

Horsecastle Evangelical Church

Safeguarding Children Policy

Author:	E. Cruse	Source:	Model & existing policy
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This policy was agreed by the Trustees of Horsecastle Evangelical Church on

Safeguarding is taken seriously by Horsecastle Evangelical Church.

We acknowledge children's right to protection from abuse. We consider the welfare of children is paramount. We will follow legislation, statutory guidance and recognised good practice to in order to protect children in our church.

We will seek to establish a caring environment in which there is an informed vigilance about the dangers of abuse.

We will implement, maintain and regularly review the procedures outlined in this policy, which are designed to prevent and to be alert to abuse.

We will appoint a Designated Safeguarding Lead and Deputy, who will have responsibilities for safeguarding, although we recognise that safeguarding is a whole church responsibility. The Designated Safeguarding Lead is the person to whom all concerns or allegations should be addressed. In the absence of the Designated Safeguarding Lead, the Deputy Designated Safeguarding Lead should be contacted.

We will organise activities in such a way as to promote a safe environment and minimise the risk of harm to children and adults.

We will follow a safer recruitment process for the selection and appointment of people to work with children, whether voluntary or paid.

We are committed to providing support, supervision, resources and training to those who work with children.

Should a known offender wish to attend the church they will be rigorously and carefully supervised and will not be permitted to attend activities where children are present.

We believe that domestic abuse in all its forms is unacceptable and inconsistent with a Christian way of living and recognise that it can affect both adults and children.

All concerns and allegations of abuse will be responded to appropriately, including referring to statutory authorities if necessary.

We will co-operate with the statutory authorities in any investigation, will follow multi-agency decisions and will maintain confidentiality of any investigation to those directly involved.

We will refer concerns about staff and volunteers that meet the relevant criteria to the North Somerset Designated Officer (DO) (formerly known as the LADO). Note: In North Somerset the Designated Officer's full title is Designated Officer for Allegations (DOfA).

Our safeguarding policy statement is attached as Appendix 1.

Aim and purpose of this policy

The aim of this policy is to provide procedures for promoting safeguarding, preventing abuse and protecting children and those working with children. This includes taking appropriate action when safeguarding concerns are raised involving children and adults within our church, or those who attend our activities and events.

Who this policy applies to

This policy is approved and endorsed by the Trustees and applies to:

- All those who attend our church
- Our trustees and children's team leaders (both paid and voluntary)
- Anyone working with children on behalf of the church

Children and parent/carers will be informed of our policy and procedures.

The term 'children' refers to those under the age of 18.

Duty of care and confidentiality

We have a duty of care to children and adults within our church, or those who attend our activities and events. We will maintain confidentiality at all times, except in circumstances where to do so would place the individual or another individual at risk of harm.

Preventing abuse

The church will appoint a Designated Safeguarding Lead and Deputy for safeguarding children and adults. A description of the role is attached as Appendix 2.

Activities will be organised in accordance with the good practice guidelines (attached as Appendix 3) so as to promote a safe environment and healthy relationships, whilst minimising the opportunities for harm, misunderstanding or false accusation. For each event, risk assessments will be carried out, appropriate consent forms will be used, appropriate records will be kept and adequate insurance be in place.

We are committed to safer recruitment and selection for all children's leaders and will ensure that these procedures are followed, which include:

- Completing self-declaration forms
- Obtaining Disclosure and Barring Service (DBS) checks when legally entitled to do so. These checks will be carried out every three years.
- Interviewing potential Children's Team Leaders.

All trustees and Children's Team Leaders (paid and voluntary) will work within the good practice guidelines (attached as appendix 3).

If we become aware of someone within our church known to have harmed adults or children in the past, we will inform the Designated Safeguarding Lead and Deputy, who will work with relevant statutory authorities to put a plan in place to minimise the risk of harm to children.

What are we protecting children from?

A copy of the definition of abuse is attached as Appendix 4.

How to recognise abuse

It is important to be aware of the possible signs and symptoms of abuse, please see Appendix 5. Some signs could be indicators of a number of different categories of abuse.

It is essential to note that these are only indicators of possible abuse. There may be other, innocent, reasons for these signs and/or behaviours. They will, however, be a guide to assist in assessing whether abuse of one form or another is a possible explanation for a child's behaviour.

What to do if there is a disclosure or allegation of abuse

If a child makes a disclosure that they are being abused and/or an allegation of abuse against some, it is important that the person being told:

- Stays calm and listens
- Reassures them that they have done the right thing in telling
- Does not investigate or ask leading questions
- Explains that they will need to tell someone else if anyone is at risk of harm, in order to help them
- Does not promise to keep secret what they have been told
- Informs the church Designated Safeguarding Lead (or Deputy in his absence) as soon as possible
- Make a written record of the allegation, disclosure or incident and signs and dates this record (using template in Appendix 6). Any notes taken at the time should be kept and attached to this document. This should then be given to the church Designated Safeguarding Lead (or Deputy in his absence) and stored securely in a locked cabinet.

Procedure in the event of a concern of abuse.

If there is an immediate threat of harm, the Police should be contacted without delay.

Where it is judged that there is no immediate threat of harm, the following will occur:

- The concern should be discussed with the church Designated Safeguarding Lead (or Deputy in his absence) and a decision made as to whether the concern warrants a referral to the statutory authorities.
- A confidential record will be made of this conversation and the circumstances surrounding it using the template at Appendix 6. This record will be kept securely and a copy passed to statutory authorities if a referral is made.

- The person about whom the allegation is made must not be informed by anyone in the church if it is judged that to do so could place a child at increased risk. If the statutory authorities are involved, they should be consulted beforehand.
- A church Elder should be kept informed of any serious concerns.

If an allegation concerns a church Children's Team Leader

For any concerns relating to children, the North Somerset Designated Officer for Allegations (DoFA) will be contacted by the Designated Safeguarding Lead or Deputy in conjunction with an Elder. The timing and method of any action to be taken will be discussed with the DoFA. This will cover communication with the worker, suspension, investigation and possible strategy meetings. A decision taken by DoFA about when to inform the worker and church will follow this advice. See <http://www.northsomersetsafeguarding.co.uk> for more details.

In such cases, a report will also be made to the charity commission, as they deem such a referral to be a 'serious incident' and therefore require notification.

Horsecastle Evangelical Church

Safeguarding Policy Statement

The following statement has been agreed by the Trustees of Horsecastle Evangelical Church.

This church is committed to the safeguarding of children and adults at risk, and to ensuring their well-being.

We believe that all children should know that they are valued within the church and safely enjoy and have access to every aspect of the life of our church.

We recognise that we all have a responsibility to help prevent the physical, emotional, sexual abuse and neglect of children.

We recognise that domestic abuse affects both adults and children and believe that domestic abuse in all its forms is unacceptable and inconsistent with a Christian way of life.

We will report any abuse of children that we discover or suspect.

Where an allegation suggests that a criminal offence may have been committed, the police will be contacted as a matter of urgency.

We recognise that Children's Services has responsibility for investigating all allegations or suspicions of abuse where there is a concern about a child.

We acknowledge that the Local Authority Designated Officer for Allegations has responsibility for dealing with all allegations and concerns about people working with children, whether paid or voluntary workers.

We recognise that safeguarding is a whole church responsibility.

We are committed to:

The establishment of a loving environment, which is safe and caring, and where there is an informed vigilance about the dangers of abuse.

Following the relevant legislation, statutory and specialist guidelines in relation to safeguarding children and adults at risk.

Ensuring that we keep up to date with national and local developments relating to safeguarding.

Building constructive links with the relevant Voluntary and Statutory Authorities

Taking all reasonable steps to ensure that as a church, everyone works within the agreed procedures of our safeguarding policies.

Supporting the Designated Safeguarding Lead and Deputy in their work and in any action they may need to take in order to protect children.

Following safer recruitment principles in the appointment and selection of all those who work with children, be they volunteer or paid workers.

Supporting, supervising, resourcing and training all those who undertake work with children.

Ensuring that the children we have contact with know that they are valued and feel empowered to tell us if they are suffering harm.

Reporting any abuse of children that we discover or suspect.

Supporting all those in our church who are affected by abuse.

Supporting and supervising those who pose a risk to children, implementing contracts of behaviour, whilst bearing in mind the overarching principle that the welfare of the child is paramount

If an assessment is made that someone poses an unmanageable risk to those in need of protection and could not safely attend our church, we will ensure that they continue to be offered pastoral care and will signpost them to appropriate agencies for support

The role of the Designated Safeguarding Lead and Deputy

Context

We believe that children deserve the best possible care that the church can provide and that the church should be a safe place for everyone involved.

We recognise and give thanks for the time and devotion given by anyone carrying out this role.

Purpose of the role:

- To coordinate safeguarding policy and procedure in the church.
- To be the first point of contact for safeguarding issues.
- To be an advocate for good safeguarding practice in the church.

Responsibilities

To coordinate safeguarding policy and procedure in the church

- To familiarise themselves with church policies and procedures and good practice guidelines in safeguarding and to keep abreast of any changes and developments.
- To ensure that church policies and procedures are reviewed annually, kept up to date, and are fit for purpose.
- To make others in the church aware of the church safeguarding policies and procedures.
- To ensure safer recruitment practices are operated in the recruitment of all workers (both volunteers and paid) including, but not exclusively, ensuring that the relevant workers have up to date (three yearly) Disclosure and Barring Service (DBS).

To be the first point of contact for safeguarding issues

- To be a named person that children / adults at risk, church members and outside agencies can talk to regarding any issue to do with safeguarding.
- To be aware of the names and telephone numbers of appropriate contacts within Social Care and the Police in the event of a referral needing to be made.
- To be aware of when to seek advice, and when it is necessary to inform Social Care, the Police or the Local Authority Designated Officer for Allegations (DOfA) of a concern or incident.
- To take appropriate action in relation to any safeguarding concerns which arise within the church.
- To cooperate with Social Care or the Police in safeguarding investigations relating to people within the church.
- To ensure that appropriate records are kept by the church, and that information in relation to safeguarding issues is handled confidentially and stored securely.
- To inform the Elders at the time of any referrals made to the statutory authorities, or of any information received from the statutory authorities.

To be an advocate for good safeguarding practice in the church

- To promote sensitivity within the church towards all those affected by the impact of abuse.
- To promote positive safeguarding procedures and practice and ensure procedures are adhered to.
- To arrange and/or promote opportunities for training in safeguarding to any relevant members of the leadership team and congregation, including both paid staff and volunteers.
- To seek appropriate support and advice in carrying out this role.

Good Practice Guidelines

Programmes and Consent

The leaders in charge of each of the different works within the Youth team (i.e. Friday Club, All Sorts, etc.) must ensure, as far as possible, that parents or guardians of children attending activities of the church are aware of the nature of the activities planned *before* they send their child. Wherever possible, detailed programmes should be printed and given to all parents/guardians by the beginning of each term/half term.

Parental 'Youth Work Consent Forms' (see Appendix 7) must be filled in by a parent/guardian for each child wishing to attend any club or activity. These forms must then be stored safely and all leaders and helpers of the relevant club/activity must know where they are in case of an emergency.

Leaders should familiarise themselves with the Consent Forms and be aware of any medical conditions (included on the forms) that might affect a child's ability to take part in an activity. It is the group leaders' responsibility to brief the other leaders where a child has such a condition. In such circumstances sensitivity needs to be shown, remembering that the information on the form is confidential and the child might not want his/her situation made known.

Usual Staff Ratios

On Site Activities

Children under 7 years – two adults for up to 8 children and one additional adult for each additional 8 children or part thereof

Children over 7 years – two adults for up to 8 children and one additional adult for each additional 12 children or part thereof

(Both male and female leaders must be present on the premises whilst activities for mixed-sex groups are taking place)

Off -Site Activities

Children under 8 years – one adult for every 4 children, or part thereof

Children 8-11 years – one adult for every 6 children, or part thereof

Children over 11 years – one adult for every 8 children, or part thereof

(Both male and female leaders must be present at all activities for mixed-sex groups)

Swimming

Particular care needs to be taken when planning swimming events. Please note the following:

- At least 2 male leaders and 2 female leaders are needed for mixed groups
- Some swimming pools have more stringent requirements about adult to child ratios. These need to be checked in advance and complied with.
- Attention must be given to the swimming ability of the group and a higher adult to child ratio adopted where appropriate.

First Aid

There must always be a sufficient number of appropriately trained First Aiders within the Youth Team so that a First Aider can be appointed for each activity. The church will fund suitable training for members of the Youth Team so that this is possible.

The leaders in charge of each of the different works within the Youth Team are responsible for ensuring that First Aid will be available to the children attending the activity at all times. To do this the leader must have an appointed First Aider at each activity.

There shall be two properly stocked First Aid Kits for Youth Team use. One will remain on the Church premises and the other will be for Off-Site use. An Accident Book shall be kept with each Kit.

The appointed First Aider for each session shall ensure that a First Aid Kit is available for each session and shall be released from other responsibilities to deal with an incident if it arises.

Any incident or accident requiring First Aid, however, minor, should be recorded in the Accident Book by the appointed First Aider.

Wherever an incident or accident has taken place the Leader in charge of the activity must ensure that the parents/guardian of the child are informed directly at the end of the session or by telephone or visit as soon as possible thereafter.

Safe Practice

A neat and 100% accurate Attendance Register of children and leaders must be kept for every activity and completed at the start of the session. The leader in charge must always keep the register close to hand throughout the session in case of an emergency (or delegate the task to another suitable leader).

Leaders should be aware of the location of fire appliances, emergency exits and their Evacuation Procedures (which need to be talked through with the children and where appropriate occasional Fire Drills need to be held).

On arrival prior to an activity leaders should check all rooms for any hazards (e.g. stacks of chairs that may fall over, blocked fire exists etc.)

In planning activities it is the responsibility of the Youth Team to ensure that such activities do not present any undue risk to the children or leaders. Risk assessments should be carried out for all activities and reviewed regularly.

All equipment used should be in good order so as not to be dangerous for the children.

Leaders must take care in their **personal interaction** with the children and young people. Leaders must not assume that their own style of interaction with or discipline of, children is appropriate within the Youth Team. The way we deal with children must be right, fit the context and be consistent across the team. Leaders must observe the following rules of thumb –

- **do not be alone**

There are some *exceptional* situations when being alone with a child (or 2) is unavoidable. However every care should be taken to avoid this wherever possible. If you do have to take a child into another room (for example because they have been removed from the main activity for misbehaviour – and discipline in the main room has proved impossible) always tell another leader that you are going *and* stay in view of those in the main activity (e.g. by leaving a door open).

- **do not be physical**

Care should be taken with physical contact – it can be misinterpreted. All leaders need to take care not to allow the children or young people to involve them in attention seeking that is physical in nature.

Discipline at the clubs must never be physical. If a child does have to be physically held to prevent fighting it should be done as gently as possible.

Leaders should look out for each other during clubs and activities to provide each other with support e.g. do not stand around chatting to other leaders when there is work to do and be ready to go to the assistance of a leader if you notice they are in a vulnerable situation (e.g. alone with a child.)

Leaders and helpers need to be ready to learn from one another to develop their own good practice. It is everyone's responsibility to encourage an atmosphere of mutual support and care which allows all workers to be comfortable enough to discuss inappropriate attitudes and behaviour.

Off Site Activities (including camps)

Parents and guardians shall be given full details of the arrangements for any special off-site events (including camps). As much information as possible should be given about activities, transport, supervision and sleeping arrangements (where relevant) and full details of the location of the event or camp (including full address and telephone number where possible – so that parents/guardians can contact their children in an emergency).

A separate Consent Form for each off site activity must be obtained from parents/guardians to check they are happy for their child to attend and to obtain an emergency contact number for during the activity. (A special Camp Consent Form is included in this policy as Appendix 8).

The leader in charge of the off-site activity or camp must ensure that they take all relevant Consent Forms with them – and they must keep them close to hand at all times (i.e. If the group is away on a camp and goes out for the afternoon the Consent Forms must not be left at the accommodation).

If the children are to be taken swimming or are to participate in any other water sport, the separate consent form must ask if the child can swim 50 metres and tread water. This allows non-swimmers and weak swimmers to be identified in advance for extra supervision in the water.

A First Aider shall be designated for each off site activity. The First Aider is responsible for taking the off-site First Aid Kit and Accident Book with them on the activity. If there will be any need for medicines to be administered during the camp or other off-site activity the parent/guardian of the relevant child must give their *written* consent. The Camp Consent Form at Appendix 8 already includes a section for that consent to be given.

When planning a camp or an off-site activity where children are going to be taken out of the area, leaders should establish a Home Contact Link. Ideally this should be someone who is not related to any member of the party. The designated Home Contact should be given a photocopy of all the full Consent Forms and the extra consent forms that relate specifically to the activity. In the event of a serious incident, or serious traffic delay, the leader should contact the Home Contact whose duty it is to inform the leadership of the church and the parents of the event and how matters are being dealt with. This leaves leaders free to deal with the emergency.

No off-site activity (especially outdoor pursuits) should be undertaken without the leaders in charge having the necessary expertise/qualifications to do it. Leaders must remember that even if arranging a countryside ramble or walk it is important that the exact route is planned before the

event and a copy of that route given to the Home Contact. Designated paths must be followed at all times and dangerous routes avoided.

The leader in charge of any off-site activity should make sure that they, or one of their team, have a fully charged mobile phone with them on off-site activities. This number should be given to the Home Contact Link and the parents of the children attending the activity or camp so that they can contact their child in an emergency.

Venues for camps or weekends away must be visited in advance to check that they are safe and suitable, and a full risk assessment undertaken.

When planning off-site activities (or special on-site activities such as Bouncy Castle hire) it may be necessary to check with the Church Insurers that the activity planned is covered by the Church Insurance Policy.

Transport

All vehicles used for transporting children must be registered, taxed and properly maintained, and with no dangerous items lying around (e.g. tools, knives)

Where children are transported in leader's cars those cars must have at least third party insurance and leaders must not travel with more passengers than their insurance allows. All children must be seat-belted.

All drivers must adhere to the Highway Code at all times. Drivers must not exceed speed limits.

When transporting children it is recommended that there are two leaders (preferably 1 male, 1 female) in each vehicle. Where this is not possible the driver should arrange to carry more than one passenger. If this is not possible, and the driver is transporting only one child, he/she should arrange for the child to be seated in the rear of the car.

When dropping children at home after an activity the driver of the vehicle must satisfy themselves that the child is safely back home (i.e. wait to see them go in the door) before driving off. Children should be escorted to their front doors where they cannot be seen from the vehicle, or where a road has to be crossed.

Leaders should not administer travel sickness tablets without written parental consent (see below). In an emergency the parent should be contacted by phone and another leader should be present to hear the parent's verbal suggestions or consent – a short written record of the call should then be signed by the two leaders and kept with the child's consent forms.

Medicines

We are unable to give medication to children at our activities without written consent from a parent or guardian.

As far as camps/weekends away are concerned, there is already provision for obtaining the necessary consent on the Camp Consent Form at Appendix 3.

If requested to administer medication at any other activities (either on-site or off-site) the Medicines Consent Form must be completed (Appendix 9) and signed by a parent or guardian in advance.

What is abuse and neglect of children?

The below definitions are taken from *Working Together to Safeguard Children, 2018*.

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. 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.

Physical abuse

A form of abuse which 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

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 a child 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 a 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 cyber bullying), 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

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 the internet).

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

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.

Neglect

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:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs of possible abuse in children

Physical abuse

Physical signs include:

- Unexplained injuries
- Injuries that are inconsistent with the explanation
- Injuries that reflect an article being used e.g. an iron
- Bruising, especially the trunk, upper arm, shoulders, neck or fingertip bruising
- Burns/scalds, especially from a cigarette
- Human bite marks
- Fractures, especially spiral
- Swelling and lack of normal use of limbs
- Serious injury with lack of / inconsistent explanation
- Untreated injuries

Psychological/emotional signs include:

- Unusually fearful with adults
- Unnaturally compliant to parents
- Refusal to discuss injuries/fear of medical help
- Withdrawal from physical contact
- Aggression towards others
- Wears cover up clothing

Fabricated or induced illness by carers

- This is a psychiatric illness, whereby a parent or carer deliberately inflicts harm onto a child, normally the child's mother. The child has commonly had genuine serious illness in the first year of life and a dependency on medical attention has developed in the mother. It is very difficult to diagnose/evidence.

Female Genital Mutilation

- A cultural (not religious) procedure whereby parts of female genitalia are removed – also referred to as female circumcision. This is normally undertaken on pre-pubescent girls who are either taken abroad for procedure or “practitioners” come to the UK. There can be no anaesthetic and no sterile equipment used. Complications include serious infection, septicaemia, numerous gynaecological problems and in some cases, death.

Emotional abuse

Signs include:

- Physical, mental and emotional lags
- Acceptance of punishments, which appear excessive
- Over reaction to mistakes
- Continual self-depreciation
- Sudden speech disorders
- Fear of new situations
- Neurotic behaviour (such as rocking, hair twisting, thumb sucking)
- Self-harm
- Extremes of passivity or aggression
- Drug/solvent abuse

- Running away
- Bullying/Aggression
- Overly compliant behaviour
- Overeating or loss of appetite
- Clingy
- Fearful/withdrawn
- Sleep disorders

Neglect

Physical signs include:

- Tired/listless
- Poor personal hygiene
- Poor state of clothing
- Emaciation, potbelly, short stature
- Poor skin tone and hair tone
- Untreated medical problems
- Failure to thrive with no medical reason

Psychological/emotional signs include:

- Constant hunger
- Constant tiredness
- Frequent lateness/nonattendance at school
- Destructive tendencies
- Low self esteem
- Neurotic behaviour
- No social relationships
- Running away
- Compulsive stealing/scavenging
- Multiple accidents/accidental injuries

Sexual abuse

Physical signs include:

- Damage to genitalia, anus or mouth
- Sexually transmitted disease
- Unexpected pregnancy, especially in very young girls
- Soreness to genitalia area, anus or mouth
- Repeated stomach aches
- Loss of weight
- Gaining weight
- Unexplained recurrent urinary tract infections, discharges or abdominal pain
- Unexplained gifts/money

Psychological/emotional signs include:

- Sexual knowledge inappropriate for the child's age
- Sexualised behaviour in young children
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Sudden changes in personality

- Lack of concentration, restlessness
- Socially withdrawn
- Overly compliant behaviour
- Poor trust in significant adults
- Regressive behaviour, onset of wetting – day or night
- Suicide attempts, self-mutilation, self-disgust
- Eating disorders

Safeguarding Incident Recording Form

Confidential

Basic information	
Full name of child, young person or adult concerned	
Address (including postcode)	
Email address	
Telephone number	
Date of birth	
Date and time of incident	
Location of incident	
Other people present (witnesses)	
Record of incident (continue on a separate sheet if necessary)	
<p>Please ensure you are as accurate and detailed as possible. Use quotes wherever possible – do not interpret what was said using your own words.</p> <p>Include details such as tone of voice, facial expression and body language.</p> <p>Record what you said as well as what the child, young person or adult said.</p> <p>If you have formed an opinion please state it, making it clear that it is your opinion and give reasons for forming that opinion.</p>	
Attach any notes made at the time	Yes/No (please delete as appropriate)

Who has been spoken to about the incident?

Position/Organisation	Name	Email	Telephone number
Church Designated Safeguarding Lead or Deputy			
Elder			
Children's Services			
Adult Services			
Police			
Parent/Carer			
Other (please state role and organisation)			

Feedback and follow up actions (continue on a separate sheet if necessary)

Name of person completing this report:

Designation:

Signed:

Date:

This form must be stored in a locked filing cabinet.

**Horsecastle Evangelical Church
Consent form**

Contact details

Child's name _____ Date of birth _____

Address _____

Phone number _____ Additional number for emergencies _____

Email address _____

Medical details

Name & address of GP _____

_____ GP phone number _____

If your child is undergoing regular medical treatment or has any medical conditions (e.g. asthma) which may affect their ability to take part in some activities or which medical practitioners would need to know in an emergency, please give details below including medications currently being taken. Please note that we are unable to administer medication to your child unless you complete a separate medication consent form – please ask us for one if appropriate.

_____ Please continue overleaf if necessary

Date of last tetanus immunisation _____

Any known allergies (food, medicine, other) or dietary needs _____

_____ Please continue overleaf if necessary

We occasionally take photographs for display and promotional use. Are you happy for your child to appear in these? Yes/no

Declaration

If it becomes necessary for my child to receive emergency medical treatment or dental treatment and I cannot be contacted I give my general consent to any treatment advised by the medical and/or dental authorities as being necessary and authorise the group leaders to sign any document required.

I have ensured that my child understands that it is important that any instructions given by the leaders are followed & I understand that the group leaders reserve the right to call me to collect my child if necessary.

Signed (parent/guardian) _____ Date _____

Name (please print) _____

This form will be kept in a confidential place and we will only release the information on it where necessary.

Camp Consent Form

To be returned by _____

I give consent for my child _____ to attend the camp at _____ from _____.

I have read the itinerary for the weekend and am happy for my child to take part in all the activities.

I confirm that I am happy for my child to swim under supervision.

My child can/cannot swim 50 metres and tread water (*please delete as appropriate*)

I have previously completed a Youth Work Consent Form for my child and confirm that none of the details, including the medical information, have changed (*please ask a leader for a new form if this is not the case*)

Medication currently being taken and details of when it needs to be taken and at what dose:

I give permission for _____ (Leader) to administer the above medication to my child.
(*Unless you tell us otherwise we will be leaving your child to administer their own inhaler.*)

Please list any special dietary requirements your child has: _____

My emergency contact details for the duration of the weekend will be as follows:

FIRST CONTACT _____

SECOND CONTACT _____

I confirm that I will be collecting my child from the Chapel on Sunday afternoon / I am happy for my child to make their own way home (*please delete as appropriate*)

I enclose a cheque (made payable to Horsecastle Evangelical Church) / cash in the sum of _____

Signed _____ PARENT / GUARDIAN

Name (please print) _____

Medicines Consent Form

We are unable to give medication to your child without your prior written consent. If you want us to administer medication would you please complete the following information.

Details of medication currently being taken and details of when it needs to be taken and at what dose:

I give my permission for _____ (leader's name) to administer the above medication to my child (unless you tell us otherwise we will leave your child to administer his/her own inhalers)

Signed: _____ (Parent/Guardian)

Please print name: _____

Dated: _____