

Good Practice Guidelines for Safeguarding

At the last PCC meeting (Parish Church Council) in May 2016 the Diocesan Safeguarding Policies and Procedures were formally adopted. It is, therefore, a requirement that all those adults who are engaged with children, young people and vulnerable adults must follow this policy and the procedures as stated. This will ensure that everyone who is involved in any activities which involve children and vulnerable adults are knowledgeable, confident and able to follow these procedures if the need arises. It will also ensure the safety of the group leaders and any volunteers who participate in any of these activities and events.

Procedures:

- It is important that all group leaders and volunteers have read and understood the Safeguarding Policy and have signed receipt of said policy. The signing sheet is held in the Parish Office. Every parish is required to complete a Safeguarding Audit and inform the Diocesan Safeguarding Officer that this has been carried out and will be reviewed annually.
- The Parish has appointed one Safeguarding Co-ordinator, Mrs Diane Shaw, who will implement the policy and procedures.
- The Parish has appointed _____ as Advocates. These are adults who the children know they can talk to about any problems if they wish.
- There are various posters throughout the church and the centre with contact details of the Safeguarding Co-ordinator and Advocates along with the Childline and Parentplus telephone numbers.
- The Parish must ensure that all those authorised to work with children or vulnerable adults are appropriately recruited according to safer recruitment practice and are trained and supported. All must also have an up to date DSB check every five years.
- There is appropriate insurance cover for most activities involving children or vulnerable adults and any queries on insurance issues must be addressed initially to the Parish Treasurer, Mr Charles Van Ingen.
- All these procedures must be reviewed annually and a Safeguarding Report is presented to the Annual Parochial Church Meeting.
- As part of the Policy and Procedures there are a series of pro formas which **MUST** be completed by the relevant adults prior to any activity or event taking place. These completed forms must be kept in a safe place - preferably in the Parish Office. It may not be necessary to complete these forms for every occasion as many of the activities will be much the same, however if changes occur in the adult supervision, location etc then the forms will need to be updated accordingly.



CHRIST CHURCH HIGHER BEBINGTON

We are committed to providing a caring, friendly and safe environment for all our children and young people so they can develop in a relaxed and secure atmosphere.

In order to comply with Diocesan guidelines and in accordance with our Parish Safeguarding Policy and procedures, we are politely requesting that all the following relevant documentation is completed prior to any activity taking place. This documentation is available on our parish website, from our parish office or from the Safeguarding Coordinator. (Contact details below)

It is also essential that a completed copy is sent to either Victoria Gleave in the Parish office (parishoffice@christchurchhigherbebington.org.uk) or to the Parish Safeguarding Co-ordinator, Diane Shaw (dshaw@btinternet.com)

We appreciate that this will now require a little more paperwork but it will ensure the safety of all children and vulnerable adults who attend any of our parish activities or events.

We thank you for your continued support and co-operation.



DOCUMENTATION REQUIRED FOR ALL PARISH ACTIVITIES INVOLVING CHILDREN AND VULNERABLE ADULTS

1. APPLICATION FOR APPROVAL OF ACTIVITIES AND EVENTS WITH CHILDREN AND YOUNG PEOPLE
2. COMMENTS AND COMPLAINTS PROCEDURE
3. CONSENT TO DISPLAY OF PHOTOGRAPHS IN CHURCH/CHURCH BUILDINGS
4. INCIDENT REPORT FORM
5. PARENTAL CONSENT FOR AN ACTIVITY/EVENT INCLUDING:
PARENT/CARER AND YOUNG PERSON CONSENT FORM FOR THE USE OF PHOTOGRAPHS/VIDEO
6. RISK ASSESSMENT TEMPLATE
7. SAFEGUARDING : HIRING ARRANGEMENTS FOR CHURCH PREMISES
8. SESSION RECORDING SHEET
9. VOLUNTEER DECLARATION FORM ON SAFEGUARDING PROCEDURES

Please only complete the relevant forms required for the activity or event.



**APPLICATION FOR APPROVAL OF ACTIVITIES AND EVENTS WITH CHILDREN AND YOUNG PEOPLE
BY INCUMBENT OR LEADER OF THE ORGANISATION**

Parish / Organisation:			
Event Leader:			
Details of Activity/Event:			
Places to be visited:			
Date of Departure:		Time:	
Date of Return:		Time:	
Transport arrangements: Include the name of the transport company if known (<i>where applicable</i>)			
Name and address of accommodation to be used: (<i>where applicable</i>)			
Tel No:			
Named Head of Centre: (<i>if known</i>)			
Details of any hazardous activity and the associated planning, organisation and staffing:			
Insurance arrangements: Please provide details of insurance provision for the activity/event i.e. is it covered by existing diocesan arrangements? If not, what arrangements will be made?			



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Names, gender, experience and specific responsibilities of adult leaders:

	F <input type="checkbox"/> M <input type="checkbox"/>	
	F <input type="checkbox"/> M <input type="checkbox"/>	
	F <input type="checkbox"/> M <input type="checkbox"/>	
	F <input type="checkbox"/> M <input type="checkbox"/>	
	F <input type="checkbox"/> M <input type="checkbox"/>	
	F <input type="checkbox"/> M <input type="checkbox"/>	
	F <input type="checkbox"/> M <input type="checkbox"/>	
	F <input type="checkbox"/> M <input type="checkbox"/>	
	F <input type="checkbox"/> M <input type="checkbox"/>	
	F <input type="checkbox"/> M <input type="checkbox"/>	

Proposed size and composition of the group:

Age range		Adult to child ratio	
Number of boys		Number of girls	

Any known specific needs of participants:



Contact Details of Liaison Person:			
Name:			
Tel No:			
PLEASE ATTACH A COPY OF ANY INFORMATION SHEET (OR SAMPLE SHEET) SENT TO PARENTS, THE PARENTAL CONSENT FORM AND THE RISK ASSESSMENT FORM (IF COMPLETED AT THIS STAGE)			
Risk assessment to be undertaken:			
By:		On:	
Signed:		Date:	
Event Leader: <i>(Full Name)</i>			
Event approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Risk Assessment received:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any comments:			



Signed:		Date:	
Position:			

COMMENTS AND COMPLAINTS PROCEDURE

NB There is a specific form for each of the various groups. Please request the most appropriate form

<p>We believe that everyone is entitled to courtesy and prompt attention at all times to their needs and wishes.</p>
<p>Our intention is to work with children, young people, parents and the community. We welcome suggestions on how the: <i>Christ Church Higher Bebington</i> can improve the activities we provide.</p>
<p>HOW CAN YOU MAKE COMPLIMENTS AND COMMENTS?</p>
<p>We are very happy to receive compliments and comments from you. You can do this in writing and submit it to:</p>
<p>Alternatively you can speak with event host</p>
<p>whilst at the event</p>
<p>We will make sure that your compliment or comment is passed on to the relevant person. Any comments will be carefully considered and you will be informed of any decisions taken as a result of your comment. A written record of your compliment or comment will be held.</p>

HOW YOU CAN MAKE A COMPLAINT:

Anyone who is unhappy about any aspect of the event e.g. the way it is run or policies/procedures, should share their concerns with: *(insert leader of activity/event)* either in person or in writing.

If this does not have a satisfactory outcome, or if the problem persists, you should put those concerns in writing and request a meeting with our safeguarding officer by emailing parishoffice@christchurchhigherbebington.org.uk

If the matter is not resolved at this stage, it will be referred to the PCC or to the Diocese of Chester

We believe that most concerns can be dealt with at an early stage as quickly as possible and we will strive to do this. We also believe that it is in everyone's interest that such concerns/complaints are taken seriously, dealt with fairly and in a way which respects the confidentiality of those concerned. You will be informed of any actions taken as a result of your complaint. A written record of your complaint will be held.

CONTACT DETAILS: parishoffice@christchurchhigherbebington.org.uk

CONSENT TO DISPLAY OF PHOTOGRAPHS IN CHURCH / CHURCH BUILDINGS

Parish	
I hereby give my consent to allowing a photograph of: <i>(insert name of child/young person)</i>	
to be displayed in: <i>(insert location)</i>	



for the period of:	
after which it will:	be destroyed / be returned to me (<i>delete as appropriate</i>)
Signed by Parent :	
PRINT NAME:	
Date:	
Signed by Child :	
PRINT NAME:	
Date:	

INCIDENT REPORT FORM

Event Leader:		Contact Number:	
Details of Event:			
Name of person involved:		Date of Birth:	
Date of Incident:		Time:	



Place of Incident:			
Circumstances of Incident: <i>(continue on separate sheet if necessary)</i>			
Names of those present at the incident:			
Nature of Harm:			
Treatment Given:			
Reported to Whom: (eg parish priest; PCC; Diocese – include dates and names)			
Other Action Taken:			
Signed:		Date:	
Printed Name:		Position:	

**THIS FORM MUST BE FORWARDED TO THE PARISH SAFEGUARDING COORDINATOR PARENTAL
CONSENT FOR AN ACTIVITY/EVENT**

1. NATURE OF EVENT/ACTIVITY:			
Date(s):		Time(s):	

Child's name: _____

Date of Birth: _____

- I agree to his/her participation in the activities described;
- I understand that if group/activity photographs are to be taken during the event, a "Parent/carer and young person consent form for the use of photographs/video" will be supplied to me;;
- I acknowledge the need for him/her to behave responsibly and will ensure that he/she is aware of the expectation to behave responsibly.

2. TRANSPORT ARRANGEMENTS:

(for which parents/carers hold responsibility)

Please detail how your son/daughter will travel to and from the activity or the pick-up point for the day/residential trip.

3. MEDICAL INFORMATION:

a) Does your child have any condition(s) requiring medical treatment including medication e.g. inhalers, anti-epileptics or insulin?

YES	<i>If YES please give details below</i>	NO	
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b) Please outline any special dietary requirements of your child (including allergies e.g. nuts) and the type of pain/flu relief medication your child may be given if necessary.

c) Please outline any FEARS OR PHOBIAS your child has.

(This information will assist the adult helpers to assist your child should any difficulties arise)



d) Is your son/daughter allergic to any medication e.g. penicillin?			
YES	<i>If YES please specify below</i>	NO	
e) When did your son/daughter last have a tetanus injection?			
f) Is there any other relevant information/specific requirement(s) that the organizer should know? e.g. travel sickness/mobility			
g) <u>FOR RESIDENTIAL TRIPS ONLY</u> - To the best of your knowledge, has your son/daughter suffered from or been in contact with any contagious or infectious diseases in the last few weeks?			
YES <i>If YES</i>	<i>please give details below</i>	NO	
I will inform the event leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.			

4. CONTACT INFORMATION:	
Work /Mobile No:	



Home Tel No:			
Home Address:			
Alternative emergency contact:			
Name:			
Tel No:			
Address:			
Name of Family Doctor:			
Doctor Tel No:			
Doctor Address:			
5. DECLARATION			
<p>In the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</p>			
Signed:		Date:	
Full Name: <i>(capitals)</i>			

PARENT/CARER AND YOUNG PERSON CONSENT FORM FOR THE USE OF PHOTOGRAPHS/VIDEO



Our Parish _____

or

The event _____

recognises the need to ensure the welfare and safety of all children and young people.

In accordance with our safeguarding policy we will not permit photographs, video or other images of children and young people to be taken without the consent of the parents/carers and children.

The named parish/event will follow the guidance for the use of photographs, a copy of which is available from:

The named parish/event will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform:

_____ immediately.

PARENT/CARER TO COMPLETE:

I _____

consent to the named parish/event photographing or videoing my child:

I understand that these images will be displayed in the following circumstances: *(give details including dates)*

and I hereby agree to this.

Signature: _____ Date: _____



CHILD/YOUNG PERSON TO COMPLETE:

I _____
consent to my involvement in the event / activity referenced above being photographed or videoed.

I understand that these images will be displayed as noted above and I hereby agree to this.

Signature: _____ Date: _____

RISK ASSESSMENT FORM NOTES

NB - The bullet points included in these notes are examples to be considered under the headings in Boxes 1-6. The blank form on the following page should be completed using the guidance and considering the specific activity to be undertaken along with the needs of the children and young people who will participate in the planned activity.

1. Place to be visited:

e.g. retreat centre

2. Potential hazards:

- environmental e.g. weather, terrain
- health e.g. polluted water
- human and behavioral e.g. violence
- activity e.g. swimming
- travel e.g. driving
- accommodation e.g. fire exit

3. List groups of people who are especially at risk from the significant hazards you have identified e.g.:

- children
- young people
- event leader
- leaders
- impact of age/stamina/ability

4. List existing controls or note where information may be found e.g.:

- ensure sufficient supervision clear guidance to pupils
- exploratory visit or research – this will allow for unforeseen or unknown hazards to be identified



5. How will you cope with the hazards which are not currently or fully controlled under (3) e.g.:

List hazards and the measures taken to control them

- removal of hazard
- modifying the design of an activity
- supervising an activity more closely
- training
- emergency procedures

6. Continual monitoring of hazards throughout visit:

- share plans with leaders prior to the event
- during the event, on-going assessment of risk and remedial action as required

RISK ASSESSMENT FORM

1. Place to be visited:	
2. Potential hazards:	
3. List groups of people who are especially at risk from the significant hazards you have identified:	
4. List existing controls or note where information may be found:	

<p>5. How will you cope with the hazards which are not currently or fully controlled under (4) ? <i>List hazards and the measures taken to control them</i></p>	
<p>6. Continual monitoring of hazards throughout visit:</p>	
<p>Risk assessment completed by:</p>	(PRINT NAME)
<p>Review date:</p>	
<p>Signed:</p>	
<p>Date:</p>	

SAFEGUARDING : HIRING ARRANGEMENTS FOR CHURCH PREMISES

<p>Organisations that work with children, young people and/or vulnerable adults and hire or use church property should be advised of their responsibility for the welfare and safety of the people in their care. The Church of England requires that such groups have adequate safeguarding policies and procedures in place and these are seen by the Parish Safeguarding Co-ordinator in consultation with the Diocesan Safeguarding Officer if necessary.</p>
<p>This organisation: Christ Church Higher Bebington recruits staff in accordance with best practice (e.g. Safe From Harm).</p> <p>Furthermore, the organisation: Christ Church Higher Bebington has its own safeguarding policies and procedures, and undertakes to follow these policies in relation to working with children, young people and/or vulnerable adults, preventing child abuse and responding to safeguarding concerns.</p>
<p>OR</p>



This organisation: *(insert name)*

..... has been given a copy of the Parish/Diocesan (delete as necessary) Safeguarding policies for the Church of England and undertakes to follow these policies in relation to work with children, young people and/or adults, preventing child abuse and responding to safeguarding concerns.

This organisation: *(insert name)*

..... has its own public liability insurance to cover any claims arising as a result of the group activity.

Signed:
(Parish Safeguarding Co-ordinator)

Signed:

Print Name:

Role/Organisation:

Date:

SESSION RECORDING SHEET

Session Recording sheet for: <i>(insert details of activity)</i>	
Held on: <i>(insert date)</i>	
Children/young people in attendance: <i>(record names)</i>	
Staff on duty: <i>(list names)</i>	



Focus of activity:			
Incidents of significance: <i>oncerns</i>) (if any - including c			
Action taken:			
Signed:		Date:	
Position:			

VOLUNTEER DECLARATION FORM ON SAFEGUARDING PROCEDURES

Parish Name:	Christ Church Higher Bebington
Name:	
Role:	



I _____
(insert full name)

hereby declare that I have received and understood the procedures on how to deal with allegations or suspicions of abuse and will comply with the Church's Safeguarding Policies and Procedures.

Signature:		Date:	
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When completed this form should be handed to the Parish Safeguarding Co-ordinator who will store this appropriately and securely.