



**CHRISTCHURCH
TILEHURST**
Life in Community

SAFEGUARDING POLICY

CHILDREN, YOUNG PEOPLE and VULNERABLE ADULTS

ChristChurch Tilehurst is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and we expect all members and volunteers to share this commitment.

Reviewed: November 2019

Date of Next Review: November 2020

Signed:  Hannah Martin (Designated Safeguarding Lead)

 Dan Dwelly (Safeguarding Elder)

Section 1:

1. Details of the place of worship / organisation

Name of Place of Worship / Organisation: ChristChurch Tilehurst

Address: (Sunday AM) Westwood Farm Junior School ,Tilehurst, Reading, RG31 6RY

(Office) 26 Brooksby Road, Tilehurst, Reading, RG31 6LY

Tel No: 07742 877 290

Email address: info@christchurchtilehurst.org.uk

Membership of Denomination/Organisation: Fellowship of Independent Evangelical Churches

Charity Number: 1169691

Insurance Company: Ansvar Insurance, Ansvar House, St Leonards Road, Eastbourne, East Sussex BN21 3UR

We believe:

- Children, young people and vulnerable adults matter. They should be kept safe, valued, listened to, and their rights and views respected. They have a right to be protected from “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child.” (Article 19 of the UNCRC)
- Work with children, young people and vulnerable adults is a responsibility not to be taken lightly. We must ensure correct, helpful and loving procedures which are fully in line with legal requirements in every area, to the glory of God and for the good of all.
- The church should model best practice as a witness to the community. To this end we are seeking to implement highest quality safeguarding principles and practice in all areas of the life of the church.
- That those who work with children, young people and vulnerable adults need to be adequately valued, equipped and supported. They need to know how to best ensure the safety of those with whom they work and their own safety and the correct procedure in handling possible cases of disclosure of abuse.

CCT Safeguarding Team

Safeguarding Elder: **Dan Dwelly**

Designated Safeguarding Lead: **Hannah Martin**

2. Overall Policy Statement

Definitions:

- **Safeguarding** means proactively involving everyone in keeping all children, young people and vulnerable adults safe and promoting their welfare. Having the appropriate policies and procedures in place also safeguards volunteers, workers and trustees or members. It also means that we can tell parents and carers the safeguards that are in place to protect their children and young people
- **Child Protection** is a central part of safeguarding. It is about protecting an individual child or young person who is identified as either suffering harm or at risk of suffering harm as a result of neglect or abuse.
- **Workers** are those who undertake any sort of work with children or young people. They are required to be aged eighteen years or higher.
- **Helpers** are suitably capable and mature teenagers(aged 13-17) who help out with activities involving children and young people.

- Children, young people and vulnerable adults are part of the church today. They have much to give as well as to receive and will be listened to. In worship, learning and teaching and evangelism we will respect the wishes and feelings of our children, young people and vulnerable adults.
- The managing trustees of ChristChurch Tilehurst, who bear the responsibility for the church's governance, have the ultimate oversight of safeguarding at the church.
- All members of this church commit themselves to the nurturing, protection and safekeeping of all, especially children, young people and vulnerable adults.
- The church will use the Safeguarding Policy and Guidance to ensure safe, wise and high-quality practice with children, young people and vulnerable adults, working together as a team to ensure this.
- The church is committed to supporting and training those who work with children, young people and vulnerable adults and to providing appropriate supervision of their work.
- Workers will only be appointed after initial recruitment checks (safer recruitment) have been carried out as detailed in section 4.1 below.
- The church will ensure that a Disclosure and Barring Service (DBS) check is carried out for each worker. Workers must hold a clear record.
- All new workers will undergo an induction process including familiarisation with the contents of 'SAFEGUARDING: Guidance for Workers and Helpers' All workers must read the guidance sign a declaration to this effect.
- It is the responsibility of each worker to provide a safe environment and to help to prevent the abuse of children, young people and vulnerable adults in whatever form by reporting any abuse disclosed or suspected in the correct way described in the policy and guidance.
- All workers will be required to undergo regular training as set out in the policy and guidance. Helpers will be expected to attend team training sessions.
- Helpers will not be expected to carry out the duties associated with a worker and will not be required to have a DBS check.
- Helpers must never be left alone with children without the presence of a worker.

3. Roles and responsibilities:

The managing trustees of the church:

The role of the managing trustees of the church is to:

- To promote a culture of safeguarding at the church.
- To ensure compliance with international, national and local guidance and requirements.
- To support the work of the Safeguarding Team and any actions taken.
- To ensure that the requirements of the policy and guidance are being carried out.
- To ensure Safeguarding training for staff is scheduled in and attended
- To ensure that the church premises meets the requirements of the Disability Discrimination Act 1995.
- To ensure an annual review of policy, guidance and procedures.

More information on the role and responsibilities of the Trustees can be found at:

<https://apc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fstrategy-for-dealing-with-safeguarding-issues-in-charities%2Fstrategy-for-dealing-with-safeguarding-issues-in-charities&data=02%7C01%7C%7C683008e6297d4c6940e308d774c00711%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637106240410526558&sdata=B%2Bklwe%2FOQrlxAdnj%2FYQvULvt20Cv02YL0%2By8WaL%2Fpl%3D&reserved=0>

The Safeguarding Elder:

A member of the church managing trustees is appointed as the Safeguarding Elder. This is to ensure that the church accepts responsibility for safeguarding at the highest level.

The role of the Safeguarding Elder is:

- To ensure that a safeguarding policy is in place and that it is reviewed annually by the Eldership.
- To ensure that safe recruitment procedures are in place.
- To ensure that procedures are in place for handling allegations against paid staff and volunteers.
- To provide an annual report to the managing trustees about the effectiveness of safeguarding and child protection issues and any allegations.
- To take the role of Deputy Designated Safeguarding Lead, undertaking his responsibilities should there be a disclosure when the Designated Safeguarding Lead is unavailable*.
- To help to develop policy and practice as part of the Safeguarding Team.

* unavailable means on holiday, away from Reading or unable to respond due to ill health.

The Designated Safeguarding Lead

The role of the Designated Safeguarding Lead is:

- To take responsibility for disseminating and implementing safeguarding and child protection procedures within the church.
- To be familiar with ChristChurch Tilehurst's procedures for safeguarding and investigating child abuse.
- To know the relevant contacts within Children's Services and within the church.
- To receive information from workers, volunteers, children, young people, parents and carers about child protection issues including any allegations against staff or volunteers.
- To assess information promptly and take appropriate action.
- To refer child protection concerns to Children's Social Care.
- To ensure that the child/young person and their parents/carers are offered appropriate support
- To maintain records of all information received.
- To be familiar with Children's Social Care and Police procedures for investigating child abuse.
- To monitor safeguarding concerns and report, on an annual basis, to the church leadership.
- To monitor safeguarding procedures in the church including:
 - checking that a parent/carer consent form for every child and young person is completed and stored safely.
 - ensuring that safe recruitment and selection procedures are followed.
 - ensuring that child protection awareness training is undertaken so that staff, including volunteers, know how to recognise and respond to concerns about a child or young person.
 - offering advice, guidance and support to staff and volunteers dealing with child protection.
 - identifying training needs and providing regular training for all workers.

Please note: It is not the role of the Designated Safeguarding Lead to decide whether the child or young person has been abused or not. This is the task of Children's Social Care.

Children's Ministry Leaders

The role of the Children's Ministry Leader(s) is:

- To liaise regularly with the Designated Safeguarding Lead regarding all aspects of safeguarding and child protection.
- To ensure that safeguarding and child protection procedures are carried out effectively on a day to day basis.
- To disseminate information to workers as required.
- To ensure that registration of children and young people is in place.
- To keep an up to date list of all workers and helpers and to share this regularly with members of the Safeguarding Team.
- To oversee safe recruitment and induction of workers.
- To ensure safe practice throughout the work with children and young people, including behaviour management, health and safety, first aid and risk assessment.

CCT Childrens' Ministry Leaders

Creche: Anita Knewell
Sunday School: Penny
Runnalls, Chloe Scott
and Hannah Martin
Connect: Dan Dwelly

Section 2

2.1. Understanding Abuse

This section contains information about the types of abuse which can occur and how to recognise them, including physical signs and symptoms as well as behavioural changes that you might observe. It is informed by the definitions available in Working Together 2018 and the Care Act 2014. Bear in mind that children, young people and adults may be subject to one type of abuse or a combination of types of abuse. The lists of signs and symptoms below are not exhaustive – there may be other signs or symptoms which are not listed below which could be indicators of abuse. Similarly, some of these signs and symptoms will not always be indicators of abuse. The presence of one or more of these signs or symptoms does not necessarily confirm abuse.

2.2. Definitions and signs of abuse in children and young people

Working Together to Safeguard Children 2018 defines abuse as:

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

Type of Abuse	Definition	Possible signs of abuse
<p><i>Physical abuse</i></p> <p><i>Bruising in children who are not independently mobile</i></p>	<p>Involves anything which cause physical harm to a child: for example hitting, throwing, scolding, shaking, suffocating. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.</p> <p>Bruising is the commonest presenting feature of physical abuse in children. Bruising in children who are not independently mobile is of particular concern. The younger the child the greater the risk that bruising is non-accidental. Any bruising or a mark that might be bruising, in a child of any age, who is not independently mobile should be taken as a matter for inquiry and concern and should raise suspicion of maltreatment. It should result in an immediate referral to Children's Social Care Services and an urgent paediatric opinion.</p>	<ul style="list-style-type: none"> ➤ Any injuries not consistent with the explanation given for them. ➤ Injuries that occur to the body in places that are not normally exposed to falls, rough games, etc ➤ Injuries that have not received medical attention. ➤ Admission of punishment that appears excessive
<p><i>Neglect</i></p>	<p>The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. 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:</p> <ul style="list-style-type: none"> ● provide adequate food, clothing and shelter (including exclusion from home or abandonment); ● protect a child from physical and emotional harm or danger; ● ensure adequate supervision (including the use of inadequate care-givers); or ● ensure access to appropriate medical care or treatment. <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional need.</p>	<ul style="list-style-type: none"> ➤ Under-nourishment, failure to grow, constant hunger, stealing or gorging food, ➤ Persistent tiredness ➤ Inadequate hygiene, inappropriate dress ➤ Failure to seek appropriate health care. ➤ Low self esteem

<p><i>Emotional abuse</i></p>	<p>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, 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, although it may occur alone.</p>	<ul style="list-style-type: none"> ➤ Changes or regression in mood or behaviour ➤ Depression/aggression, extreme anxiety. ➤ Obsessions or phobias. ➤ Inappropriate relationships with peers and/or adults. ➤ Inappropriate emotional responses ➤ Attention-seeking behaviour. ➤ Developmental delay, particularly speech and language delay
<p><i>Children in Whom Illness is Fabricated or Induced</i></p>	<p>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).</p>	

<p><i>Sexual abuse</i></p>	<p>Forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening or not. 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 the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>	<ul style="list-style-type: none"> ➤ Allegations made by a child concerning sexual abuse. ➤ Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour ➤ Age-inappropriate sexual play, knowledge or language. ➤ Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, ➤ Eating disorders – anorexia, bulimia. ➤ Repeated urinary infections ➤ Genital injuries
<p><i>Sexual Abuse: Female Genital Mutilation (FGM)</i></p>	<p>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.</p> <p>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. (Working Together 2010)</p>	<ul style="list-style-type: none"> ➤ a long holiday abroad or going 'home' to visit family ➤ a special occasion or ceremony to 'become a woman' or get ready for marriage ➤ a female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt. ➤ have difficulty walking, standing or sitting ➤ spend longer in the bathroom or toilet ➤ withdrawn, anxious or depressed ➤ have unusual behaviour after an absence from school or college ➤ reluctant to undergo normal medical examinations ➤ ask for help but may not be explicit about the problem due to embarrassment or fear.

*Sexual Abuse:
Child
Prostitution*

In Working Together to Safeguard Children (2010) it states:

The Sexual Offences Act 2003 introduced a number of new offences to deal with those who sexually exploit children and young people. The offences protect children up to the age of 18 and can attract tough penalties. They include:

- *paying for the sexual services of a child;*
- *causing or inciting child prostitution;*
- *arranging or facilitating child prostitution; and*
- *controlling a child prostitute. (Section 12.10)*

- Keeping secrets
- Inappropriate sexual or sexualised behaviour
- Repeat sexually transmitted infections
- Repeat pregnancy, abortions, miscarriage
- Receiving unexplained gifts or gifts from unknown sources
- Having multiple mobile phones and worrying about losing contact via mobile.
- Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- Going to hotels or other unusual locations to meet friends
- Contact with known perpetrators
- Unexplained changes in behaviour or personality
- Self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- Injuries from physical assault, physical restraint, sexual assault

*Complex
(organised or
multiple) abuse*

Abuse involving one or more abusers and a number of children. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse. Complex abuse occurs both as part of a network of abuse across a family or community, and within institutions such as residential homes or schools. Such abuse is profoundly traumatic for the children who become involved.

There is no one definitive sign, symptom or injury. A series of seemingly minor events can be as damaging as one major event

2.2. Definitions and signs of abuse in vulnerable adults

The following information relates to the Safeguarding of Adults as defined in the Care Act 2014, Chapter 14. Safeguarding. 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.

<i>Type of Abuse</i>	<i>Definition</i>	<i>Possible signs</i>
<i>Physical Abuse</i>	Encompasses: <ul style="list-style-type: none"> - Assault - Hitting - Slapping - Pushing - misuse of medication - restraint or inappropriate physical sanctions. 	<ul style="list-style-type: none"> ➤ History of unexplained falls, fractures, bruises, burns, minor injuries. ➤ Untreated injuries in various stages of healing or not properly treated ➤ Dehydration and/or malnourishment without an illness-related cause ➤ Soiled clothing or bedding ➤ Physical signs of being subjected to punishment or signs of being restrained ➤ Cowering and flinching ➤ Emotional distress, low self-esteem, untypical self-harm ➤ Telling you they have been hit, slapped or mistreated ➤ Reluctance to get changed, for example in hot weather ➤ Depression

<p><i>Domestic Violence</i></p>	<p>The shared Association of Chief Police Officers (ACPO), Crown Prosecution Service (CPS) and government definition of domestic violence is:</p> <p><i>“any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality.”</i> (Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or stepfamily.)</p> <p>In 2004 the Government’s definition of domestic violence was extended to include acts perpetrated by extended family members as well as intimate partners.</p> <p>Consequently, acts such as forced marriage and other so-called “honour crimes”, which can include abduction and homicide, can now come under the definition of domestic violence.</p>	<ul style="list-style-type: none"> ➤ Unexplained injuries or ‘excuses’ for marks or scars ➤ Withdrawn ➤ Self-harm/depression ➤ 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 16yrs
<p><i>Sexual Abuse</i></p>	<p>Encompasses:</p> <ul style="list-style-type: none"> - 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 - sexual acts to which the adult has not consented or was pressured into consenting. 	<ul style="list-style-type: none"> ➤ Pregnancy in a woman who 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

<p><i>Psychological Abuse</i></p>	<p>Encompasses:</p> <ul style="list-style-type: none"> - emotional abuse - threats of harm or abandonment - deprivation of contact - humiliation, blaming, controlling, intimidation - coercion, harassment - verbal abuse, cyber bullying - isolation - unreasonable and unjustified withdrawal of services or supportive networks. 	<ul style="list-style-type: none"> ➤ Alteration in psychological state eg. 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
<p><i>Financial or material abuse</i></p>	<p>The wilful extortion or manipulation of the vulnerable person's legal or civil rights must be construed as abuse. Such abuse may involve the use of a position of authority or friendship to persuade a person to make gifts, to leave legacies or change a will.</p> <p>Encompasses:</p> <ul style="list-style-type: none"> - misappropriation of monies or goods - the misuse of finances, property or possessions or withholding money - the exploitation of a person's resources or embezzlement. 	<ul style="list-style-type: none"> ➤ Disparity between assets and living conditions ➤ Unexplained withdrawals from accounts or disappearance of financial documents ➤ Sudden inability to pay bills ➤ Carers or professionals fail to account for expenses incurred on a person's behalf ➤ Recent changes of deeds or title to property ➤ Signatures on cheques or other important documents that do not resemble the adult's signature or which are signed when the adult cannot write

<p><i>Modern day slavery</i></p>	<p>Encompasses:</p> <ul style="list-style-type: none"> - Human trafficking - Forced labour - Domestic servitude - Sexual exploitation, such as escort work, prostitution and pornography - Debt bondage – being forced to work to pay off debts that realistically they never will be able to <p>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.</p>	<ul style="list-style-type: none"> ➤ 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. ➤ Isolation from the community, seeming under the control or influence of others ➤ Living in dirty, cramped or overcrowded accommodation
<p><i>Organisational abuse</i></p>	<p>Abuse or mistreatment by a regime as well as by individuals within any setting where care is provided. For example, within a hospital, care home or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.</p>	<ul style="list-style-type: none"> ➤ Lack of flexibility/choice/options ➤ Lack of dignity ➤ Pressure sores; skin tears; dehydration ➤ Person is unkempt and smells ➤ Inappropriate restraint ➤ Staff member has a history of moving job ➤ Lack of privacy, including intercepting mail, restricting visits, control of phone ➤ Derogatory remarks overheard ➤ Public discussion of personal matters ➤ Inadequate or delayed response to medical requests or requests for assistance or support ➤ Staff have an overly controlling relationship with service users and service users' activities ➤ Staff not available

<p><i>Neglect and acts of omission</i></p>	<p>Encompasses:</p> <ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> ➤ Weight loss ➤ Hunger ➤ Thirst/dehydration ➤ Poor personal hygiene ➤ Rashes/pressure sores/lice ➤ Unsanitary conditions ➤ Inadequate clothing ➤ Poor environment – dirty or unhygienic ➤ Untreated injuries and medical problems ➤ Inconsistent or reluctant contact with medical and social care organisations
<p><i>Self-neglect</i></p>	<p>Self-neglect covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings.</p> <p>Encompasses:</p> <ul style="list-style-type: none"> - Lack of self-care to an extent that it threatens personal health and safety - Neglecting to care for one's personal hygiene, health or surroundings - Inability to avoid self-harm - Failure to seek help or access services to meet health and social care needs - Inability or unwillingness to manage one's personal affairs 	<ul style="list-style-type: none"> ➤ Very poor personal hygiene ➤ Unkempt appearance ➤ Lack of essential food, clothing or shelter ➤ Malnutrition and/or dehydration ➤ Living in squalid or unsanitary conditions ➤ Neglecting household maintenance ➤ Hoarding ➤ Non-compliance with health or care services ➤ Inability or unwillingness to take medication or treat illness or injury

Discriminatory abuse

The unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010). It may be persistent conduct or an isolated incident.

- Lack of choice
- Lack of privacy and dignity
- Lack of personal belongings
- Tendency for withdrawal and isolation
- Use of punishments – for example withholding food and drink
- Lack of disabled access
- Being refused access to services or being excluded inappropriately
- Lack of access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Lack of access to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Section 3

3.1. Procedure for responding to a disclosure or concern

The duty of the person who receives information or who has a concern about the welfare of a child, young person or adult at risk is to make a RECORD in writing of the disclosure/ concern and REPORT it by passing on their concerns to the Designated Safeguarding Lead (DSL). If the DSL is not contactable, or they are implicated in the situation, another member of the church Safeguarding Team should be contacted instead. Concerns should be passed on to the DSL within 24 hours of the concern being raised. If anyone is considered to be in imminent danger of harm, a report should be made immediately to the police by calling 999. If such a report is made without reference to the DSL, they should be informed as soon as possible afterwards.

LISTEN	<ul style="list-style-type: none">● It is important to allow time and space for the person to talk● Above everything else listen without interrupting● Be attentive and look at them whilst they are speaking● Show acceptance of what they say (however unlikely the story may sound) by reflecting back words or short phrases they have used● Try to remain calm, even if on the inside you are feeling something different● Be honest and don't make promises you can't keep regarding confidentiality● If they decide not to tell you after all, accept their decision but let them know that you are always ready to listen.● Use language that is age appropriate and, for those with disabilities, ensure there is someone available who understands sign language, Braille etc.● DO NOT ASK LEADING QUESTIONS Why? How? When? Who? Where?
RECORD	<ul style="list-style-type: none">● Preferably within an hour write down the content of your conversation (he/she said, I replied...etc dates and times)● Sign date and keep safely● Copies of blank safeguarding forms (Appendix 1) can be found in a marked folder in the Creche and Sunday School boxes.● If these are unavailable at the time, record the incident on anything to hand.
REPORT	<p>Under no circumstances should someone carry out their own investigation into an allegation or suspicion of abuse. The information disclosed to you is confidential and should only be shared with others on a need to know basis.</p> <ul style="list-style-type: none">● Report concerns/submit any forms as soon as possible to the Designated Safeguarding Lead (Hannah Martin)● In the absence of the Safeguarding Coordinator or, if the suspicions in any way involve the Safeguarding Coordinator, then the report should be made to the Safeguarding Elder (Dan Dwelly)

3.2. Procedure for Designated Safeguarding Lead in response to a disclosure or a concern

The duty of the DSL on receiving a report is to REVIEW the concern that they have received and REPORT the concern on to the appropriate people, where necessary.

The Church Leadership will support the Safeguarding Coordinator in their role and accept that any information they may have in their possession will be **shared in a strictly limited way on a need to know basis.**

This means not telling or hinting to others what has been disclosed, **not even for prayer ministry purposes.**

A record should be kept of all safeguarding incidents and should be considered in the annual review of the church's safeguarding policy. All original reports should be retained safely and securely by the DSL and a written record should be made of the actions taken.

<h2 style="color: blue; margin: 0;">REVIEW</h2>	<p>The DSL:</p> <ul style="list-style-type: none"> ● should take into account their level of experience and expertise in assessing risk to children or adults at risk. ● must take into account any other reports that have been received concerning the same individual or family. ● may speak with others in the church where appropriate (E.g. Pastor and church Safeguarding Team, unless allegations involve them) who may have relevant information and knowledge that would impact on any decision being made. (Such conversations should not lead to undue delay in taking any necessary action.) ● may consult with other agencies to seek guidance and advice in knowing how to respond appropriately to the concerns that have been raised. (thirtyone:eight (CCPAS))
<h2 style="color: blue; margin: 0;">REPORT</h2>	<p>The DPS will decide who the report should be referred on to, working in conjunction with the church Safeguarding Team where appropriate. They may:</p> <ul style="list-style-type: none"> ● refer back to the worker who made the initial report if there is little evidence that a child or adult at risk is being harmed, asking for appropriate continued observation. ● refer the concern to others who work with the child or adult at risk in question, asking for continued observation where appropriate. ● Inform parents / carers under certain circumstances, where doing so would not present any further risk of harm and seek to work with them to offer interventions and support. ● Make a formal referral to the police or CSPOA team. <p>● If <u>an allegation is made against someone who works with adults at risk</u>, it should be reported to the police or Adult Safeguarding Services. If a worker has an allegation made against them, they should step down from all church duties until the incident has been investigated by the appropriate authority.</p>

	<ul style="list-style-type: none"> • If an allegation is made against someone who works with children, the allegation should be reported to the Local Authority Designated Officer (LADO) or equivalent. The LADO is located within Children’s Services and should be alerted to all cases in which it is alleged that a person who works with children has: <ol style="list-style-type: none"> 1. behaved in a way that has harmed, or may have harmed, a child 2. possibly committed a criminal offence against children, or related to a child 3. behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.
	<p>In the event of <u>allegations or suspicions of sexual abuse</u>:</p> <ul style="list-style-type: none"> • Contact the CSPOA Duty Social Worker for children and families or Police Child Protection Team direct. They will NOT speak to the parent/carer or anyone else. • If, for any reason they are unsure whether or not to contact Children’s Social Services/Police. Seek and follow the advice given by thirtyone:eight (formerly CCPAS) Thirtyone:eight will confirm its advice in writing for future reference.

Useful contacts

Children’s Single Point of Access (Office hours):
Reading: 0118 937 3641
West Berkshire: 01635 5030
Wokingham: 0118 908 800290
(The telephone number to be used is dependent on the child’s home address)

Emergency Duty Team (Out of hours): 01344 786543

Adult Safeguarding Services
Reading: 0118 937 3747 (Adult Care Team)
West Berkshire: 01635 519056
Wokingham: 0300 365 1234
<https://www.berkshiresafeguardingadults.co.uk/>

Emergency Duty Team (Out of hours): 01344 786 543

Christian Safeguarding Advise:
thirtyone:eight (formerly CCPAS) :0845 120 4550

3.3. Consent

There is a legal requirement for professionals working with families within Children's Social Care to gain consent under Section 17 of the Children Act 1989 (Children In Need) and/or at Levels 1, 2 and 3. The guidance sets out the need to gain consent from parents or those who have parental responsibility, when professionals wish to:

- a) Refer to another agency for assessment and provision of service. (e.g. to make a referral into the Children's Single Point of Access.)
- b) To allow CSPOA to seek information from professionals in other services such as Police, Health and other partner agencies, and share information with them

Children and young people

All professionals must obtain parental consent when they wish to seek information or share information with other agencies. This consent must be re-sought for each episode of work that a professional undertakes with a family. (For example: if a case is closed and re-referred or re-opened, consent must be re-sought when the case is reopened.)

Professionals must make clear to parents which organisations they wish to seek information from, and who they wish to share information about the family with. If anyone in the family home is aged 16 or over, their individual consent must be sought to seek or share information about them, with other agencies. (It is good practice to record in writing which agencies parents (or other people in the household aged 16 or over) have consented to information sharing with and to provide a copy of this to the parents (or other people aged 16 or over), and place a copy on the child's record in your respective organisation.)

If an adult does not consent to information sharing with a particular organisation or any organisations at all and the concern does not reach a child protection level (Level 4), you cannot seek information from or share information with that organisation until such time as the adult consents.

When can I refer to Children's Social Care without parental consent?

If the referral is considered a Child Protection issue (Level 4- LSCB Threshold document), seeking consent may not be appropriate. In most cases it is appropriate to seek consent; however there are some cases where it is not. Consent should not be sought if doing so would:

1. Place a person (the individual, family member, worker or a third party) at increased risk of **significant harm*** (if a child), or serious harm (if an adult).
2. Prejudice the prevention, detection or prosecution of a serious crime- this is likely to cover most criminal offences relating to children.
3. Lead to an unjustified delay in making enquiries about allegations of significant harm (to a child), or serious harm (to an adult).

Where the parent refuses to give permission for the referral (unless it would cause undue delay) further advice should be sought from the Safeguarding Lead in your organisation and the outcome fully recorded. If, having taken full account of the parents' wishes it is still considered that there is a need for referral:

- The reason for proceeding without parental agreement must be recorded.
- The parent's withholding of permission must form part of the verbal and written referral to LA children's social care.

- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

Vulnerable adults

For adults at risk, concerns will only be referred to the **police or SSPOA** without consent where:

1. the person lacks the mental capacity to make such a choice
2. there is a risk of harm to others
3. in order to prevent a crime

* **Significant Harm:** This relates to the degree of harm that triggers statutory action to protect a child. It is based on the individual child's health or development compared to that which could reasonably be expected of a similar child, e.g. severity of ill treatment, degree and extent of physical harm, duration and frequency of abuse and neglect, premeditation. Department of Health guidance suggests that 'significant' means 'considerable, noteworthy or important.'

Remember!

You should always talk to parents and carers when you have a child in need or a child protection concern, unless to do so would place a child at risk of harm by informing them that you intend to share information with other agencies and make a referral to Children's Social Care.

If you are unsure about whether your concern reaches a child protection level, phone the Children's Single Point of Access on 0118 937 3641 (or the Emergency Duty Team out of hours) before you talk to parents and carers.

Where a professional decides not to seek parental permission before making a referral to Children's Social Care, the decision must be recorded in the child's file with reasons, dated and signed and confirmed in the referral to Children's Social Care.

[http://www.reading.gov.uk/media/8877/SPA-Consent-Guide-May-2018-2/pdf/SPA Consent Guide May 2018 \(2\).pdf](http://www.reading.gov.uk/media/8877/SPA-Consent-Guide-May-2018-2/pdf/SPA%20Consent%20Guide%20May%202018%20(2).pdf)

Section 4

4.1. Safe recruitment

It is perfectly acceptable for procedures to be more informal for churches than it would be for those organisations which are seeking volunteers from the general public. However, this informality can make churches particularly vulnerable. Informality should not be confused with being casual about the importance of safeguarding children and young people. If someone expresses an interest in volunteering for a role that brings them into contact with direct contact with children, young people or vulnerable adults, the following procedure will be followed:

- They will be invited by the Ministry Leader to observe the ministry and discuss what is involved in taking on the role.
- If they wish to proceed, they will be given a copy of the 'SAFEGUARDING: Guidance for Workers and Helpers' and worker application form (including a self-declaration form)(Appendix 2). The Safeguarding Lead will be advised of this.
- The Ministry Leader will meet with the applicant to discuss their application, role responsibilities and answer any questions that the applicant might have. Care will be taken to probe any issues (relevant to safeguarding) which cause concern.
- The Ministry Leader will forward the details of the referees (If references are needed) to the Safeguarding Lead who will take up two references (as set out on the application form). The returned references (Appendix 3) are to be addressed to the Ministry Leader and treated as confidential. Only the Ministry Leader and Designated Safeguarding Lead should see copies of applications and references.
- The Safeguarding Lead will meet the applicant, verify support documentation and apply for DBS clearance.
- On receipt of satisfactory references and DBS check, the applicant will need to sign to say that they have read and understood the guidelines laid out on the 'SAFEGUARDING: Guidance for Workers and Helpers'
- New workers will be monitored by the Ministry Leader for an initial three-month probationary period.
- It will be expected that all workers should undertake regular training on Safeguarding and Child Protection, as determined by the Safeguarding Team.

In addition:

- No leader or helper will be appointed without the authorisation of the Church Leadership
- All leaders and helpers should normally be Church members or associates (or be in the formal process of becoming a member or associate). Creche ministry will allow
- For some applicants, e.g. those who have grown up in the church and are well known to us, a shortened process may be employed. In this case, references may not be necessary. Until satisfactory references and a clear DBS check has been received, applicants **must not be left unsupervised** with children or young people. while carrying out their role.
- Leaders and helpers should be over 18 years of age. Church members under 18 years of age may serve as assistant helpers provided they are under adult supervision. Young people under 18 years of age may not be counted in the adult/child ratio.
- Confidential records of all decisions to appoint or otherwise should be dated, signed and kept by the DSL (including copies of applications and references).

4.2. Code of conduct

Ultimately child protection is about looking after children and protecting them from harm. However, you also need to protect yourself against any accusations relating to child protection. This means not putting yourself in a position of vulnerability when working with children. All members of ChristChurch Tilehurst are responsible for their own professional and personal behaviour and are required to conduct themselves in a manner which does not cause offence or act as a stumbling block to another person in our congregation. We each have a responsibility to treat each other with dignity and respect and to ensure that the congregation of CCT are safeguarded against harassment.

As a Church Leadership we are committed to supporting all workers and ensuring they receive support and supervision. The Church Leadership undertakes to follow the principles found within the 'Abuse Of Trust' guidance issued by the Home Office and it is therefore unacceptable for those in a position of trust to engage in any behaviour which might allow a sexual relationship to develop for as long as the relationship of trust continues. The following guidelines are provided for all those working with children and young people:

Conduct Guidelines

Avoid one-on-one situations: The easiest way to avoid false abuse allegations is to follow a policy where no adult is left alone with a child.

Make it easy for others to check in: Be aware of your surroundings. Ensure visibility if holding one-on-one conversations with members of the opposite sex. Be aware of closed doors/window blinds. Church meetings with a member of the opposite sex should include a chaperone.

Be aware of your actions: Make sure you are behaving in a way that cannot be misinterpreted or can be perceived as inappropriate. (i.e. flirtatious or harassing behaviour).

Be aware of physical contact: Physical contact with a child should not occur although there will be occasions where a child may initiate affection i.e. a hug. If this occurs, you should be visible to others. Touch should be related to the child's needs, not the worker's. Touch should be age-appropriate and generally initiated by the child rather than the adult.

Intimate contact should never take place: It is unacceptable for Youth Team leaders or helpers to engage in any behaviour that might allow a sexual relationship to develop whilst the relationship of trust continues. There is no reason for intimate contact, this should never occur, without exception.

Remember not to share personal information: There is no reason for a child to have your personal information this includes your mobile telephone number or home address. By sharing this information, you are indicating a 'special relationship'.

Never promise a child to keep anything a secret: This could suggest a special relationship and could be seen as inappropriate.

Think about social networking: Do not accept friend requests or personal messages on any social networking sites from children. In the case of exceptions, parental approval should be sought first.

Look out for each other: Help safeguard each other by not putting others in vulnerable situations. Take CCT's safeguarding policy, advise and tips seriously

4.3. Social Networking

Social networking sites are very popular with children and young people. They are increasingly being used by children and young people to communicate with one another. It is recognised that social media can be used constructively for information sharing. However, there are dangers which should be avoided. The following recommendations are provided to ensure safe use of social media:

- All communication should be accessible to others, unless it needs to be private, e.g. if someone is mentoring a young person, in which case another leader should be copied in to correspondence.
- Ambiguous language/ terminology should be avoided
- Leaders must ask parent's permission if they are communicating with their children on social networking sites.
- Leaders should not accept friend requests or personal messages on any social networking sites from children. In the case of exceptions, parental approval should be sought first.

4.4. Pastoral Care

Supporting those affected by abuse

The Church Leadership is committed to offering pastoral care, working with statutory agencies as appropriate, and support to all those who have been affected by abuse who have contact with or are part of the place of worship / organisation. Pastoral care and support through the Church's groups and activities will be at the core of this. Matters will be dealt with on a confidential basis.

Working with offenders

When someone attending the place of worship / organisation is known to have abused children the Church Leadership will supervise the individual concerned and offer pastoral care, but in its safeguarding commitment to the protection of children, set boundaries for that person which they will be expected to keep.

- The Safeguarding Team will make contact with all relevant authorities (e.g. supervising probation officer, social services, police etc.)
- They may also seek advice from other bodies such as Thirtyone:eight and the FIEC in drawing up a contract which will set agreed boundaries to the offender's participation in any Church activities. The contract will be drawn up in accordance with the best advice at the time of writing.
- The contract will be signed and reviewed by the Safeguarding Team every six months unless there are changes in circumstances which may warrant a review before this.

Details about a convicted offender will be shared on a need-to-know basis which will include all the Church Leadership (the Elders) and all Leaders of church groups involving children and young people. The aim will be to ensure that the person concerned is not allowed contact with children.

Section 5

5.1. Parental permission

Parental consent forms (See appendix 4) should be filled in by the parent or guardian of all children wishing to attend CCT youth ministries. No children should be allowed to take part in any activity without the written consent of the parent or guardian.

Group leaders must ensure that parents or guardians of children and young people attending Church activities (whose parents are not present) are fully aware of all activities planned. Wherever possible, detailed, planned and printed programmes should be given to each parent at the beginning of each term.

Filming or Photography

Written parental permission will be obtained of all children and young people who will appear in a photograph, video or webcam image BEFORE the film or photograph is taken. Permission will be sought as part of the consent form (Appendix 4). Photographs of children will not be used on the church website, nor used for publicity purposes, nor stored by the church in a permanent filing system without written permission from parents.

5.2. Keeping Records of Children

The Ministry Leader must ensure that up to date records are kept for all children in their care. These should include:

- Full name
- Address (including post code)
- Date of birth
- Emergency contact details of parents or carers (X2)
- Details of any health conditions, medication or allergies

Please note the following:

- Group leaders must maintain accurate registers of children, workers and any visiting adults (including parents and carers) at every session. This is to be securely stored in the group's box. Registers are to be handed to the DSL at the end of each term and they must be stored until the children reach the age of 25 years.
- Any accidents or injuries, no matter how small, should be recorded on a church incident form (kept on the welcome desk for activities held on site) and a written note must be handed to the parent/carers. Vigilance is particularly important in the case of bumps to the head.
- For safeguarding and child protection issues, the guidelines in Section 3 should be carefully followed.
- All information must be stored and used in accordance with the CCT's Data Protection Policy.

5.3. Staff Ratios

Guidelines for staff ratios are based on NSPCC “Recommended adult to child ratios when supervising children” (NSPCC 2014)

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

Please note:

- There should always be at least two adults with any group.
- Married couples should not be put on the rota to be a teacher and helper together.
- If the ratio is not met the event does not take place (e.g. children are sent back into the church service).
- Helpers (under 18s) must not be included when calculating adult:children ratios. Helpers themselves should be under the supervision of adult workers.

5.4. Behaviour management

Workers and helpers should control children or young people in a positive way without using physical punishment. If a child is disruptive or their behaviour is unacceptable and they do not respond to correction from a team leader, the parent/carer should be contacted by the leader or nominated worker.

Examples of unacceptable behaviour include:

Swearing, Fighting, Racism/sexism, Leaving the building without permission, Dangerous behaviour, Bullying, Teasing/name calling, Aggressive behaviour, Disrespect to people, Disrespect of property, Refusal to follow behaviour code, Refusal to follow instructions from leaders, Deliberate disruption of meetings/activities.

How behaviour is managed.

1. Children are regularly reminded of Sunday School’s golden rules: Respect your leaders, Respect each other, Respect the property
2. When a child breaks one of the golden rules, gently and firmly remind them of the golden rule they are breaking and remind them of the positive behaviour we expect. E.g. You are not ‘Respecting your leaders’ at the moment. Please remember not to shout out over your teacher. or You are not ‘Respecting our property’ by swinging on the chairs. Please keep your chair flat on the floor.
3. If unacceptable behaviour continues, remind the child of the golden rules and warn them that if their behaviour continues we will have to inform their parents.

4. At the end of a session, if the behaviour of a child has been constantly disruptive, the teacher should speak to their parent. Tell the parent why there has been a need to speak to them and what steps were taken in class to manage their child's behaviour. Inform them that if their child's behaviour continues to disrupt lessons, they may be asked in future to return to their parent in the service.

Please note:

- All new workers and helpers should be trained in positive discipline techniques as part of their induction.
- Sunday School/Creche/Connect team meetings should always review discipline strategies to ensure everyone is being consistent.

5.5. Bullying

Children are sometimes the subjects of bullying by other children. This could be verbal or physical. Leaders and helpers must be alert to this. We are committed to providing a safe environment where all the children and young people who attend clubs and activities run by the church can participate in a secure atmosphere.

Bullying is not acceptable. If children report any incidents of bullying to leaders and helpers or if leaders and helpers are aware of bullying they should report incidents to the Group Leader.

The following actions should be taken: The leader or helper should:

- Report verbally to the Group Leader exactly what they have been told, seen or heard.
- Put this in writing as soon as possible on an incident form that should be given to the Safeguarding Lead. The leader and helper concerned will speak to the person being bullied and the alleged bully separately and privately. It is not appropriate to promise total confidentiality. Matters should be dealt with on a need-to-know basis.
- Each person should be asked to explain what has happened and reasons why. (Leaders and helpers should avoid asking leading questions.) A factual record should be made of exactly what each person has said, avoiding any interpretation.
- Reassurance should be given to the person being bullied that the matter will be dealt with. It must be explained that the leader will have to talk to the Safeguarding Coordinator and to their parents.
- Explain that bullying is unacceptable.
- If appropriate it may be possible to have a private meeting where the person who has bullied is asked to apologise. Do not do this without discussing this with the relevant Group Leader, who will act in consultation with the Safeguarding Lead/Youth and Children's worker and parents.
- After consultation with the Safeguarding Lead it may be necessary to take other action.
- Speak privately to the parents of the person being bullied and explain the situation without naming the person who has bullied. Reassure parents about our policy and what is being done.
- Speak privately to the parents of the person who has allegedly bullied, without naming the person they bullied. Explain that this behaviour is unacceptable and what steps have been taken. Refer parents to our policy.
- After the incident has been dealt with monitor the situation to ensure that there is no repeat of the behaviour.

Section 6



CHRISTCHURCH
TILEHURST

6.1. First Aid

The exact location of a suitable first aid kit and the accident book should be known to all leaders. For off-site activities an outdoor first aid kit should be taken. It is the leader's responsibility to ensure that the first aid kit has been checked before being taken out. The Church has a designated person responsible for equipping the first aid kits. At least one leader or helper on site should have sufficient knowledge of First Aid procedures. (The Health and Safety Lead for CCT will be responsible for organising the relevant training at regular intervals. At present the one-day Emergency Course (6 hours teaching time) is recommended, repeated every 3 years.)

- In the event of an accident or other injury a qualified first aider should administer first aid.
- Gloves should be worn when administering first aid. This is essential if dealing with body fluids.
- When giving expired air resuscitation a mask should be used.
- Details of the accident/injury should be recorded in the accident books to be found with the first aid box. The record should be completed as soon as possible – no longer than 24 hours.
- Parents should be informed of the accident when the child/young person is collected.
- If the accident or injury requires further medical treatment, i.e. an ambulance is called, a doctor is consulted or hospital treatment is required, then an incident form must also be completed. Parents must be contacted as soon as possible. A copy of the incident form should be given to the Safeguarding Coordinator within 24 hours.
- If there is a health and safety issue involved, e.g. there is a fault in the fabric of the building that has caused the accident, a copy should also be given to the Health and Safety Lead for CCT
- Subsequent to emergency action (e.g. emergency aid, calling ambulance and police), if there is a death caused by an accident, the Safeguarding Lead must be informed immediately by phone and a written record made and accident and incident forms filled in. They will contact the Health and Safety Lead within 10 days. If there is an accident leading to a person being unable to work for more than three days the Safeguarding Lead must be informed in writing and the HSE informed. The Church solicitors and insurers should also be informed.

6.2. Medication

Parents may request that medication is given to a child/ young person during an activity. In this circumstance:

- A medication request form should be completed. (see appendix 5)
- The medication should be given to the Group Leader in charge or another leader designated by them.
- Medication should be kept in a safe place according to the instructions given on the medication request form



6.3. Food and Drink

Care must be taken to ensure all leaders of CCT youth ministries are aware of any child food allergies if food/drink is being offered as part of a session. Allergies should be made clear on the registers.

6.4. Health and safety

A risk assessment will be written annually for each children's or youth ministry. This will be reviewed and signed by the Youth and Children's worker, the Health and Safety Leader, or another individual appointed by the Church Leadership who has expertise in this field. It is expected that all leaders and helpers have read the risk assessment for the group in which they are involved. Leaders should also familiarise themselves with the CCT's Health and Safety Policy. In addition:

- Leaders and helpers should be aware of the location of fire appliances, emergency exits and the procedure for safe evacuation.
- Each group should hold regular fire drills, where possible once a term. Fire drills should be recorded on the groups register
- All rooms to be used should be checked by leaders and helpers for hazards, eg stacks of chairs that may fall over, or blocked fire exits. When preparing for a meeting, leaders must ensure that all fire exits are unlocked from the inside.
- All entrances and exits should be checked to ensure that a child may not slip out unnoticed or a stranger gain access to the premises.
- The maximum number of people allowed on the premises should not be exceeded at any time.
- In planning activities, it is the responsibility of the Group Leader to ensure that activities undertaken do not present any undue risk for children or leaders.

6.5. Incidents

Incident forms should be available to every group. Incident forms should be completed for the following:

- Bullying
- Violence toward other children or adults involved in the group
- Damage or theft of property of the Church or individuals within the group
- Verbal abuse directed at children or adults
- Child or adult attending a meeting with a notifiable disease
- Accident or injury that requires medical assistance to be sought
- Racial abuse