



Safeguarding Policy

Jubilee Church Liverpool

Safeguarding Policy Reviewed: Nov 2025 Next Review Due: Nov 2026

Issued to.....

Section 1 – General Information

1.1 Details

Jubilee Church Liverpool

The Hub,

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Lead Elder: Andy McColl (andy@jubileechurchliverpool.org)

Safeguarding Co-ordinator: Stephanie Gunasekera

Deputy safeguarding Co-ordinator: Hannah Matthews

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Membership of Denomination/Organisation: Newfrontiers

Charity Number: 1163813

Company Number: CE004828

Insurance Company: Congregational Insurance

The following is a brief description of our place of worship and the type of activities we undertake with children and adults who have care and support needs:

Jubilee Church Liverpool is a vibrant, welcoming, and evangelical church located in the Penny Lane area of Liverpool. We are a part of the Newfrontiers family of churches. We regularly meet on a Sunday morning at our building on Ramilies Road. We have children's and youth work throughout all age groups.

To read more about who we are & our mission statement, please see our website:

<https://www.jubileechurchliverpool.org/our-mission>

1.2 Introduction

We believe every person has a value and dignity which comes directly from the creation of male and female in God's own image and likeness. Christians

see this potential as fulfilled by God's re-creation of us in Christ. Among other things this implies a duty to value all people as bearing the image of God and therefore to protect them from harm.

1.3 Principles & Responsibilities

We acknowledge that children, young people, and adults can be the victims of physical, sexual and emotional abuse, and neglect. The leaders of Jubilee Church Liverpool recognise the need to provide a safe and caring environment for children, young people and adults.

We are therefore committed to:

- *The safeguarding and protection of all children, young people and adults with care and support needs*
- *The establishing of safe, caring communities which provide a loving environment where there is a culture of 'informed vigilance' as to the dangers of abuse*
- *Raising awareness of the issues involved in safeguarding children in the church*
- *Addressing the needs of our children in all their cultural, spiritual, intellectual, racial and physical diversity*
- *Keeping abreast of research and policy developments in good safeguarding practice*
- *Following legislation, guidance and recognised good practice*
- *Carefully selecting and training all those with any responsibility within the Church, in line with safer recruitment principles, including the use of criminal records disclosures and registration with the relevant vetting and barring schemes*
- *Ensuring that there are appropriate systems of accountability and supervision at all levels of church life, and that disciplinary and employment procedures are robust enough to manage risk*
- *Challenging any abuse of power, especially by anyone in a position of trust*
- *Working with anyone who has suffered abuse, providing them with appropriate pastoral care*
- *Offering pastoral care and support, including supervision and referral to the proper authorities, to any member of our church community known to have offended against a child, young person or adult at risk*
- *Regularly reviewing and updating church policy and practice, taking account of the latest safeguarding information available*
- *Responding without delay to every complaint made which suggests that an adult, child or young person may have been harmed, co-operating with the police and local authority in any investigation*

The leadership of Jubilee Church Liverpool have therefore adopted the procedures set out in this safeguarding policy in accordance with statutory guidance. Clear, robust procedures are essential to safeguarding. However, it is important to remember that above all it is people who protect, not procedures. The aim should be to create a culture of informed vigilance in the church.

The leadership are also committed to supporting the Safeguarding Coordinator(s) in their work and in any action, they may need to take in order to protect children and adults with care and support needs.

1.4 Role of the Safeguarding Co-ordinator and Deputy Co-ordinator

- *The preparation and implementation of the safeguarding policy and its review annually*
- *Ensuring safeguarding policies and procedures are followed*
- *Acting as an advocate on behalf of children, young people and adults in need of protection*
- *Arranging and ensuring workers and leaders attend relevant training*
- *Keeping accurate records relating to safeguarding concerns*
- *Regularly informing the Leadership on suggestions for good practice*
- *Working in partnership with statutory and other agencies*

Section 2 – Prevention

2.1 Descriptions and Definitions

Descriptions & definitions relating to children

Child protection legislation throughout the UK is based on the United Nations Convention on the Rights of the Child. Each nation within the UK has incorporated the convention within its legislation and guidance.

- A child is defined as anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout this document.

Working Together to Safeguard Children 2018 states:

The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in prison or in a Young Offenders' Institution, does not change his or her status or entitlement to services or protection under the Children Act 1989.

- The term **child protection** is used for responding to concerns where it appears that a child may have been harmed. Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim proactively to safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.
- The term **children's worker** is used for anyone appointed by church to a post or role, whether voluntary or paid.
- The term **safeguarding** covers vetting and safer recruitment, safer working practices, responding to concerns, working with partner agencies, dealing with allegations against those responsible for children or adults at risk and other matters that may be relevant.

This includes:

- a. protecting children from maltreatment
- b. preventing impairment of children's mental and physical health or development
- c. ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- d. taking action to enable all children to have the best outcomes

Descriptions and definitions relating to adults

The following information relates to the Safeguarding of Adults as defined in the Care Act 2014, Chapter 14. Safeguarding. This replaces the previous guidelines produced in 'No Secrets' (Department of Health 2000)

The legislation is relevant across England and Wales but on occasions applies only to local authorities in England.

The Safeguarding duties apply to an adult who:

- has need for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

(Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professional and other staff should not be advocating 'safety' measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.)

- An **adult at risk** refers to adults with care and support needs, according to the Care Act 2014. It follows that some adults, because of circumstances or particular vulnerability or risk, may be in need of protection.
- When considering the safeguarding issues regarding **adults**, other pieces of legislation are also relevant such as the Anti-Social Behaviour, Crime and Policing Act 2014 which deals with Forced Marriage, the Modern Slavery Act 2015 which deals with trafficking and abuse, the Domestic Violence Crime and Victims Act 2004 which is self-explanatory but which may be strengthened to deal with coercive and controlling behaviour. These pieces of legislation apply to England and Wales.
- Another important piece of legislation when dealing with safeguarding **adults** is the Mental Capacity Act 2005. Where decisions are being considered regarding the welfare of adults, under the Care Act 2014 they have to be full participants in the process and those who are involved in the investigations and assessments will form a view of the adult's capacity to make decisions for themselves. This means that where there are safeguarding concerns, referrals must be made to Adult Services so that this level of capacity can be assessed.
- The term **safeguarding** covers vetting and safer recruitment, safer working practices, responding to concerns, working with partner

agencies, dealing with allegations against those responsible for adults at risk and other matters that may be relevant.

It is important that anyone volunteering or working with children and vulnerable adults has good knowledge and understanding of all types of abuse and is able to identify key indicators of abuse. **[For a summary of these definitions and key indicators please see Appendix 1.](#)**

2.2 Safer Recruitment

We believe that the Bible calls us to a distinctive lifestyle of discipleship. Our work with children and adults at risk requires us to demonstrate that, especially as we are likely to influence others. We recognise that as fallen people we often fall short, but we believe that grace and forgiveness are always available to those who repent. We nevertheless expect that all those working and volunteering with Jubilee Church Liverpool will be committed to work towards achieving this distinctive lifestyle of discipleship with God's help.

Upon an initial invitation from the church leadership, or an individual expresses an interest themselves in becoming involved in the children's or youth work, then appropriate steps will be taken in assessing the suitability for the role. This may also be applicable for other areas of volunteering in the life of the church.

The appropriate steps for volunteers and workers are as follows:

- An application form and self-disclosure form will need to be completed by the applicant. This can be completed online <https://www.jubileechurchliverpool.org/kids-leader-application> (for working with children) <https://www.jubileechurchliverpool.org/outreach-volunteer-form> (for working with vulnerable adults) Following which a voluntary disclosure form must also be completed, this can be found at: <https://www.jubileechurchliverpool.org/voluntary-disclosure-form>
- Two references will also be sought in writing from persons who have known the applicant closely (not a relative) one of whom should have known the applicant for more than five years, and one external to

church. The reference request form can be found at: <https://www.jubileechurchliverpool.org/reference-request>

- The application will be reviewed by a group leader together with the Safeguarding Co-ordinator to confirm the written details and assess suitability.
- Where indicated, the applicant must complete a Disclosure and Barring Service (DBS) form using the guidelines provided and present the disclosure notice to the Safeguarding Co-ordinator upon receipt.
- The applicant will also be provided with a job description for the role they are interested in (<https://www.jubileechurchliverpool.org/job-descriptions>)
- The applicant will be provided with and asked to read the Safeguarding Policy and to sign to say they have read and agreed to it.
- Following successful recruitment all volunteers and workers should attend a safeguarding training session (ideally this should be within 6 months of appointment to the role). It is understood that some volunteers may have safeguarding training in professional roles outside of their church responsibilities and allowances will be made where individuals can provide equivalent, up-to-date training certificates from an approved source (this is at the discretion of the safeguarding co-ordinators).
- On successful completion of the process the applicant will be supported in a trial period in their new role by other experienced leaders. It is up to the relevant team leader to decide when an individual is ready to lead by themselves.

When considering the type of disclosure needed we will review as to whether the role meets the criteria under the definition of 'regulated activity'

Renewal of Disclosure

Charity Commission Requirements

The Charity Commission for England and Wales requires that where an organisation working with children or vulnerable adults applies to register as a charity, they confirm that any trustee who is either legally required, or allowed to apply for a DBS disclosure have done so. This will need to be carried out before the Charity Commission will register the organisation.

The Charity Commission believe that DBS checks are currently the best way for trustees to check whether a fellow trustee is disqualified from working with vulnerable beneficiaries.

The Charity Commission states:

*“All charity trustees have a duty of care, and a duty to act solely in the interests of the charity. The Commission believes that charity trustees risk being in breach of these duties if they fail, without good reason, to carry out appropriate DBS checks when they are entitled to do so. **In some circumstances such failures may be viewed as evidence of misconduct and/or mismanagement in the administration of the charity.**”*

The Charity Commission also recommends that charities should obtain a criminal record check on workers and trustees every **three years**.

Safeguarding Training

The Leadership is committed to on-going safeguarding training and development opportunities for all workers, developing a culture of awareness of safeguarding issues to help protect everyone. All our workers will receive induction training and undertake recognised safeguarding training every **two years**. However, as previous stated, it is understood that some volunteers/workers may have safeguarding training in professional roles outside of their church responsibilities and allowances will be made where individuals can provide equivalent, up-to-date training certificates from an approved source (this is at the discretion of the safeguarding co-ordinators).

The Leadership will also ensure that children and adults with care and support needs are provided with information on where to get help and advice in relation to abuse, discrimination, bullying or any other matter where they have a concern.

Management of Workers – Code of Conduct

As a Leadership we are committed to supporting all workers and ensuring they receive support and supervision. All workers can find the code of

conduct towards children, young people and adults with care and support needs in the safeguarding documents and policies (see Appendix 2)

Section 3 – Practice Guidelines

As an organisation / place of worship working with children, young people and adults with care and support needs we wish to operate and promote good working practice. This will enable workers to run activities safely, develop good relationships and minimise the risk of false or unfounded accusation.

General Safeguarding Principles for a group or activity

Some general principles for running a club, activity or service include:

- Ensuring that everyone is treated with dignity and respect in attitude, language and actions.
- Consideration for the number of workers needed to run the group and whether they should be male, female or both.
- A clear strategy for summoning additional help (if needed) in situations where a worker is working alone with a child, young person or vulnerable adult.
- The level of personal care (e.g. toileting) required appropriate to the needs of the individual.
- Clear guidelines on personal privacy e.g. when working with children avoiding questionable activity such as rough or sexually provocative games and comments.
- Not allowing anyone under 16 years of age to be left in charge of children of any age or those attending the group being left unsupervised.
- Only workers assigned to the group being allowed to participate in the activity. Other adults should not be allowed free access.
- Making a note of other people in the building during the activity and any other events taking place at the same time.

As well as a general code of conduct for workers, we also have specific good practice guidelines for every activity we are involved in and these can be found below.

3.1 Working with Children & Youth

Working with children and young people is a rewarding ministry. We want all our volunteers to enjoy the time they spend with their group and for our

children and young people to develop a Christian faith which will mature into adulthood. However, working with children does present challenges and the following sections are designed to assist in presenting the appropriate response.

1. Guidelines for discipline

What is discipline?

Discipline is the education of a person's character. It includes nurturing, training, instruction, chastisement, verbal rebuke, teaching and encouragement.

Why discipline?

It brings security, produces character and prepares for life. It is evidence of love and is God's heart. See Hebrews 12:5-12 and Proverbs 22:6.

Discipline in children's work

- NEVER smack or hit a child.
- Discipline out of love NEVER out of anger. (Call on support from other leaders if you feel you may deal with the situation unwisely in your anger.)
- Do not shout in anger or put down a child/young person.
- Lay down ground rules (for example no swearing, racism or calling each other names, and ensure respect for each other's property.)
- Keep the ground rules simple and clear, and make sure the children understand what procedure will be taken if they are not followed.
- Never reject a child, just the behaviour (Tell the child that you value him/her, but you are not willing to accept the behaviour).
- Remember that each child is unique, special and individual, and each child needs a different method of being dealt with. We therefore need to be asking ourselves "Why is the child behaving like that?"
- Work on each individual child's positives; do not compare them with each other, but encourage and build them up.
- Help the child learn that they will be noticed more when they obey the rules, rather than when they break them. Try to create an environment of care and offer more tangible rewards, where each child feels that it is worth keeping to the rules.

2. Responding to inappropriate behaviour

Remember to model the ways in which you expect children to behave.

1. A quiet word with the young person asking them to change their behaviour.
2. Separate children (but not physically) who have a tendency to be disruptive when together, OR move (but not physically) the child to the side of the room, OR get a helper to sit next to the child, OR have the child sit right in front of you.
3. Take the child aside and talk to them, challenging them to change, whilst encouraging them on their strengths.
4. Stay in sight and sound of a co-worker at ALL times. The co-worker should be aware of the action being taken.
5. Young people's work: Whenever possible, the discussion should take place by a female worker to female young person and by a male worker to male young person.
6. Warn a child that you will speak to their parents if the behaviour doesn't change
7. Speak to the child's parents.
8. If regular indiscipline or a serious breach of discipline has taken place, then the child's parents must be informed of the problem and the action taken by the worker. Discuss with the team leader before talking to the parents.
9. Remove a child (but not physically) from the group or activity and return them to their parents.
10. Periods of exclusion or total exclusion with parental knowledge are used when all other channels are exhausted. This should only be done after discussion with the Director of Youth & Children's Ministry.

If there is likelihood of an occurrence requiring further investigation or of a complaint arising as a result, then the leader should complete an incident form (see Appendix 3).

3. Unaccompanied children

Sometimes children, young people or adults with care and support needs will want to join in the event at Jubilee Church Liverpool without the knowledge of parents or carers (For example, children playing outside or wandering the streets with no adult supervision.) If this occurs, it is important to:

- Welcome them and try to establish their name, age (children), address and telephone number. Please ensure you record their visit in a register.
- Do ask if a parent/carer is aware where they are, and what time they are expected home.
- If this is before the session ends, they should be encouraged to return home, unless the parent/carer can be contacted, and they are happy

with the arrangement. In the case of children in particular, suggest the child seeks the parent/carer's permission to return the following week.

- Introduce the visitor with a regular attendee who can introduce them to the group and help them feel at ease during the event.
- On leaving, provide the visitor with information about the group with contact telephone numbers and perhaps a standard letter to the parent/carer inviting them to make contact.
- Without interrogation, you will need to find out as soon as possible whether they have any additional needs, (e.g. medication), so that you can respond appropriately in an emergency.

4. Staff: child ratios

The ratio for the number of adults to children defines the number of adults that should be present for a specific indoor/outdoor activity or event. There should be a minimum of 2 adults per group.

Below are the suggested ratios of adult to child, recommended by the government through Ofsted. These are the ratios required in regulations governing day care for under 8's.

Age of children	Adults: Children
0 to 2 years	1 to 3
2 to 3 years	1 to 4
3 to 8 years	1 to 8

For children over 8, there is no official guidance, however, the suggested ratio is two adults for up to 20 children, with an additional leader for every 10 children.

In certain circumstances, it may be necessary for a risk assessment to be carried out prior to an activity taking place. For example, where an activity:

- is outdoors
- is high risk or dangerous
- includes activities for people with disabilities or special needs.

The results of the risk assessment may mean that ratios need to be increased. If this is the case, Team Leaders should give written guidance to all adults and be specific regarding expectations for these specific activities.

5. Registration & Consent

On initial attendance to any youth or children's group in Jubilee Church an online registration form (which can be found at <https://www.jubileechurchliverpool.org/kids-registration-form>) must be completed by the parent or carer. This will be entered onto the online church database. Jubilee Church Liverpool will comply with all data management laws and guidance. This form will advise those caring for your children whether they have any allergies, special needs, and are able to join in food and drink with the group.

Since the introduction of the Data Protection Act in 1998, organisations must comply with relevant legislation surrounding the taking of photographs or film footage of people, and take care as to how images are used. This does not mean that photographs should not be taken or filming prohibited but there are certain protocols that must be followed to comply with data protection legislation and to safeguard children and young people. Permission must be obtained of both children and adults before a photograph is taken or film footage recorded. However, it is perfectly acceptable to ask parents/carers to let Jubilee Church Liverpool know if they do NOT want their child photographed or filmed. There is an opportunity to consent to this when completing the initial registration form. When using photographs of children and young people it is best to use group pictures and never identify them by name or give other personal details. This information can also be found in section 15, Filming and Taking Photographs.

6. Personal Care

Every child is entitled to privacy to ensure personal dignity. The level of personal care (e.g. toileting) must be appropriate and related to the age of the child whilst also accepting that some children have special needs.

- Within the primary school age group one of the children's workers should accompany the child to the toilet corridor, ensuring that the door to the small hall is left open. The leader should check the toilet appropriate to the child's gender to ensure it is vacant. Once sure that the toilet is vacant the leader should request that the child closes the cubicle door,

but doesn't lock it. The leader should remain outside the toilet with the door to the small hall open and wait for the child to finish so they may accompany them back to the small hall.

- If the child is not able to manage his/her buttons and zips, then the leader is allowed to assist the child, if given permission by the child to do so. However, this should be done outside of the cubicle area, with the toilet door left open. If the leader is under 16 years of age, s/he may not take the children to the toilet, as s/he should not be left unsupervised. This also applies to occasional helpers or leaders who have not had a disclosure check completed.
- If a child is unable to go to the toilet without assistance, then it is the parents' responsibility to take the child to the toilet. The parent/carer will be called by the leader if this happens during the group session.
- If the child is wearing nappies, and these are soiled, then the parent/carer must be called to change it. Leaders may not change nappies.

Touch

The following guidelines are intended to provide clarification for all children's leaders with regard to appropriate physical contact:

- Leaders should ensure that any contact with children is kept public. Physical contact within the context of a group can be perceived as very different from physical contact behind closed doors.
- Any physical touch between a leader and a child should be related to the child's needs, not the leaders.
- The leader should avoid any physical activity that may be thought to be sexually stimulating to either the leader or the child/children.
- The leader should respect that every child has the right to decide how much physical contact he/she has with others. This does not apply to exceptional circumstances when medical attention may be required.
- If the leader has to give first aid, he/she should encourage the child to do what as much as possible for themselves. However, due consideration should be given to the child's best interests and appropriate help should be given where necessary. Always complete an accident form (Appendix 4) as soon as possible after first aid has been given
- Every children's leader is a team member. Therefore, a leader should be free to help another leader by constructively challenging any action or behaviour which could be misunderstood or misconstrued.
- If a leader has any concerns about abuse, these should always be reported by the leader to the Safeguarding Co-ordinator.

7. Transport & External Events

There are currently no plans or arrangements in place for Jubilee Church to transport children and/or vulnerable adults off site for activities. If such activities did commence at a later date, we would update the safeguarding policy accordingly (including specific permission forms for each external event detailing times, venue, nature of the event and transport arrangements).

8. Working with children with special needs

Some children and young people will need extra help to feel included in the life of the Church. The Registration Form that is filled in for everyone attending the children and youth work at Jubilee Church Liverpool will help to identify those people. There is an opportunity upon registration to choose to complete an OPP (One Page Profile) so that the leaders can gain an understanding of how to support the individual best. See Appendix 5 for our OPP.

Workers and volunteers should be aware that any child or young person attending an activity who has a special need or disability, may need extra help in areas such as communication and mobility (e.g., use of sign language or assistance in going to the toilet). They may behave in a non-age appropriate way. For example, a young person of 17 might behave more like a 2-3 year old, particularly in demanding cuddles or sitting on a worker's lap. So it is important to set appropriate boundaries that take their needs into account, but also protect workers from false accusation.

Once a special need or disability has been identified, the team leader is responsible for asking the child or young person and the parents/carers how the person's specific needs can be met, ensuring all workers involved with them are aware of these expectations. The number of workers needed to assist for a specific activity (e.g., to prevent injury) will be identified. Ensure that a worker of the same gender assists if they need help with toileting.

The team leader will identify how they can help facilitate accessibility to the group (e.g., ramps, toilets for the disabled, hearing loop system) and will encourage integration within the group. They will also endeavour to optimise communication to support the individual.

9. Gifts to young people

It is recognised that there are occasions when gifts or rewards will be given to young people for example at Christmas, birthdays or to reward particularly good effort or behaviour. The overriding principle is that these gifts are made on behalf of the church via the particular group and not from the individual leader. This is particularly important when the gift is given to an individual young person rather than to the whole group and such presentations must always be made in a public or group setting. The following guidelines apply when choosing the item to give.

- The item should be the type which encourages or supports the Christian faith of the recipient
- The item should be age appropriate
- The item will not contain any language or image which is, or could be interpreted as: attitudes which are contrary to a Christian lifestyle; offensive; defamatory; erotic or pornographic, nor which in any way promotes violent or discriminatory behaviour.

10. Social media and electronic communication

Social media and electronic communication covers networking sites such as Facebook, Twitter, Instagram, Snapchat and other messaging applications including email, and WhatsApp (This list is not exhaustive). The overriding priority is that the leader remains accountable in every communication sent to young people.

Twitter/Snapchat/Instagram

Social media accounts (e.g. Twitter, Snapchat, Instagram etc) should not be used for individual children and youth leaders to contact young people. Young people must be over the age of 13 in order to set up their own social media account. If you discover someone under the age of 13, who has a social media account, this should be raised with their parent or carer. Ideally, contact with young people holding a social media account should be via a group page. **As a church, we would advise that children and youth leaders consult**

with a young person's parent or carer in writing (e.g. Email), before accepting or initiating a Friend/follow requests.

As Christian leaders we have a constant responsibility to ensure that posts on our profile are never those which would bring the Christian faith, Jubilee Church Liverpool or ourselves into disrepute. This is regardless of whether it is visible to the young people in our care or not. This includes the pages we 'like' and the comments and photos we post. If 'friends' post inappropriate items which appear on your timeline they should be hidden or deleted as soon as possible. We must be, at all times, 'beyond reproach' in every respect.

Email

It is advisable that email should only be used to communicate details of an event or activity and not for one-to-one conversations. Leaders should send information to the whole group (cc'ing other leaders) for transparency. Similarly, if a leader receives a personal email, it is advisable to copy another leader into the reply. Preferably send mail via the church accounts, if you have the facility.

Text and personal messaging apps

Text messaging may be used for one-to-one messages during sociable hours (i.e.: 8am to 10pm) with youth-bearing in mind that all messages should be of an appropriate nature. Should a youth leader feel that they have received an inappropriate or difficult message they need to contact the Safeguarding Co-ordinator (or the deputy if they are not available) to discuss/gain advice on an appropriate reply. It's advisable that youth leaders keep records of all messaging with young people for accountability and transparency.

11. Illegal substances

If a worker becomes aware that a child, young person or vulnerable adult may be abusing solvents they should be encouraged to seek professional help from their doctor or a counsellor specialising in this area. Having said this, it is a criminal offence to allow anyone attending an activity run by an organisation to supply illegal drugs or use them on the premises. It is important to adopt zero tolerance on all illegal substances and draw up a protocol with the local police for dealing with such situations should they arise. All those attending the activity

should be made aware of this protocol which should be clearly displayed. For the individual involved:

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

12. Tobacco & Alcohol

There is a smoking ban in all enclosed public spaces throughout the UK and a no-smoking policy should therefore be enforced within any buildings where the organisation operates.

There are exemptions to this in places such as care homes. From October 2014, the ban on smoking has now been extended to smoking in a vehicle with children present (in England and Wales).

It is also illegal for anyone under the age of 18 in England and Wales to be sold cigarettes (or other products like roll-up tobacco, vapes and cigars) over the counter or at a vending machine. The organisation is able to impose a no-smoking policy, so it is important all those attending the activity are aware of and agree to abide by it.

There are also strict regulations on the sale and consumption of alcohol where children and young people are concerned. Workers do not have the right to confiscate alcohol found in a young person's possession, but they can enforce a no-alcohol policy.

There may be occasions where it is felt necessary to inform parents /carers that a child/young person has been drinking, particularly if they are under the influence of alcohol at the group or there are concerns for their health or safety. This should be discussed with the activity and Safeguarding coordinator.

13. Residential Holidays, camps and retreats

If using an established residential centre, checks should be made that it operates a safeguarding policy and carries out Disclosure checks on workers. Organisations providing residential holidays, camps or retreats should also carry out full risk and health and safety assessments. On a campsite or in the open countryside the hazards may be guy ropes and other fastenings, fires, calor gas and other flammable substances, access to fields where animals graze.

It is easy to assume that workers automatically know how to organise and run activities, and that children, young people and vulnerable adults have been taught personal safety. This is not necessarily the case, so it is doubly important that the organisation's expectations are clear and are communicated effectively.

14. Filming & Taking Photographs

In accordance with the Data Protection Act 2018, organisations must be careful if they want to take photographs or film footage of people, and how images are used. This does not mean that photographs should not be taken or that filming is prohibited, but there are certain protocols that must be followed to comply with data protection legislation as well as to ensure that children, young people and vulnerable adults are kept safe.

Permission must be obtained of both children and adults before a photograph is taken or film footage recorded (a question on this point, is included in the parent's registration form for children and youth). However, it is perfectly acceptable to ask parents/carers to let the organisation know if they do NOT want their child photographed or filmed. The parental registration form specifies permission for both internal and external use of photos and video footage (if written permission has been granted on the parental registration form, then this is assumed thereafter unless a parent or carer states otherwise).

When using photographs of children and young people, individuals should not be identified by name or other personal details.

3.2 Working with Adults at Risk

There are many adults who may fall into the category of 'adults with additional care and support needs' and this can include, but is not limited to, the following groups of people:

- Those with a physical impairment
- Those with mental health challenges
- Those seeking asylum/refugees
- Some elderly
- Those with learning difficulties/additional needs

As a result of these additional needs, care must be taken not to exploit anyone who may be considered vulnerable. Listed below are some good practice guidelines to follow:

1. Transportation of Adults at Risk

Drivers and vehicles must comply with all aspects of the applicable sections of the current Road Traffic Act. Drivers must have an appropriate driving licence and insurance and comply with the law in relation to seat belts. Further information can be found here: www.gov.uk/highway-code Appropriate arrangements, for example regarding insurance and driving qualifications, should be made by those driving minibuses on behalf of the church. Transporting adults at risk on behalf of a church is a regulated activity and a DBS application is required. Drivers should also complete an Approved Driver form (See Appendix 6)

(All guidelines in place do not apply to any privately made arrangements for transportation.)

Advice for transporting adults with care and support needs, is as follows:

- Driving should be restricted to those who have gone through the organisation's recruitment procedures for workers.
- All drivers must have read the safeguarding policy of the organisation and agree to abide by it.
- Parents / carers should be asked to sign a Transportation Consent Form (or include it in the General Information and Consent Form).
- The driver should hold a full driving licence; the vehicle must be adequately insured and the vehicle road worthy.

Having checked drivers, it is reasonable to expect that they may be alone with a vulnerable adult for short periods. Consideration should therefore be given to dropping off the least vulnerable last and plan routes accordingly. Two workers in a vehicle does not in itself guarantee safety - there have been incidents where workers have acted abusively together.

Drivers should not spend unnecessary time alone in the vehicle with someone they are transporting. If, for example, an adult at risk wants to talk to a driver about something and has waited until others have been dropped off, the driver should explain that it isn't convenient to talk there and then, but arrange to meet them at a location where there are other adults around with the knowledge of the group leader. (Remember they may want to talk to the driver about an abusive situation).

When travelling in groups with more than one vehicle it is good practice to insist those being transported stay in the same groups on the out-going and return journey. This will avoid anyone, at worst, being left behind.

It may apply that an adult with care and support needs, depending on the nature of their vulnerability and/or disability, should not be left on their own at collection or dropping off points; the driver should make sure they are collected by an appropriate carer.

It is advisable to be aware of instances where it may be unwise for a particular driver to transport a particular individual e.g. where there has been a disagreement or they have romantic feelings for a driver.

Tick list for Transportation

Transporting adults at risk in a car

- Drivers should hold a current full driving licence.
- Insurance covers voluntary work (domestic, pleasure and business)
- Agreement obtained, by carer if applicable.
- Pick-up and drop-off times arranged.
- Agreement as to where everyone is seated – (front or rear of car, only transport for the recommended number of passengers.)
- Seatbelts used.

- If this is a frequent and regular arrangement, a current and clear DBS certificate is in place.

2. Intimate Care

In exceptional circumstances, such as during a home visit or similar, intimate care may need to be provided for adults at risk. This is likely to only happen in an emergency situation and workers should, therefore, be operating within clear guidelines in this area.

Workers involved with intimate care need to be sensitive to the individual needs of each person and that some care tasks could be open to misinterpretation. False allegations of sexual abuse are rare but guidelines will safeguard both the children and adults. People feel safer if expectations are clear and methods of working are, as far as possible, consistent.

Intimate Care Guidelines

Treat everyone with dignity and respect and ensure privacy appropriate to age and situation.

The issue of privacy is an important one and everyone has a right to it. Some aspects of intimate care, by necessity, are carried out by a single adult. Having an adult working alone does increase the opportunity for possible abuse, or allegations being raised, but this has to be balanced by the loss of privacy and lack of trust implied if two people have to be present at all times.

As far as possible, involve adults in their own intimate care.

Always avoid doing things for the adult if they are able to do it alone or for themselves. If they are able to help, encourage them to do so. If the person is dependent on you for help, talk to them about what you are doing and offer choices where this is possible. Best practice would be to have in place an agreed intimate care plan. This would outline the intimate care needed; who it will be administered by; and how often it will be reviewed. This is to ensure that the plan continues to meet the needs of the individual and gives an opportunity for the individual in need of intimate care or their advocate and those involved to flag up any issues or concerns outside of any immediate concerns.

Be aware and responsive to the person's reactions.

Always check what you are doing by involving the person. Ask questions such as 'Can you wash there?', 'How do you normally do that?', 'Is it all right to do it like this?' If the person expresses dislike or shows concern at a certain person

carrying out their intimate care, try and find out why and share this with a leader. If the person you are providing intimate care to has a 'grudge' against you, or dislikes you for some reason, ensure that another leader is aware of this.

Team practice in intimate care should be as consistent as possible.

Ensure that as a team you have a consistent approach to the intimate care of adults. This does not mean that everything should be done in an identical fashion, but it is important that approaches are not markedly different between different adults.

Never do something unless you are sure you know how to do it.

Intimate medical care procedures may be carried out only by nursing or medical staff unless workers have been trained and assessed as competent to carry out such procedures. If you are not sure about something, ask; if you are still unsure or need to be shown something again, ask again. Never put the person you are caring for or yourself at risk through lack of knowledge.

Reporting incidents

If whilst attending to the intimate care of an adult you accidentally hurt them, or notice that they are sore or tender in the genital area, report this at once. If the adult becomes sexually aroused because of your actions, misunderstands or misrepresents something or has an emotional reaction without apparent cause, report it immediately by speaking to your manager or safeguarding coordinator. Make a report of the incident as soon as possible.

Seek to encourage adults at risk to have a positive image of their bodies.

The way we respond to the handling of intimate care procedures will convey lots of messages to the person you are caring for. We want them to value themselves and their bodies. Individuals who are confident and feel their bodies belong to them are less vulnerable to sexual abuse.

Also remember that a person's right to object or say 'no' must always be fully respected.

The attitude of an adult when performing intimate care is important. Bearing in mind the person's age and understanding, care should be safe and relaxing.

3. Gifts, Rewards & Favouritism

The giving of gifts or rewards to children, young people and vulnerable adults can be part of an agreed policy for supporting positive behaviour or recognising particular achievements.

Any gifts should be given openly and not be based on favouritism. Adults giving gifts need to be aware however, that the giving of gifts can be seen as a gesture to bribe or groom a vulnerable adult.

Adults should exercise care when selecting vulnerable adults for specific activities or privileges to avoid perceptions of favouritism or unfairness. Methods and criteria for selection should always be transparent and subject to scrutiny.

Care should also be taken to ensure that adults do not accept any gift that might be construed as a bribe or lead the giver to expect preferential treatment.

There are occasions when those involved with supporting adults at risk may receive gifts from vulnerable adults, for example, on special occasions or as a thank-you, and this is acceptable. However, it is unacceptable to receive gifts on a regular basis or of any significant value.

4. Communicating with Adults at Risk

All those working with vulnerable adults need to be able to communicate effectively with them in order to build relationships, trust, self-esteem and an attitude of acceptance. Communication can take many forms and increasingly this includes the use of digital technologies. Be mindful that the message you are communicating is the message you intended.

Language

Appropriate use of language is less to do with 'political correctness' than reinforcing negative stereotypes and incorrect assumptions of disabled people. Disabled people generally don't worry a bit about the words you use - but they are concerned about the attitudes people express towards them. For example, addressing a companion or carer as a conversational go-between or talking in childish language. Often disabled people have identified a vocabulary that they feel comfortable with and efforts should be made to accommodate them.

Listed below, are some words or phrases that are not helpful with acceptable alternatives in **bold**:

- Cripple, invalid, handicapped, - handicapped has its origins in 'cap in hand', with implications of charity and begging. Invalid can be interpreted as 'not-valid'. **Disabled, disabled person**
- Mentally retarded, mentally handicapped. **Person with a learning disability**
- Deaf aid. **Hearing aid**
- Deaf and dumb. **Profoundly deaf, without speech**
- Disabled toilet. **Accessible toilet, wheelchair-accessible toilet**
- Victim or 'the disabled'- this is impersonal and implies a group separate from the rest of society. **Never use either expression**
- 'Suffering from', 'afflicted by'. **A person with...**
- An arthritic, spastic or epileptic. **A person with arthritis, a person who has cerebral palsy or epilepsy**
- Wheelchair bound, confined to a wheelchair. **'wheelchair user' (a more accurate description)**
- Physically challenged, intellectually challenged, differently abled. **Confusing terms – don't use.**

The use of euphemisms, irony and some jokes can sometimes be misunderstood, by some disabled people, and your true meaning will not be grasped or it may be felt to be offensive.

Visual impairment

Below are some guidelines that will help someone with a visual impairment feel welcome and included:

- Identify yourself by name when you meet someone with a visual impairment.
- Reserve seats as near/at the front of any gathering, so the partially sighted person has the option to sit closer to what's going on. Offer to assist someone who is blind to find his or her way around. Don't push – always allow them to take your arm and if necessary provide space for a guide dog to lie down.

- Make sure that all corridors, approaches and circulating areas are free from obstructions.
- Ensure large print paper versions are available for songs and other written material as well as audio recordings of talks.
- The Royal National Institute for the Blind does not necessarily promote specific typefaces though it does advice on using clear, commonly used fonts but with the ability for users to scale fonts. Avoid simulated handwriting and ornate typefaces as these can be difficult to read. No single size is suitable for everyone, but most people prefer their large print in the range of 16 to 22 point, but this may need to be checked with the person using the material. Printing should be on contrasting colour paper (black on white or black on pale yellow is best) and on matt (non-glossy) paper. This also helps people with dyslexia. Don't use pale coloured type on dark colours or print over photographs. Photocopied acetates make excellent large-print song sheets
- For safety reasons, good lighting is essential for partially sighted people (Deaf people benefit too, as lip-reading is only possible in good lighting).
- Use colour contrast as much as possible to designate entrances/exits.
- The international symbol should be shown on literature, advertisements and notice boards to indicate what facilities are provided for blind and partially sighted people

Hearing impairments

Below are guidelines that will help those with a hearing impairment feel welcome and included:

- Always address the deaf or hard of hearing person directly, not the person who may have accompanied them.
- Ensure your face and mouth can be seen clearly. Look directly at the person and speak at normal speed and volume with clear lip patterns. Avoid exaggerated lip patterns that are harder to read. Keep your hands away from your face and remember eating whilst talking hinders effective lip reading. Don't speak directly into the person's ear.
- A hearing induction loop should be provided for talks, entertainment etc. whether you are aware of people using hearing aids or not. It is not always obvious someone has a hearing aid, and most people do not like to draw attention to the fact. If possible, someone should be conveying what is said and sung using British Sign Language (BSL). They

should stand in a visible, well-lit place (probably the front). Courses are now readily available for training in BSL including distance learning. As many people as possible should be trained, so this responsibility doesn't rest on one person's shoulders.

- Be aware that background noise can make life very difficult for people who use a hearing aid because it often distorts the sounds they are trying to hear.
- Be prepared to write things down if necessary, particularly if communication is difficult. The important thing is not to give up.
- The international symbol should be shown on literature, advertisements and notice boards to indicate facilities are provided for the hearing impaired.

Speech impairment

Never finish a sentence or word for a person with speech impairment. It is also important not to get agitated or become impatient when you are waiting for words to be said. In this situation retain your interest in the person, perhaps by nodding, affirming and/or retaining eye contact.

Learning disabilities

Adults and children with learning disabilities may experience difficulties dealing with life issues and/or adjusting to new situations. The term 'learning disability' is often used in a general way. That, because of people's preconceptions, isn't always helpful. For example, it can include people with conditions like Dyslexia or Autism Spectrum Disorder, where intellectual capacity is unhindered or maybe exceeds the general average, but may affect social skills and the ability to communicate effectively.

Equally none of these 'givens' may apply, which underlines the importance of not making assumptions about people that are known to have a learning disability and not treating them in a childish or patronising way. Below are some guidelines that will help those in this situation feel understood, valued and supported:

- Adults with learning disabilities may well have limited or no reading ability, so where possible, signpost facilities and directions (e.g. fire exit) using images as well as words. Read out written material and if applicable include songs with repetitive or uncomplicated words.
- Offer assistance if people seem to be experiencing difficulties understanding or need help with certain instructions. Keep all

communication of information in 'bite-size chunks', taking extra time if necessary to explain. Make explanations clear, concise and easy to understand.

5. Mobility Considerations

If possible, mark out reserved parking spaces for those with mobility difficulties as near as possible to the building entrance. Reserve seating that is the most accessible and minimises walking, but remember it is up to the person to decide where they want to sit. Always enquire if they would like assistance before you help.

Wheelchair Users

- All internal and external access needs to be level or ramped
- Don't designate one area for wheelchair users - this unnecessarily draws attention to their disability
- Make sure that at least one seat is alongside each wheelchair position for a friend to be able to sit with a wheelchair user
- When talking to a wheelchair user, it is polite to sit down so that you are on the same level, making eye contact easier. Remember that a wheelchair is part of the user's personal space - so don't lean on it, hold it or attempt to move it/push it unless asked - however, offers are usually welcome, even if declined.
- The international symbol should be shown on literature, advertisements and notice boards to indicate facilities are provided for people with impaired mobility.

6. Home Visits & Meeting Up

Visiting vulnerable adults in their homes is an essential element of many church leaders and pastoral visitors' roles. Many members will be well known to the church leaders/pastoral visitors and where there have been no previous concerns, the level of risk to the church leader/pastoral visitor or member during visits will usually be low.

However, unexpected circumstances can be encountered, some of which may place a church leader/pastoral visitor at risk. For example, the unexpected presence in the home of a relative or friend with a history of violence or threatening behaviour. Unfortunately, case histories also show that

a church member may be at risk from a church leader/pastoral visitor. For these reasons it is very important for the church to ensure their church leaders, pastoral visitors and members are as safe as they can be, and that there is accountability and transparency in the manner in which church leaders/pastoral visitors engage in lone working or visits to homes.

To assure the person you are visiting of their safety, and for your own as a church leader/pastoral visitor:

- If possible undertake a risk assessment (see Appendix 7) before an initial visit, especially if you do not know the person. If there are any concerns or risks known before a visit is made, you are advised always to undertake a risk assessment. In these circumstances, consider whether the visit is necessary, or whether you should be accompanied by someone. In addition, visiting in pairs may be advisable, especially if the adult is perceived to be vulnerable.
- Do not call unannounced; call by appointment, if appropriate telephoning the person just before visiting.
- Be clear about what support you can offer and the purpose and limitations of any pastoral care/support that is available.
- Do not make referrals to any agency that could provide help without the adult's permission, and ideally encourage them to set up the contact, unless there are safeguarding concerns.
- Do not accept any gifts from adults other than token items to avoid misunderstandings or subsequent accusations from the person or their family. If someone wants to make a donation to the church, put it in an envelope, mark it on the outside as a donation and obtain a receipt from the Treasurer.
- Make a note of the date when you visit people, report back about the visit to the agreed named person and say what is concerning or going well. They will report safeguarding concerns to the Safeguarding Officer or to the Deputy Safeguarding Co-ordinator if they are not available.

7. Supporting with Life Skills

From time to time church leaders/pastoral workers may find members with support needs in the area of life skills. This may include finance, administration, managing their homes or any other skill that is needed for household management.

Whilst the church can be in a good position to support with these needs, care must be taken with adults at risk in order to protect those more vulnerable to exploitation.

Good practice guidelines in this area include:

- Declining to handle the financial affairs of adults at risk. There are social care organisations who are specifically trained to assist vulnerable adults with money management. The church should seek to signpost or refer such individuals to these specific organisations.
- Assisting with administration for individuals, such as helping to make appointments, with the consent of the individual. Bearing in mind the main principles of safeguarding when assisting: empowerment (encouraged to make their own decisions), proportionality (taking the least intrusive route when assisting) and accountability (making a record of what administrative tasks have been completed and any pertinent information.)
- Providing assistance with the management of the home of the adult at risk with the consent of the individual. This may include helping to furnish their home, help with maintenance or home decoration. Again, bearing in mind the main principles of safeguarding when assisting: empowerment (encouraged to make their own decisions), proportionality (taking the least intrusive route when assisting) and accountability (making a record of what tasks have been completed and any pertinent information.)

3.3 Other General Good Practice Guidelines

Risk Assessments

Taking care of children, young people and vulnerable adults involves taking responsibility for their well-being at all times, being prepared for unforeseen eventualities, anticipating situations where they could be harmed and taking steps to minimise the risks.

Organisations have a responsibility to assess the risk involved in the activities that are provided. This can include an informal check before the start of an activity that the building is safe and that the planned activities have been assessed for any risks.

An easy and effective way of doing this is to compile a checklist for the activity, identifying any risks that could be encountered, the action required, and the person responsible for carrying this out and when any action has been completed.

The following are some areas that should be considered:

- Identification of hazards.
- Consider who might be harmed and how this might happen.
- Assess the risks and take action to remove or reduce them as far as possible.
- Record details of the action taken.

Health & Safety (Food Hygiene)

Any food that is made and/or consumed on the premises should meet food safety regulations. It follows therefore that there should be someone within the organisation who has responsibility for this. They should possess a Basic Food Hygiene Certificate or equivalent and be knowledgeable in areas such as food preparation, handling, storage, disposal of waste etc. This is relevant to all organisations and especially to those running camps and other residential activities.

These regulations do not apply to activities like shared suppers when food is brought from members' homes to be shared on the premises. However, it remains important that basic standards of food hygiene be adhered to and shared food should be accurately labelled in terms of its ingredients.

If food and drink are provided during an activity, the following should be considered:

- Workers should follow good personal hygiene
- Basic health and hygiene regulations should be adhered to
- All food and drink is stored appropriately
- Hot drinks should not be carried through an activity area and not placed within the reach of young children
- Snacks and mealtimes are appropriately supervised
- Fresh drinking water is available at all times

- Systems are in place to ensure that children, young people or adults with care and support needs do not have access to food/drinks to which they are allergic. Typically this can be peanuts, nuts, milk, eggs, fish, shellfish and gluten - found in wheat, barley and oats.

First Aid

Provision should be made for an appropriately qualified first-aider to be available at all activities, together with an adequate First Aid kit.

Under the Health & Safety (First Aid) regulations it is the duty of every employer to provide at least one first aid container for each work site. Its contents should be stored in a waterproof container and the designated worker should regularly check the contents.

Keeping Records

Organisations need to keep records of their activities for management and accountability purposes. These records should be proportionate and purposeful and personal data should only be kept when there is a good reason for doing so.

Working in Partnership

The diversity of organisations and settings means there can be great variation in practice when it comes to safeguarding children, young people and adults. This can be because of cultural tradition, belief and religious practice or understanding, for example, of what constitutes abuse.

We therefore have clear guidelines in regards to our expectations of those with whom we work in partnership, whether in the UK or not. We will discuss with all partners our safeguarding expectations and have a partnership agreement for safeguarding. It is also our expectation that any organisation using our premises, as part of the letting agreement will have their own policy that we can request to view at any time.

We believe good communication is essential in promoting safeguarding, both to those we wish to protect, to everyone involved in working with children and adults and to all those with whom we work in partnership. This safeguarding policy is just one means of promoting safeguarding.

Section 4 - Responding to concerns & allegations of abuse

How to listen to a child who wants to talk about being abused

General Points

- Show acceptance of what the child says (however unlikely the story may sound)
- Keep calm.
- Look at the child directly, maintaining eye contact as much as possible.
- Be honest.
- Tell the child you will need to let someone else know: don't promise confidentiality. Often the child will try to make you promise not to tell anyone else, before they will divulge anything.
- Even when a child has broken a rule, they are not to blame for the abuse.
- Be aware that the child may have been threatened or bribed not to tell.
- Never push for information. If the child decides not to tell you after all, then accept that and let them know you are always ready to listen.
- Children will often make their own choice and decision about the person they want to talk to. If a child, however, wants to talk to a particular leader, the following considerations should be made:
 - The location where the discussion will take place – the child should be offered privacy but safety considerations for both the leader and the child should be made. If the leader speaks to the child without a further adult being present, the door to the room should therefore be left open.
 - The leader should remember never to promise confidentiality, as the child may want to talk about abuse.
 - The leader should be aware of how to respond if a child does disclose abuse

Helpful things you may say or show

- I believe you (or show acceptance of what the child says).

- Thank you for telling me.
- It's not your fault.
- I will help you.

Don't Say:

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- Why? How? When? Who? Where?
- Never make false promises.
- Never make statements such as "I am shocked, don't tell anyone else".

Concluding

- Again reassure that they were right to tell you and show acceptance.
- Let the child know what you are going to do next and that you will let them know what happens.
- Consider your own feelings and seek pastoral support if needed.

How to listen to an adult at risk who wants to talk about being abused

- Reassure them that you will take what they are saying seriously and support them to communicate in the best way for them.
- Tell them you cannot keep what they are telling you a secret as you have a duty to protect them from harm
- Listen carefully to what they are telling you
- Reassure them that they will be involved in decisions about what will happen
- Do not be judgmental or jump to conclusions.

Making notes

Make notes as soon as possible (preferably within one hour of the child or vulnerable adult talking to you), writing exactly what they said and when s/he said it, what you said in reply and what was happening immediately beforehand (e.g. a description of activity). Record any details of any of the above possible indicators that you noticed. It is also wise to note the clothing being worn by the child or vulnerable adult, as this may assist in why possible indicators may not have been seen.

Record the date and time of the events and when you made the record. If you happen to make your records on a separate piece of paper then you must keep all handwritten notes personally, even if subsequently typed. Such records should be kept safely for an indefinite period as they may be required later in an investigation.

Reporting procedure for concerns

Responding to allegations of abuse

Under no circumstances should the group leader carry out an independent investigation into an allegation or suspicion of abuse. Instead, the leader who has been informed of an allegation or suspicion of abuse must do the following:

Any concern should be reported as soon as possible to the Safeguarding Co-ordinator who has been nominated by the Church leadership to act on their behalf in dealing with any allegation or suspicion of neglect or abuse. This includes referring any suspicions or allegations on to the statutory authorities.

If the leader is unable to get hold of the Safeguarding Co-ordinator, or if the suspicion in any way involves the Safeguarding Co-ordinator, then the leader should report to the Deputy Co-ordinator.

If the allegations involve both the Co-ordinator and the Deputy Co-ordinator, then the report should be made initially to the Thirtyone:Eight Advisory Service, PO Box 133, Swanley, Kent, BR8 7UQ. Tel no 0303 003 11 11. Further actions may involve contacting local authorities & the police.

Under no circumstances, should the suspicions be discussed with anyone other than those nominated above. A written record of the concerns raised should be made and the report kept in a secure place.

Absence of the Safeguarding Co-ordinator or the Deputy Co-ordinator should not delay referral to the Liverpool Safeguarding Children or Adults Partnership.

The Church leadership will support the Safeguarding Co-ordinator/Deputy Co-ordinator in their role. The Church leadership also accept that any information the Safeguarding Co-ordinator/Deputy Co-ordinator have in their possession will only be on a confidential, need to know basis.

Every leader has the right as a citizen to make a direct referral to the safeguarding agencies or, alternatively, to seek advice from Thirtyone:Eight. However, the church leadership hope that church members will, where possible, use the above procedure to respond to allegations or suspicions of abuse. Each leader may, however, directly contact an outside agency, if he/she has any concerns about the way in which the allegation is being handled by the Safeguarding Co-ordinator/Deputy Co-ordinator or if the leader has a disagreement with the Safeguarding Co-ordinator/Deputy Co-ordinator with regard to the appropriateness of the referral.

It is the role of the Safeguarding Co-ordinator/Deputy Co-ordinator to collate and clarify allegation/suspicion details and pass these details on to the Liverpool Safeguarding Children Partnership. Under Section 27 of the Children Act 1989, it is the role of this department to investigate the matter.

[Allegations of physical injury or neglect](#)

In a case where a child has a physical injury or symptom of neglect, it is the Safeguarding Co-ordinator/Deputy Co-ordinator duty of care to:

Contact Liverpool Safeguarding Teams as above (or Thirtyone:Eight) for advice. This particularly pertains to cases of deliberate injury where the Safeguarding Co-ordinator/Deputy Co-ordinator may be concerned about the child's safety or if the child in question is afraid to return home.

Not inform the child's parents/carers unless the Safeguarding Co-ordinator/Deputy Co-ordinator is advised to do so by Liverpool Safeguarding Teams.

Seek medical help if needed. The doctor will be informed of any suspicions. Encourage parents/carers to request assistance, if concerns are less grave (e.g. poor parenting). However, such action should never place the child at risk of injury.

Offer to accompany parents/carers as they seek help from statutory or voluntary organisations, if the parent/carer is unwilling to do so independently. However, in cases of grave concern, if the parent/carer does not adhere to the recommendations made, then Liverpool Safeguarding Teams should be contacted directly for further advice.

Request and follow any advice given by Thirtyone:Eight if the Safeguarding Co-ordinator/Deputy Co-ordinator is unsure whether or not to refer a case to Liverpool Safeguarding Teams. Thirtyone:Eight will confirm their advice in writing.

Allegations of sexual abuse

If an allegation or suspicion of sexual abuse is disclosed, the Safeguarding Co-ordinator/Deputy Co-ordinator will:

- Contact Liverpool Safeguarding Teams or the police. Under no circumstances, will the Safeguarding Co-ordinator/Deputy Co-ordinator speak to the parent/carer or anyone else.
- Contact Thirtyone:Eight and follow the advice given by them if the Safeguarding Co-ordinator/Deputy Co-ordinator is unsure whether or not to contact the Liverpool Safeguarding Teams/Police. Thirtyone:Eight will confirm their advice in writing.

APPENDICES

APPENDIX 1: Types and Indicators of Abuse

General Definitions of Abuse and Neglect

Abuse and neglect are forms of maltreatment of a child or adult at risk. Somebody may abuse or neglect a child or adult by inflicting harm, or by failing to act to prevent harm. Children or adults at risk may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. Children may be abused by an adult or adults, or another child or children.

Types of Abuse – Children

The four definitions (and a few additional categories) of abuse below operate in England based on the government guidance 'Working Together to Safeguard Children (2018)'.

Physical Abuse - Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse - Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse - Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via social media or online). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect - Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, which would be likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing, or shelter (including exclusion from home or abandonment); failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision including the use of inadequate care-givers 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.

Complex (organised or multiple) Abuse - Complex (organised or multiple) abuse may be defined as abuse involving one or more abusers and a number of children. The abusers concerned may be acting in an organised group to abuse children, this can occur in isolation, or may be via an institutional framework or position of authority to recruit children for abuse.

Child Sexual Exploitation - Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

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

Female Genital Mutilation (FGM)- The World Health Organization defined FGM as all procedures involving partial or total removal or stitching up of the female

genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons.

Working Together (2010) stated that:

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

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

A mandatory reporting duty for FGM requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police. The FGM duty came into force on 31 October 2015.

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

Types of Abuse – Adults

Physical Abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic Violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.

Sexual Abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent

exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological Abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or Material Abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern Slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory Abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational Abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and Acts of Omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Incidents of abuse may be one-off or multiple, and affect one person or more.

Additional Types of Abuse – Children & Adults

Spiritual Abuse - Linked with emotional abuse, spiritual abuse could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying or doing things without respecting their right to choose for themselves. Some indicators

of spiritual abuse might be a leader who is intimidating and imposes his/her will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. He or she may say that God has revealed certain things to them and so they know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously God's) acceptance and approval.

In 2013 spiritual abuse was defined as "Spiritual abuse is coercion and control of one individual by another in a spiritual context. The target experiences spiritual abuse as a deeply emotional personal attack. This abuse may include:-manipulation and exploitation, enforced accountability, censorship of decision making, requirements for secrecy and silence, pressure to conform, misuse of scripture or the pulpit to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a 'divine' position, isolation from others, especially those external to the abusive context."(Oakley & Kinmond, 2013)

Signs & Symptoms of Abuse and/or Neglect

Children

Indicators of possible Physical Abuse

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

Indicators of possible Sexual Abuse

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

- Eating disorders – anorexia/bulimia*

Indicators of possible Emotional Abuse

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

Indicators of possible Neglect

- Under nourishment, failure to grow, constant hunger, stealing or gorging food
- Untreated illness, inadequate care, etc.

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

Adults

Indicators of possible Physical Abuse

- History of unexplained falls, fractures, bruises, burns, minor injuries.
- Signs of under or over use of medication and/or medical problems left unattended.
- Any injuries not consistent with the explanation given for them
- Bruising and discolouration - particularly if there is a lot of bruising of different ages and in places not normally exposed to falls, rough games etc.
- Recurring injuries without plausible explanation
- Loss of hair, loss of weight and change of appetite
- Person flinches at physical contact &/or keeps fully covered, even in hot weather;
- Person appears frightened or subdued in the presence of a particular person or people

Indicators of possible Domestic Violence

- Unexplained injuries or 'excuses' for marks or scars

- Coercive, controlling and/or threatening relationship including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence and Female Genital Mutilation.
- Age range extended to 16 yrs.

Indicators of possible Sexual Abuse

- Pregnancy in a woman who lacks mental capacity or is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosures or hints of sexual abuse
- Self-harming
- Emotional distress and/or mood changes
- Disturbed sleep patterns

Indicators of possible Psychological Abuse

- Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
- Intimidated or subdued in the presence of a carer
- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia
- Changes in mood, attitude and behaviour, excessive fear or anxiety
- Changes in sleep pattern or persistent tiredness
- Loss of appetite
- Helplessness or passivity
- Confusion or disorientation
- Implausible stories and attention seeking behaviour
- Low self-esteem

Indicators of possible Financial or material abuse

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents or loss of money
- Sudden inability to pay bills, getting into debt
- Carers or professionals fail to account for expenses incurred on a person's behalf

- Recent changes of deeds or title to property
- Missing personal belongings
- Inappropriate granting and / or use of Power of Attorney

Indicators of possible Modern Slavery

- Physical appearance; unkempt, inappropriate clothing, malnourished
- Movement monitored, rarely alone, travel early or late at night to facilitate working hours.
- Few personal possessions or ID documents.
- Fear of seeking help or trusting people.

Indicators of possible Discriminatory Abuse

- Inappropriate remarks, comments or lack of respect
- Poor quality or avoidance care
- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender or sexuality
- Abuse may be observed in conversations or reports by the person of how they perceive themselves

Indicators of possible Institutional Abuse

- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender or sexuality
- Abuse may be observed in conversations or reports by the person of how they perceive themselves
- No confidence in complaints procedures for staff or service users.
- Neglectful or poor professional practice.

Indicators of possible Neglect and Acts of Omission

- Deteriorating despite apparent care
- Poor home conditions, clothing or care and support.
- Lack of medication or medical intervention

Indicators of possible Self-neglect

- Hoarding inside or outside a property
- Neglecting personal hygiene or medical needs
- Person looking unkempt or dirty and has poor personal hygiene
- Person is malnourished, has sudden or continuous weight loss and is dehydrated – constant hunger, stealing or gorging on food
- Person is dressed inappropriately for the weather conditions
- Dirt, urine or faecal smells in a person's environment
- Home environment does not meet basic needs (for example not heating or lighting)
- Depression

Code of Conduct

Jubilee Church Liverpool 'Behaviour Code'

Working with children, young people and adults at risk of harm

Purpose

This behaviour code outlines the conduct expected of all workers (staff and volunteers). The code of conduct aims to help protect adults at risk of harm, children and young people from abuse and inappropriate behaviour from those in positions of trust, and to reduce the risk of unfounded allegations of abuse being made.

The role of workers (staff and volunteers)

When working with children and young people or adults at risk of harm, you are acting in a position of trust for Jubilee Church Liverpool. You will be seen as a role model and must act appropriately.

Good practice

- Treat everyone with dignity, respect and fairness, and have proper regard for individuals' interests, rights, safety and welfare
- Work in a responsible, transparent and accountable way
- Be prepared to challenge unacceptable behaviour or to be challenged
- Listen carefully to those you are supporting
- Avoid any behaviour that could be perceived as bullying, emotional abuse, harassment, physical abuse, spiritual abuse or sexual abuse (including inappropriate physical contact such as rough play and inappropriate language or gestures)
- Seek advice from someone with greater experience when necessary
- Work in an open environment – avoid private or unobserved situations
- Follow policies, procedures and guidelines and report all disclosures, concerns, allegations, and suspicions to the safeguarding co-ordinator
- Don't make inappropriate promises particularly in relation to confidentiality
- Do explain to the individual what you intend to do and don't delay taking action

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Code of Conduct

Unacceptable behaviour

- Not reporting concerns or delaying reporting concerns
- Taking unnecessary risks
- Any behaviour that is or may be perceived as threatening or abusive in any way
- Passing on your personal and/or social media contact details and any contact that breaches Jubilee Church Liverpool's safeguarding policy regarding social media.
- Developing inappropriate relationships
- Inappropriately smoking and consuming alcohol
- Consuming illegal substances
- Favouritism/exclusion – all people should be equally supported and encouraged

Breaching the Code of Conduct

If you have behaved inappropriately you will be subject to disciplinary procedures (particularly in the case of paid staff where the line manager will consult the safeguarding coordinator as appropriate). Depending on the seriousness of the situation, a variety of outcomes may be possible. We may also make a referral to statutory agencies such as the police and/or the local authority children's or adult's social care departments or DBS. If you become aware of a breach of this code, you should escalate your concerns to the safeguarding coordinator or line manager (in the case of a paid staff member).

Declaration

I agree to abide by the expectations outlined in this document and confirm that I have read the relevant policies that assist my work with vulnerable groups.

Name:

Signature:

Date:

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INCIDENT REPORT (Page 1)

Name of leader completing form:

Date of Incident:

Describe the incident. Include times, names, locations, other leaders involved and witnesses. As far as possible state facts rather than your opinions or feelings.

What action (if any) has been taken so far?



INCIDENT REPORT (Page 2)

This form was completed by (please print name).

Signed.....

Date

**Once completed, hand this form to the Safeguarding Co-ordinator. or
Deputy Safeguarding Co-ordinator.**

Signed.....Date.....

(Safeguarding Co-ordinator/Deputy Safeguarding Co-ordinator - delete as appropriate)

APPENDIX 4: Accident Report



ACCIDENT REPORT (Page 1)

Name of leader completing form:

Date of Accident:

Describe the accident. Include times, names, locations, any equipment involved and witnesses. State as much information as possible.

Was first aid given? Did the injured person require further treatment? (i.e. ambulance/taken by car to A&E)



ACCIDENT REPORT (Page 2)

This form was completed by (please print name).

Signed.....

Date

Once completed, hand this form to the Safeguarding Co-ordinator. or Deputy Safeguarding Co-ordinator.

Signed.....Date.....

(Safeguarding Co-ordinator/Deputy Safeguarding Co-ordinator - delete as appropriate)



ONE PAGE PROFILE

Name:

Photo

What people love about me

What I love

What I'm not so keen on

How I want to be supported

Anything else you need to know about me



DRIVER FORM

Full name:

Address:

I attach photocopies of the following current documents:

- Driving License
- Vehicle Registration
- Certificate of Motor Insurance
- M.O.T Test certificate (if applicable)

Does your licence qualify you to drive a minibus?

I agree to supply updated documents to the Safeguarding Co-ordinator (or Deputy Safeguarding Coordinator) when any of these documents expire. I also agree to inform the Safeguarding co-ordinator (or Deputy Safeguarding Coordinator) of any changes to my vehicle, insurance provider or endorsements to my licence.

My vehicle carries a current tax disc and is in a good state of repair.

I understand that as the driver of a vehicle it is my responsibility to meet all the requirements of current Road Traffic Legislation and that I will make myself fully aware of the laws relating to the carriage of children, details of which can be found here:

www.gov.uk/child-car-seats-the-rules/overview www.gov.uk/highway-code

Signed..... Date.....

OFFICE USE ONLY

Approved/Declined:(Safeguarding Coordinator / Deputy Safeguarding Coordinator)

Date.....

APPENDIX 7: Risk Assessment



Risk Assessment

Hazard Area	Risk	Existing Controls	Risk Level H/M/L	Further Action to Reduce Risk

