parents should not be informed in these circumstances.
- If emergency medical attention is necessary it should be sought immediately. The Church Safeguarding Team will inform the doctor / paramedics of any suspicions of abuse.
- In any other circumstances the Church Safeguarding Team will speak to the parent / carer and suggest that medical help is sought. The doctor will then initiate further action, if necessary.
- If appropriate, the parent will be encouraged to seek help from Social Services.
- Only share any information strictly on a need to know basis.
- Seek advice from the Church Safeguarding Team.



### **Allegations or suspicions of sexual abuse**

- Contact the Social Services duty social worker for children and families or the Police Child Protection Team directly.
- If for any reason, a member of the Church Safeguarding Team is unsure whether or not to follow the above, then advice from the Safeguarding Coordinator at the Message or CCPAS should be sought and followed. The Safeguarding Coordinator will confirm her/his advice in writing in case it is needed for reference in the future.
- Under no circumstances will MEC/HCC attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of MEC/HCC is to collect and clarify precise details of the allegation or suspicion and to provide this information to the Social Services Department whose task it is to investigate the matter under Section 47 of the Children Act 1989.

**Further information** on this subject is contained in the Department of Health publication 'What To Do If You're Worried A Child Is Being Abused' (2003) which is available on the internet as a PDF download.



## 6.0 PRACTICAL GUIDELINES FOR ALL STAFF AND VOLUNTEERS

These guidelines are to ensure:

- a) the safeguarding of the children, young people and vulnerable adults using our services and participating our activities
- b) the protection of staff/volunteers from false allegations being made about their behaviour.<sup>2</sup>

### 6.1 GENERAL CONDUCT

Staff or volunteers must always keep in mind the risks associated with the various aspects of their roles in the context of an increasingly litigious British society. In practice this means that staff or volunteers should not normally be working in situations which require them to be alone in private with a child, young person or vulnerable adult, of either sex. One to one work i.e. mentoring, should take place in a public context e.g. school premises or a local café.

Staff and volunteers should not normally arrange to meet children, young people or vulnerable adults outside of the official framework established in their job description.

- a) If an occasion should arise that a child, young person or vulnerable adult needs to be seen outside of that official framework it should be where other people are around and know the meeting is taking place.
- b) If, in exceptional circumstances, it is necessary to meet privately with a child, young person or vulnerable adult think carefully about the venue, insist that any doors are left open and request that a team mate comes in from time to time.

### 6.2 TOUCHING

Touching is an area of key importance so the following guidelines must be followed:

- a) Keep everything public. A hug in the context of a group is very different from a hug behind closed doors.
- b) Touch should be related to the clients needs, not the worker's.
- c) Touch should be age-appropriate and generally initiated by the client rather than the worker.
- d) Absolutely avoid any physical activity that is, or may be thought to be, sexually stimulating.
- e) Children, young people and vulnerable adults have the right to decide how much physical contact they have with others, except in exceptional circumstances when they need medical attention.
- f) Team members should monitor one another in the area of physical contact. They should be free to help each other by pointing out anything that could be misconstrued. Concerns about abuse must always be reported.

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<sup>2</sup> Staff and volunteers cannot depend on their reputation to protect them if an allegation was to be made. It is always possible that someone else may misinterpret their actions, however well intended.



### 6.3 DISCIPLINE

Discipline is the education of a person's character. It includes nurturing, training, instruction, chastisement, verbal rebuke, teaching and encouragement. It brings security, produces character, prepares for life and is an expression of God's love for an individual.

The following are guidelines for good practice:

- a) Ask God to give you wisdom and discernment for the children, young people or vulnerable adults in your care.
- b) Work on each individual's positives, do not compare a child, young person or vulnerable adult with another, but encourage and affirm them, giving them responsibility for simple tasks.
- c) Build healthy relationships by being a good role model by setting an example. You can't expect children, young people or vulnerable adults to observe the ground rules if you break them yourself.
- d) Take care to give quieter and well behaved vulnerable people attention and resist allowing demanding vulnerable people to take all your time and energy.
- e) Be consistent in what you say and ensure that other team members know what you have said. This avoids manipulation.
- f) Review your programme regularly to avoid problems arising out of boredom.
- g) **NEVER** smack or hit a child, young person or vulnerable adult
- h) Try not to shout but do change your tone of voice to gain the attention of a young person or a group.
- i) Discipline out of love, **NEVER** in anger. Call on support from other leaders if you feel so angry that you may deal with the situation unwisely.
- j) Lay down ground rules e.g. no swearing, racism or calling each other names, respect for property, and make sure the children, young people or vulnerable adults understand what action will be taken if not kept.
- k) Every child, young person and vulnerable adult is unique and will respond in different ways to different forms of discipline. It follows therefore, that everyone should be dealt with on an individual basis.
- l) Some children, young people or vulnerable adults have a tendency to be disruptive in a group. Give them a chance, warn them and only separate if they are disruptive as a last resort.
- m) Be pro-active and encourage helpers to be pro-active rather than waiting to be told to deal with a situation.
- n) Take a disruptive child, young person or vulnerable adult to one side and engage with them, challenging them to change, whilst encouraging their strengths.
- o) Remedial action can be taken against a constantly disruptive child, young person or vulnerable adult. They can be warned that you may speak to their parents/carers about their behaviour or, after consultation and advising the parent/carer, be banned from attending the group for a period of time.
- p) Pray together before a session and take time to debrief afterwards.
- q) If a child, young person or vulnerable adult is being excessively abusive or violent and is refusing to heed warnings they may be forcibly removed from the premises. In these extreme cases staff and volunteers need to know that they



have a duty to protect the others in their care and that the law is on their side.

#### 6.4 TRANSPORTATION

Certain activities necessitate transporting vulnerable people from one location to another and many types of vehicles are used for this purpose. For instance, a large group may be transported on a coach which is hired from a private firm complete with a suitably qualified and insured driver.

A smaller group may travel in a minibus either owned by MEC/HCC or on hire, and driven by a suitably trained member of staff or volunteer. There may also be occasions when staff or volunteers may transport vulnerable people in their own car, e.g. to attend a job interview. In all these scenarios a risk management approach is required to mitigate the risk of both accidents and allegations.

The Community Transport Association which provides quality professional advice on all these matters. The CTA are based in Hyde and can be reached on 0161 351 1475.

Following are principles of good practice which all staff and volunteers should abide by taking account of the many factors to consider prior to transporting vulnerable people to destinations beyond a local project:

- a) It is best practice to obtain written parental / legal guardian consent for all journeys.
- b) All those driving vulnerable people are to drive with care and full attention giving due consideration to the safety and well-being of all those in the vehicle.
- c) When travelling in groups with more than one vehicle it is good practice to insist children stay in the same groups on the out-going and return journey. This will avoid the confusion over whether a child has been transported home or at worst left behind.
- d) At collection or dropping off points do not leave a vulnerable person on their own. Make sure that they are collected by an appropriate adult.
- e) Drivers should not spend unnecessary time alone in a car with a vulnerable person. If a vulnerable person wants to talk to a driver about something and has waited until other vulnerable persons have been dropped off, the driver should explain that it isn't convenient to talk there and then, but arrange to meet the vulnerable person at a better time.
- f) Two workers in a car increases the sense of accountability but does not in itself guarantee protection for a vulnerable person.
- g) It is advisable to be aware of instances where it may be unwise for a particular driver to transport a particular vulnerable person e.g. where there has been a disagreement or where a young person has a 'crush' on a driver.
- h) If parents transport vulnerable persons around e.g. to and from activities, ensure that all are made aware that such arrangements are the responsibility of the parents involved and not MEC/HCC.
- i) Long journeys can lead to boredom which can lead to bad behaviour. Plan ahead giving plenty of time for breaks.
- j) It is reasonable to expect that there may be times when a member of staff or a volunteer may be alone in a vehicle with one or more vulnerable person:
  - for short periods, e.g. dropping off the last person from a group.
  - for a specific purpose, e.g. transporting to or from an appointment or event.



In such instances a risk assessment should be made taking into consideration points above (a – i) as well as the following situational variables:

- The age and maturity of the vulnerable person
- The experience / length of service of the member of staff / volunteer
- The time that will be spent in the vehicle together
- The length of time that vulnerable person has been involved in the project
- The quality of relationship with the parents / guardian (if any)

And remember:

- Always stay accountable, let your ministry leader know when you have embarked and arrived safely
- Always err on the side of caution
- Always say 'no' if you are uncomfortable with any aspect of the situation

### Minibuses

- a) Training. MEC/HCC recommends that all staff and volunteers who will drive minibuses undertake and pass a MIDAS test.
- b) The Vehicle. Any motor vehicle adapted to carry more than eight passengers for hire or reward is regarded in law as a Public Service Vehicle (PSV). A 'minibus permit' is therefore required for all mini buses used to carry between 6 and 16 passengers. Such permits can be obtained from the CTA for a flat fee of £7 (renewable annually). All minibuses used to transport vulnerable people should therefore display a valid 'minibus permit', as well as being up to date with the necessary MOT, insurance etc.
- c) Driving licences. According to the DVLA guidance on minibuses there are 3 relevant driver categories:
  - i) Drivers who obtained their licence pre-1997 will have D1 entitlement automatically and may drive minibuses regardless of whether they are a member of staff or a volunteer.
  - ii) Drivers who obtained their licence post-1997 will not have such automatic entitlement and so must fulfil the following criteria:

Be over 21 years of age; Have at least 2 years driving experience since passing their driving test; Must not tow a trailer on the vehicle; May not drive a vehicle with a gross weight in excess of 3500 kg; May not drive a vehicle for 'hire or reward'. This last point means that volunteers may drive according to these conditions but staff may not.
  - iii) Staff who are expected to drive a minibus as an aspect of their job, but do not satisfy point c i and fall foul of point c ii must undertake a Public Service Vehicle (PSV) driving test.

- d) Exemptions. According to DVLA guidance on minibuses:

Section 3. Minibus And Community Bus Permits

*Minibus and Community Bus Permits are issued to organisations concerned with education, religion, social welfare, recreation or other activities of benefit to the community.*

*Minibus Permits allow certain organisations to make a charge without having to comply with the full public service vehicle operator licensing requirements and without the need for their drivers to have PCV (category D1 or D) entitlement. The service must be provided for their own members or for groups of people whom the organisation serves.*



*The service must not be provided to members of the general public and the charges made must be on a non-profit basis.*

## 6.5 CONVERSATIONS

- Even if you are extremely confident of your friendship with a vulnerable person, always seek to avoid having a one on one conversation with them in isolation, but try to meet in a public place or in a room with the door open where another adult can hear if called.
- Never deliberately enter into a conversation which addresses a vulnerable person's personal life or problems if the vulnerable person is of the opposite sex.
- Be extremely careful in offering physical contact to a vulnerable person in the course of a conversation.
- Never promise confidentiality to any vulnerable person. Let them know that you operate as part of a team and for their benefit you may need to pass on any sensitive information told to you. (Reassure them that this will only ever be on a need to know basis).
- Remember, you may need to pass on information of a sensitive nature to the Church Safeguarding Team when such information is given to you by a vulnerable person.
- If a vulnerable person tells you a piece of information of a sensitive nature then you should write down basic details of the information on the 'Sensitive Information Form' (Appendix 1) and give it to the Church Safeguarding Team, who will decide on the course of action to follow. He/she will also keep you informed during this process of what is taking place.
- If a vulnerable person wishes to discuss a specific problem you may find it useful to limit the length of the conversation to 1 hour. Then, if the going is heavy, you may be able to arrange a further appointment, or simply take a helpful break before resuming.
- If you feel out of your depth or want support in this process ask a member of the Church Safeguarding Team or a church leader for advice.

## 6.6 DAY TRIPS AND RESIDENTIALS

Visits and residential experiences provide vulnerable people with valuable and challenging learning experiences as well as offering fun and a change of environment. They are a very well established part of children and youth work. All trips and residentials involve an element of risk therefore workers cannot give absolute guarantees of safety to vulnerable people and their parents/carers. Nevertheless it is essential that all possible precautions are taken to reduce the possibility of accidents and minimise danger.

- **Duty of Care:**  
By taking a vulnerable person on an outing the organisation and specifically the staff and volunteers involved, are accepting a legal duty of care towards them regarding matters of health, safety and welfare. Therefore you must always obtain the permission of parents/carers by ensuring a relevant consent form filled out by their parent/guardian (see appendix 8 for details). Plans for the trip including a risk assessment should be undertaken by the ministry team leader (or a delegated team member) in advance.



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- Pre-planning:  
Give careful consideration to the gender mix of the group you will be taking out, mixed gender groups should be accompanied by both male and female leaders. Single sex groups should be accompanied by a leader of the same sex.  
Research the destination / destinations carefully. A pre-visit to the site is always the best policy.  
Rules that apply for normal activities may need to be revised and communicated again to the vulnerable people and team before embarking on the trip.

If the trip involves an overnight stay then additional factors will need to be considered:

- The overnight venue is critical. If it is a purpose-built centre then detailed liaison should take place with the management. If it is a camping trip this will present other challenges including equipment preparation, hygiene etc. that need to be worked through by the leaders.
- Sleeping Arrangements:  
Adults need to sleep in separate sleeping quarters, preferably adjacent to the young people for supervision.  
There must be adequate provision for each gender, e.g. separate male and female sleeping quarters.  
Safe access to toilet facilities during the night must be available.
- Parent / Carer Consent:  
Appendix 8 gives advice on obtaining parental consent for trips you may organise.

## 6.7 MEDICAL CARE

Staff or volunteers should never administer any kind of medical treatment to a child, young person or vulnerable adult without the prior written permission of their parent/guardian, including simple medical treatment such as giving them a painkiller or a plaster. Therefore community based projects such as MEC/HCC are encouraged to obtain a medical consent form for the vulnerable people attending their activities. (see guidance in Appendix 8). Having completed medical consent forms on file will help the team to be prepared in the event of an accident or incident. Staff or volunteers will find that it is not at all unusual for a child, young person or vulnerable adult to suffer from allergies of various kinds, or to be dependent on a form of medication.

If a medical consent form for the child, young person or vulnerable adult has been provided by the parent/guardian it should be consulted in the event of an accident or medical incident (e.g. having a fit, drug overdose).

In any event the following simple assessment process should be observed:

- Initial assessment of the problem, is it minor or serious, if possible the assessment should be corroborated by another worker.
- If it is serious, an ambulance should be called by dialling 999.
- If it is minor it may be treatable, if medical consent has been received. Alternatively or the young person may be taken home if consent has not been given.



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- In either case (minor or serious) the team will need to establish what is known about the medical history of the child, young person or vulnerable adult – consult the file containing medical consent forms for information. If no medical consent form exists for them then ask questions.

Detailed accident and incident reports will need to be completed following such events and if necessary further investigations will be carried out by the Church's Safeguarding Team and the Church's leadership and Trustees.

Medical issues fall within the scope of MEC/HCC Health & Safety Policy and liability issues fall within the scope of MEC/HCC's insurance policy.

### **6.8 COMPLAINTS**

- In general complaints about the nature and quality of the work we do will be handled locally by a Church Leader.
  - If the nature of the complaint involves an allegation of abuse against a staff member or volunteer the matter will be dealt with internally according to the guidelines set out in section 4.2, in addition to any path the parent wishes to pursue.
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## **7.0 ADDITIONAL GUIDELINES FOR SPECIFIC CONTEXTS AND NEEDS**

### **7.1 SAFEGUARDING IN SCHOOLS**

- 1) When first approaching a school a member of the Church Safeguarding Team should ensure that the school is aware that MEC/HCC has a Safeguarding policy. It is our duty whilst working in schools to co-operate willingly with all aspects of the school's own child protection policy. The Church Safeguarding Team member should find out who is the designated teacher for child protection and make themselves known to that person. It is likely that the school will request evidence of a CRB check having been undertaken on any team members who will be working in the school prior to the commencement of any on-site activities.
- 2) Any member from MEC/HCC, working in schools, should continue to follow MEC/HCC's Safeguarding Policy, i.e. report any disclosures from young people to a member of the Church Safeguarding Team, who will then follow the Safeguarding Policy of the school.
- 3) Interaction between church members and pupils should be conducted in a public setting. It is inappropriate for a church member to be alone with a pupil, especially those of the opposite sex. They should always try to have another church member with them so they do not put themselves in a position of having an allegation of abuse made against them. This applies even if requested by the school staff.
- 4) Should a disclosure occur during such a conversation a written report should be made and passed to both the designated teacher in the school and to a member of the Church Safeguarding Team.

If there is ever any need for a church member to be questioned by the school, a member of the Church Safeguarding Team should be present. The member of the Church Safeguarding Team must provide a written report of any such meeting to the rest of the team at the earliest opportunity.



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AP6	Guidelines for Dealing with Disruptive Young People
AP7	Risk Assessment Guidance & Template
AP 8	Creating Consent Forms
AP9	Emergency Overdose Response



**APPENDIX 1**

**SENSITIVE INFORMATION REPORT FORM**

This form should be completed as soon as possible after the information has been shared with you. Give it to the Safeguarding Co-ordinator in an envelope marked "Private & Confidential".

Vulnerable Persons Name:		Age:
Vulnerable Persons Address (if known):		
Church attended by Vulnerable Person, if applicable:		
Event / Location where information was disclosed:		Date/Time of disclosure:
Brief Summary of Information: (details to be put on other side)		
<b>What is your assessment of the immediate risk of significant harm to the Young Person concerned?</b>		<input type="checkbox"/> 1. No risk <input type="checkbox"/> 2. Low risk <input type="checkbox"/> 3. Medium risk <input type="checkbox"/> 4. High risk
Abuse Category code:		
Church Member's Name:		Date form completed:
Church Member's Signature:		
Church Safeguarding Team Member's Name:		Date/Time informed:
Date & Time Response & Safeguarding Co-ordinator informed:		



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Note: Please remember - only pass the information on to relevant persons.

*For Office use only: Action Taken by R&CPC Yes \_\_\_\_\_ No \_\_\_\_\_*

Details of Information Disclosed:

**Church Safeguarding Team Member's Signature: .....**  
**Date:.....**



**At a glance guide to Abuse Category codes:**

PHY = Physical Abuse

EMO = Emotional Abuse

SEX = Sexual Abuse

NEG = Neglect

ORG = Organised Abuse

TRU = Abuse of Trust



**APPENDIX 2**

**APPLICATION FORMS FOR STAFF AND VOLUNTEERS**

**MANDATORY INCLUSIONS**

- 1 All posts associated with the work of MEC/HCC, whether paid or voluntary, will require a formal recruitment process using approved application forms. These forms will always include a section on criminal convictions according to the Rehabilitation of Offenders Act 1974.

This section must contain the following statements:

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitations Of Offenders Act 1974 by virtue of the Rehabilitations Of Offenders Act 1974 (Exemptions) Order 1975. Applicants are not entitled, therefore, to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by MEC/HCC. Any information given will be completely confidential.

**Have you ever been charged with or convicted of a criminal offence; or are you at present the subject of criminal investigations?**

Yes

No

If yes, please give full details on a separate sheet.

- 2 All potential new staff and volunteers must agree to undergoing a CRB Disclosure at the relevant level specified in Section 1.4 of this policy.
- 3 All potential new staff and volunteers must supply contact details of a referee who can be consulted for information relating to character and integrity of the applicant.



## APPENDIX 3

### YOUNG PEOPLE AND THE INTERNET

If used in the right way the Internet is an excellent resource. However care in its use needs to be exercised so that the safety of children is not compromised. Children need to be aware of on-line safety in the same way they are taught road safety.

#### Do's and Don'ts

- If web access is being provided e.g. youth project providing a cyber café, then use filtering software to prevent access to inappropriate web sites. e.g. Netnanny, Cyberpatrol or Surfwatch etc.
- If we are providing web access e.g. cyber café ensure that all users complete an internet permission form including parental permission.
- Monitor use of chat rooms and message boards very carefully. Personal email or home addresses, telephone or mobile numbers must not be divulged.
- When using emails, workers should add a rider to the bottom stating level of confidentiality, this should be added as a standard element of all e-mail messages with young people.
- MEC/HCC staff and volunteers are advised to limit their contact on social networking sites such as Facebook to the walls of official Group pages for the groups and not on personal pages. Communicating with young people via social networking chat features is to be strongly discouraged as it is private and unaccountable.

#### Young people and Media (Video/Camcorders, photographs etc)

Since the introduction of the Data Protection Act in 1998, organisations must be very careful if they use photographs, videos and web cams of clearly identifiable people.

There are several issues to be aware of:

- Permission (verbal or written) must be obtained of all the people (children and adults) who will appear in a photograph, video or web cam image before the photograph is taken or footage recorded.
- It must be made clear why that person's image is being used, what you will be using it for, and who might want to look at the pictures.
- If images are being taken at an event attended by large crowds, such as a sports event, this is regarded as a public area and permission from a crowd is not necessary.
- If photographs or recordings of children's/youth groups are made and individual children cannot be easily identified, children's/youth leaders must find out whether any parents do not want their children to be in the photograph.
- Children and young people under the age of 18 should not be identified by surname or other personal details. These details include e-mail or postal addresses, telephone or fax numbers.
- When using photographs of children and young people, it is preferable to use group pictures.
- Obtain written and specific consent from parents or carers before using photographs on a website.



In the event of being approached by the media (Newspaper, Radio or TV) young people involved in our work should be discouraged from participating unless the opportunity the media offers can clearly be shown to be beneficial and in their best interest. The parent/guardian of the young person should always be involved in any such decision.

## APPENDIX 4

### FURTHER ADVICE FOR SWIMMING ACTIVITIES

Your risk assessment should include consideration of the following controls:

#### General

- There should be an increased adult to child ratio for all swimming trips.
- Prior to the trip the swimming ability of a child/young person should be established.
- A swimming consent form or a copy should be taken by the group leader on the visit; a copy should be retained by the organisation contact person.

#### Swimming Pools

- Before any visit to a swimming pool check there will be a qualified lifeguard present at all times and first aid/rescue equipment is readily available including, a poolside telephone/alarm.
- If appropriate to your party, check that the pool caters for children with disabilities.
- There should be adequate signs indicating the depth of the pool and depending on the age of the group you are taking, it is advisable to make sure that the shallow end is shallow enough! If the maximum depth of the pool is less than 1.5 metres, diving should not be permitted.
- Checks should also be made that the changing rooms are safe and hygienic and there is a changing room for each sex.
- It is important children and young people know how to behave in and around water and that they have not eaten for at least half an hour before swimming.

#### Sea or Natural Waters

- Swimming in the sea or other natural waters are potentially dangerous activities. This should only be allowed as a supervised activity, preferably in a recognised bathing area.
- There must be a qualified lifeguard present at all times. Even with lifeguard cover children and young people should always be in the sight of the group leader and team.
- One of the team should stay out of the water for better surveillance and ideally hold a relevant life saving award in addition to the lifeguard cover.
- There should also be an increase in the adult to child ratio.



## APPENDIX 5

### YOUNG PEOPLE WITH SPECIAL NEEDS

Churches and organisations need to be aware that children and young people who have a disability can be at greater risk of abuse. They will often require more help with personal care, such as washing, dressing, toileting, feeding, mobility etc, may have limited understanding and behave in a non-age appropriate way. For example, a young person of 17 might behave in a manner more akin to a 2-3 year old, particularly in demanding cuddles or sitting on a worker's lap. Others experience difficulties in communication because they are blind, or deaf/blind, and are reliant on physical contact for communication. Some may have severe learning difficulties. All these factors make it harder to uncover abuse when it is occurring and in also setting boundaries which take into account the needs of these young people.

There is therefore a need for extra vigilance recognising that a worker may encounter the following difficulties:

- The young person may not fully understand what is said to them, or may not be able to express themselves in ways that can be understood.
- The worker may not possess the appropriate personal communication skills (eg specialised spoken and non-verbal communication such as Makaton signs and symbols, British Sign Language etc).
- It can be hard to know if a young person with a disability has been abused because of communication problems.

There are a number of reasons why a young person with a disability is more vulnerable to abuse:

- Young people with disabilities tend to have more physical contact than those without disabilities (i.e. therapists, care workers) and may require higher levels of personal care.
- The definition of what constitutes abuse is wider for young people with disabilities. (This can include force-feeding, financial abuse, over-medication and segregation).
- Attitudes can play a part - the belief that a young person with a disability can't be sexually abused because they are seen as a-sexual.

The church and other organisations have a pivotal role in empowering those with disabilities by:

- Teaching personal safety skills to those with disabilities. The organisation can encourage a young person with a disability to take some control of his/her body (i.e. provide sex education and teaching about feelings; that some parts of our body are private and to differentiate between good and bad touches). This is essential to counter the points above.



## APPENDIX 6

### WORKING WITH DISRUPTIVE YOUNG PEOPLE

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

If a child/young person is being disruptive:

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

If a young person is harming him/herself, another person or property then other young people present should be escorted away from the area where the disruption is occurring. At the same time, and with a second worker present, request the child/young person to STOP. If your request is ignored, you might need to warn the individual that you will consider calling for additional help, (e.g. Police) if they do not stop. In exceptional circumstances and with assistance, you might need to restrain the child/young person to prevent them harming themselves, others or property whilst you wait for the police.

Ensure all workers are trained in appropriate restraint techniques and how to diffuse volatile situations. Contact your local Police or Area Youth and Community Service to see what training is available.

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

- What activity was taking place.
- What might have caused the disruptive behaviour.
- The young person's behaviour.
- What you said and how you and others responded.
- A list of others present who witnessed the incident.

A copy should be given to the leader, a copy retained by the worker and a copy kept with the logbook.



**APPENDIX 7**

**RISK ASSESSMENT GUIDELINES & EXAMPLE TEMPLATE**

**Guidelines**

MEC/HCC aims through this policy to ensure that all risks associated with the delivery and provision of the organisation’s services are formally recognised, properly assessed, planned for, and where practicable, minimised and appropriately managed. Within this general statement, MEC/HCC aims to:

- Act to secure the Health and Safety of those who provide and those who use our services
- Promote safe working practices aimed at the reduction and elimination of risk
- Promote awareness of risk issues and their management through a programme of communication and training
- Establish a systematic and consistent approach to risk assessment
- Introduce a risk management process which determines priorities in dealing with identified risks and ensures that the Directors high quality information on all activities undertaken
- Wherever practicable, minimise costs associated with risk
- Satisfy all mandatory and statutory responsibilities and duties

**Methodology: Traffic Lights**

The process works by first determining the category of risk, then specifying the specific risk and consequence. Next a judgement is made on the likelihood of the risk becoming a reality – and the impact if that happens. At this point a calculation is made to determine the overall seriousness of the risk (i.e. likelihood x impact). The system is colour-coded for ease of use: Red, Amber and Green – each carrying the generally associated meanings of Stop, Caution, Proceed. The overall seriousness of the risk will influence the number of and severity of controls and mitigations. Controls and mitigations are ranked weak, medium or strong and are seen to have a cumulative effect which is referred to as the actual risk. Like the overall risk the actual risk is colour-coded. The objective is that all activities undertaken have sufficient controls in place to be ranked Green for Go.

<b>Green - Proceed</b>	A green flag indicates that the risks identified in this area are currently considered to be covered by sufficient controls. There is no additional planned or outstanding action to deal with the risk other than ongoing management monitoring.
<b>Amber - Caution</b>	An amber flag indicates that actions to address a control weakness have been identified and that a target date has been set for completion of the task. This date is recorded in the 'Action dates' column of the risk assessment.
<b>Red - Stop</b>	A red flag indicates that the controls are not sufficient, or that target dates set to complete the mitigating work have been missed.



An example Risk Assessment appears overleaf.



RISK CATEGORY	SPECIFIC RISK AND CONSEQUENCE	LIKELIHOOD	IMPACT	OVERALL RISK	CONTROLS AND MITIGATION	ACTIONED DATE	CONTROL ASSESSMENT	ACTUAL RISK
ACCIDENT	MINIBUS CRASH	LOW	HIGH	AMBER	DRIVER SELECTION & TRAINING	09/06/2000	STRONG	GREEN
					REGULAR SERVICING	01/01/2002	MEDIUM	
INCIDENT	VIOLENCE	HIGH	HIGH	HIGH	RESCHEDULE ACTIVITY	21/11/2001	MEDIUM	GREEN
					BAN KNOWN TROUBLEMAKERS	22/11/2001	STRONG	
					HIRE PRO SECURITY	23/11/2001	STRONG	
ALLEGATION	ASSAULT ACCUSATION	MEDIUM	HIGH	AMBER	CONDUCT ACTIVITIES IN PUBLIC	ONGOING	STRONG	GREEN
					WORK IN PAIRS	ONGOING	MEDIUM	
HAZARD	BROKEN GLASS	HIGH	LOW	AMBER	SWEEP BASKETBALL COURT	ALWAYS	STRONG	GREEN
COMPLAINT	STREET NOISE AFTER CLUB	HIGH	MEDIUM	AMBER	TALK WITH LOCAL RESIDENTS	10/06/2001	STRONG	GREEN
MISC	WORLD EXPLODES	LOW	HIGH	AMBER	UMBRELLA	10/11/2001	WEAK	AMBER



## APPENDIX 8

### CONSENT FORMS BEST PRACTICE GUIDANCE

This guidance aims to provide youth teams with the relevant foundation and building blocks to compile consent forms for any eventuality.

#### General Guidelines

- A consent form is not just a paper exercise – it is an important bridge of communication between you and the parent / guardian of a vulnerable person involved in your project
- Use plain English – parents may not be very good readers
- Let parents know when and where your activities happen
- Be specific about what sort of permission you are asking for and why
- Always give an opportunity for parents to get in touch and ask questions – a contact name and phone number is best

#### Types of Consent Form

Typically Consent Forms will fall into one of the following categories:

- Personal Information

When a vulnerable person begins getting involved in your activities it is advised that the parent/guardian should be contacted with information about your project and a general form which they can complete for you to hold on file. This is a way of establishing accountability with the parent/guardian – you know that they know that their child is participating in your activities.

**Action:** Taken once and held on file

- Medical Consent

Vulnerable people are likely to suffer from a variety of ailments. It will be very helpful for you to have easy access to a brief overview of their medical history and emergency contact details in event of an accident/incident. This form must be kept securely in the project office. Copies may be taken on any day trips etc.

**Action:** Taken once and held on file

- Trip Consent

For activities that involve taking vulnerable people out of the area you will need the explicit consent of a parent/guardian. The details of the form will vary depending on the location you will be visiting, the activities you will be involved in when you get there and whether or not the trip involves overnight stays.

**Action:** Taken up every time a trip is organised (an exception might be when a trip is recurrent – e.g. permission may be given to attend an out of the area football club every Tuesday evening)

- Media Consent

At times vulnerable people may be involved in activities involving photography and video recording. Because of the present social climate some parents/guardians are rightly sensitive about this. A media consent form is designed to assure parents that images of their children will only be used legitimately and responsibly.

**Action:** Whenever relevant in the course of activity



**Mandatory items on the Personal Information Form:**

- Name of vulnerable person
- Parent / guardian's name
- Address
- Home telephone number
- Secondary contact number
- Date of birth
- Age
- School attended (if applicable)
- Parent/carer's signature of consent for involvement in your activities

**Mandatory items on the Medical Consent Form:**

- Name of vulnerable person
- Parent / guardian's name
- Emergency contact number for parent / guardian
- 2<sup>nd</sup> Emergency contact number (with name and relationship to young person)
- Name of GP
- Address and contact details of GP
- Young Person's NHS number (if known)
- Date of last anti-tetanus injection
- Details of any regular medication required, disabilities, known allergies or other ongoing medical condition which may affect their child during the course of activities  
e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.
- Signed permission statement as shown:

In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic:

.(please tick)      YES     NO

**Signed:** \_\_\_\_\_  
(parent/adult with parental responsibility)

**Mandatory Items on the Day Trips & Residentials Consent Form:**

- Details of the trip/residential including a schedule of activities
- Departure place and time
- Return place and time
- Cost (inc. cheques payable to)
- Items to be brought (coat, swimming kit, packed lunch, spending money etc)
- Items not to be brought (alcohol, penknives etc)
- Transport arrangements
- State transport will be provided in vehicles which comply with the standards set by VOSA and the Community Transport Association



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- State Mini-bus drivers are carefully selected, aged over 21, and have held a full driving license for at least 2 years
- State seat belts will be worn at all times by all occupants of the vehicle.
- Date by which reply is to be made, and person to whom it should be sent

**CONSENT STATEMENT APPROVED WORDING**

I give permission for \_\_\_\_\_ to take part in the trip and agree to him/her taking part in the activities described. I understand that he/she will be under the control and care of the youth workers of [name of project].

I confirm that my child is in good health and I consider him/her fit to take part.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

IMPORTANT: You should already hold Personal Information and Medical Consent for vulnerable people getting involved in Day Trips and Residentials. If you don't already have these make sure they are completed prior to embarking on the trip.

If swimming is involved in the trip the following statements should be included:

**SWIMMING ABILITY** (delete as appropriate)

Is your child water-confident in a pool? YES / NO

Is your child able to swim 20 metres? YES / NO

**Creating a Media Consent Form:**

- Whenever possible, supply an example of the image you intend to use
- Explain why you want to use it and who is going to see it
- Whenever possible, show a recent example of a similar item to demonstrate the intended use

Mandatory Information to include:

- The name of vulnerable person
- The name of the parent / legal guardian
- The club/activity to be photographed / filmed
- The location of photograph / video
- Statement and questions as below:

“To comply with the Data Protection Act 1998, permission must be granted by the parent/carer before any images of your child/children are taken and used.” Please answer the questions below, then sign and date the form where shown.

**To the parent / guardian** (Delete as appropriate)



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1. May we use your child's image in our printed promotional brochures? YES / NO
2. May we use your child's image on our website? YES / NO
3. May we use video footage of your child for promotional purposes? YES / NO

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- The following statements of use:

1. This form is valid for \_\_\_\_\_ (length of time in years) from the date of signing. Your consent will automatically expire after this time.
2. We will never include full names (e.g. first name and surname) of any young person in an image on video, website, or in printed publications
3. We will never include personal e-mail or postal addresses, or telephone or fax numbers on video, on our website or in printed publications.
4. We may use group images with very general labels, such as "youth enjoying sport" or "arts and crafts workshop".



## EMERGENCY OVERDOSE RESPONSE

## APPENDIX 9

### Quick checklist

1. Take a deep breath and try to remain calm
2. Check if the person is conscious (you may need to call their name or even press your knuckle firmly into their breastbone)
3. If no response, check breathing and pulse
4. Clear airways (mouth, nose)
5. If unconscious, place person in recovery position (p.2)
6. Dial 999
7. Stay with the person

### First aid training

Learning about how to put someone in the recovery position can mean the difference between life and death.

### ABC of overdose emergency

If you suspect there may be other injuries such as broken bones following a fall, dial 999 immediately and follow the advice of the ambulance call operator. Otherwise follow the steps below:

**A = Airways** - open the airways by lifting the chin and tilting the head back. Open the mouth. If it is blocked by anything, including vomit, tilt the head to one side and clear the mouth.

**B = Breathing** - put your ear by their mouth and look down the length of the body. Take no more than ten seconds to look, listen and feel for signs of breathing.

**C = Circulation** - look for signs of circulation such as breathing, coughing or movement. Take no more than ten seconds.

### What next?

If person has circulation but is not breathing:

- Start mouth-to-mouth resuscitation
- Pinch the nose to close it
- Press your mouth to their open mouth and give a slow steady breath - enough to make the person's chest rise
- Take your mouth away and let them breathe out naturally
- Pace yourself by giving one breath every five to six seconds.

If person is not breathing and has no circulation:

- Ensure ambulance is on its way
- Start mouth-to-mouth resuscitation
- Give two breaths only at 5 - 6 second intervals, then check pulse again.

Cardiopulmonary resuscitation (CPR)

- Uncover the chest area feeling for the small notch at the bottom of the breastbone
- Measure two finger widths up and place the heel of one hand next to the uppermost finger
- Place your other hand over the top and keeping your arms straight, press down so that the breastbone moves inward about four to five cm. Do this 15 times



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counting each compression. The speed you want to achieve is 100 compressions a minute.

After each set of 15 compressions, give two mouth-to-mouth breaths. Continue until the casualty makes a movement or begins to breathe spontaneously.

**If person is breathing and has a pulse**

- Place the person in the recovery position if you know it (see diagram). If not, prop them on their side. This will help keep the airway clear if they should vomit
- Never leave an unconscious or semi-conscious person lying on their back
- Stay with the person until the ambulance arrives. Tell the crew what has happened and give them any relevant pills or powders.

**The recovery position**

- Make sure there are no foreign objects in the mouth (eg loose dentures, vomit) by looking in the mouth and removing any obstructions
- Open the airway by tilting the head back and lifting the chin.
- Straighten their legs
- Place the arm nearest to you at right angles to their body
- Pull the arm furthest from you across their chest
- Hold the leg furthest from you above the knee and move it up across their leg
- Ensure the back of their hand is placed against the cheek nearest to you
- Keep their hand pressed against their cheek and pull on the upper leg to roll them towards you and onto their side
- Tilt their head back to ensure they can breathe easily
- Ensure the hip and knee of their upper leg are bent at right angles.





## **ACKNOWLEDGEMENTS AND BIBLIOGRAPHY:**

### **ACKNOWLEDGEMENTS:**

The Church Safeguarding Policy and Guidelines has been adapted from The Message Trust's 'Safeguarding in Action' Policy and Guidelines. The Message has compiled their policy with assistance from The Churches Child Protection Advisory Service and use of material from their publication "Guidance to Churches" is acknowledged.

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