Safeguarding Policy

Policy Leads: Paul Belzar, Melanie Moore, Clare Reed, Helen Parker
Last Review: August 2026
Review Due: August 2027

NEWMARKET
COMMUNITY CHURCH

Safeguarding Policy

Policy updated: **August 2026**

Approved by Leaders and Trustees

Contents

Contents 2

Section 1: Church details 3

Section 2: Introduction 4

Section 3: Prevention 5

Section 4: Responding to concerns – suggested alternative presentation 9

Section 5: Pastoral Care 13

Adoption of the policy 14

Appendix 1: Safeguarding Statement 15

Appendix 2: Statutory Definitions of Abuse 17

Children 17

Adults 21

Appendix 3: Recognising possible signs of abuse 23

Children 23

Adults 24

Appendix 4: How to respond to someone wishing to disclose abuse. 27

Appendix 5: Guidelines for Sunday Children's activities 28

Appendix 6: Guidelines for Sunday Youth Group 30

Appendix 7 : Activity Consent Form 32

Appendix 8: Cause for concern form 34

Section 1: Church details

Name:	Newmarket Community Church
Address:	Unit 11 Studlands Park Avenue Newmarket, Suffolk CB8 7AU England
Telephone:	01638 662667
Email:	admin@newmarketcommunitychurch.co.uk
Website	www.newmarketcommunitychurch.co.uk
Pastor	Clare Reed clare@newmarketcommunitychurch.co.uk
Safeguarding Coordinator	Melanie Moore 07806 620337
Deputy Safeguarding Coordinators	Helen Parker 07803 907164 Clare Reed 07762 416391
Denomination	Partnered with Ground Level and a member of the Evangelical Alliance
Charity No.	289579
Insurance Co.	Ansvar Insurance

Section 2: Introduction

Definitions of titles used in this document:

The Church: Newmarket Community Church
Leadership: This includes both the Spiritual Leadership Team and the Trustees.
Workers: All workers both paid and voluntary

Our Commitment

The Church Leadership recognises the importance of its ministry to children, young people and adults and its responsibility to protect and safeguard the welfare of children, young people and adults with care and support needs entrusted to its care.

The Church Leadership:

- recognises the need to provide a safe and caring environment for children, young people and adults;
- acknowledges that children, young people and adults can be the victims of physical, sexual and emotional abuse, and neglect;
- accepts the UN Universal Declaration of Human Rights and the International Covenant of Human Rights, which states that everyone is entitled to "all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status";
- concurs with the Convention on the Rights of the Child which states that children should be able to develop their full potential, free from hunger and want, neglect and abuse. 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."

The Church Leadership has therefore adopted the procedures set out in this safeguarding policy in accordance with statutory guidance.

The Church Leadership is committed to build constructive links with statutory and voluntary agencies involved in safeguarding.
This policy and attached practice guidelines are based on the ten safeguarding standards published by thirtyone:eight.

The Leadership's Safeguarding Statement is set out at Appendix 1 and can be found on our website: www.newmarketcommunitychurch.co.uk

Special Note

The Church has not adopted an e-Safety Policy. E-Safety – or electronic safety is the collective term for safeguarding involving electronic or internet-enabled devices. The reason for this is that NCC does not make available any of these devices for use, and parents/guardians are responsible for the internet/communications safety of their children. The risk of inappropriate use of the internet exists 24 hours a day, not just when children are under the care of the Church. Children may have access to the internet through the NCC Guest Wi-Fi connection but this is no different to any other public Wi-Fi availability. Many children may have access to the internet through mobile connections anyway.

Governance

NCC has a Board of Trustees (or governing board) with legal responsibility for the organisation. The Board helps make important decisions and makes sure the organisation follows the law and good practice.
The Board also helps create the organisation's culture. Culture means "the way we do things around here". It includes our values, behaviours and how people treat one another. A good culture helps keep people safe.
The Board of Trustees has overall responsibility for safeguarding. This includes making sure:

- safeguarding is taken seriously
- people know how to report concerns
- workers are trained
- policies are followed
- risks are managed
- legal duties are met

This Safeguarding Policy and Safeguarding Statement are designed to help create a safe environment and a positive culture where:

- leaders set a good example
- safeguarding is everyone's responsibility
- workers and volunteers are recruited safely
- workers receive the training they need
- people are accountable for their actions
- workers follow guidance and expectations
- the organisation's values are seen in everyday actions and behaviour
- people feel able to speak openly about concerns

Section 3: Prevention

Understanding abuse and neglect

Defining child abuse or abuse against an adult is a difficult and complex issue. A person may abuse by inflicting harm, or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult.

For the purposes of this policy, a child will be referred to as someone under 18 years old.

An adult at risk of harm (As stated in The Care Act 2014) will be defined in this policy as the following:

- Any person aged 18 years or older who:
    i. has care and support needs;
    ii. is experiencing, or is at risk of, abuse or neglect;
    iii. is unable to protect themselves because of their care and support needs.

We follow the UN Convention on the Rights of the Child (UNCRC). Article 19 says that children should be protected from all forms of violence, abuse, neglect and exploitation.

We also support the UN Universal Declaration of Human Rights. Article 5 states that nobody should experience cruel, inhuman or degrading treatment or punishment.

This policy follows the safeguarding laws and statutory guidance that apply where the organisation operates.

Detailed definitions, and signs and symptoms of abuse, as well as how to respond to a disclosure of abuse, are included in this policy:

Definitions of abuse	(Appendix 2)
Recognising possible signs of abuse	(Appendix 3)
How to respond to a child wishing to disclose abuse	(Appendix 4)

Positions of Trust

All adults working with children, young people and vulnerable adults are in a position of trust. All those in positions of trust need to understand the power this can give them over those they care for, and the responsibility they have because of this relationship.

It is vital that all workers ensure they do not, even unknowingly, use their position of power and authority inappropriately. They should always maintain professional boundaries and avoid behaviour which could be misinterpreted.

As of April 2022, it is illegal in England and Wales and Northern Ireland for those in Positions of Trust in a faith setting to engage in sexual activity with a 16 or 17 year old under their care or supervision.

Safer recruitment

The Leadership will ensure all Workers will be appointed, trained, supported and supervised in accordance with government guidance on safer recruitment. Our safer recruitment trained trustee is Paul Belzar. The safer recruitment requirements for specific roles are included in the document: NCC Roles and Requirements

The safer recruitment process includes ensuring that:

- there is a written job description / person specification for the post (for voluntary roles this takes the form of a volunteer agreement);
- those applying have completed an application form;
- those short listed have been interviewed (see interview questions menu in safeguarding folder);
- safeguarding has been discussed at interview;
- a self-declaration form and the relevant disclosure & barring check has been completed (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information);
- qualifications, where relevant, have been verified;
- written references have been obtained and followed up where appropriate;
- a suitable training programme is provided for the successful applicant;
- the applicant has completed a probationary period as appropriate;
- the applicant has been given a copy of the organisation's safeguarding policy and knows how to report concerns;

Safeguarding training

The Leadership is committed to on-going safeguarding training and development opportunities for all workers. This contributes to developing a culture of awareness of safeguarding issues that helps to protect everyone. All our workers will receive induction training and undertake recognised safeguarding training on a regular basis, as appropriate to their role. We also offer safeguarding training to all church members when training is run in-house.

Management of Workers –

Codes of Conduct

As a Leadership we are committed to supporting all workers and ensuring they receive support and supervision, with clear guidance about what is expected of them within their role. All workers sign a volunteer agreement which includes clear guidance about what is expected of them within their role.

Practice Guidelines

As church that works with children, young people and adults at risk of harm, we are committed to good practice. Good practice helps us:

- keep people safe
- run activities safely
- build positive relationships
- reduce the risk of harm, abuse and neglect
- reduce the risk of misunderstandings or false allegations.
- We have practice guidelines for the activities we run which are found in appendices 5 and 6. These guidelines explain how activities should be planned and delivered safely.

We will use risk assessments where needed to identify and manage risks.
We will also use consent forms when they are needed for an activity.
All workers and volunteers are expected to follow the practice guidelines that apply to their role and activities.
Good practice helps us create a safe, positive and supportive environment for everyone involved in our organisation.

Working in Partnership

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

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

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

Section 4: Responding to concerns – suggested alternative presentation

Workers should never investigate a safeguarding concern themselves. If someone makes a disclosure about harm, abuse or neglect, the worker's role is to listen, record the information and report it.

- Workers with any concerns should document them using the record of concern form (appendix 8). Copies of the form are available in the children's ministry cupboard downstairs.
- Workers should also report concerns as soon as possible to the **Safeguarding Co-ordinator, Melanie Moore (tel: 07806 620337)**, who is nominated by the Leadership to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter on to the statutory authorities.
- In the absence of the Safeguarding Co-ordinator or, if the suspicions in any way involve the Safeguarding Co-ordinator, then the report should be made to the **deputies, Helen Parker (tel: 07803 907164) or Clare Reed (tel: 07762 416391)**.
- If the suspicions implicate both the Safeguarding Co-ordinator and the Deputies, then the report should be made in the first instance to: **thirtyone:eight, PO Box 133, Swanley, Kent, BR8 7UQ, tel: 0303 003 11 11.** Alternatively contact Social Services or the police (see numbers below).
- In an emergency, if anyone is worried that a child or young person is at risk of neglect, harm or abuse, they should call **Social Services (Customer First) tel: 0808 800 4005** or call the **Police on 999.**
- Whilst allegations or concerns of abuse will normally be reported to the Safeguarding Co-ordinator, the absence of the Safeguarding Co-ordinator or Deputy should not delay referral to Social Services, the Police or taking advice from thirtyone:eight.

The Safeguarding Co-ordinator

The role of the Safeguarding Co-ordinator/Deputy is to collate and clarify the precise details of the allegation or suspicion and pass this information on to statutory agencies who have a legal duty to investigate.

- The Safeguarding Co-ordinator should contact the appropriate agency or they may ring the thirtyone:eight helpline for advice. They should then contact social services in the area the child or adult lives.
- For Suffolk, if you have a concern or are worried about a child or a young person, you will need to complete and submit a multi-agency referral form (MARF) using the secure Suffolk Children and Young People's Portal: https://cypportal.suffolk.gov.uk/web/portal/pages/home
- The Safeguarding Co-ordinator **may** need to inform others depending on the circumstances and/or nature of the concern:
    - Chair or trustee responsible for safeguarding who may need to liaise with the insurance company or the charity commission to report a serious incident
    - Designated officer or LADO (Local Authority Designated Officer) if the allegation concerns a worker or volunteer working with someone under 18 (email lado@suffolk.gov.uk or tel: 0300 1232044).
- Concerns must not be discussed with anyone other than those nominated above. A written record of the concerns should be made in accordance with these procedures and kept in a secure place.
- The Leadership will support the Safeguarding Co-ordinator/Deputy 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.

It is, of course, the right of any individual as a citizen to make a direct referral to the safeguarding agencies or seek advice from thirtyone:eight, although the Leadership hope that members of the Church will use this procedure. If, however, the individual with the concern feels that the Safeguarding Co-ordinator/Deputy has not responded appropriately, or where they have a disagreement with the Safeguarding Co-ordinator(s) as to the appropriateness of a referral they are free to contact an outside agency direct. We hope by making this statement that the Leadership demonstrate its commitment to effective safeguarding and the protection of all those who are vulnerable.

Detailed procedures where there is a concern about a child

Allegations of abuse of any kind

If there are concerns that a child may have experienced any form of abuse, the Safeguarding Lead or Deputy Safeguarding Lead will take appropriate action. They will:

- make sure the concern is recorded
- consider the child's immediate safety
- seek advice from the appropriate safeguarding services where needed
- make referrals when required.

If the child needs urgent medical help, emergency or medical services should be contacted straight away. Medical staff should be told about any safeguarding concerns.

The Safeguarding Lead may contact:

- Social Services (Customer First) tel: 0808 800 4005
- Thirtyone:eight for advice tel : 0303 003 1111

If the concern involves a parent or carer, they should not be informed unless safeguarding professionals advise that it is safe and appropriate to do so.

For lower-level concerns, such as concerns about parenting, families should be encouraged to seek support where this does not place the child at risk.

If there is uncertainty about whether a referral is needed, advice should be sought from safeguarding professionals or Thirtyone:eight.

Detailed procedures where there is a concern about an adult at risk:

Concerns may involve:

- Physical harm or abuse
- Sexual harm or abuse
- Organisational abuse
- Financial harm or abuse
- Discriminatory abuse
- Neglect
- Self-neglect
- Exploitation
- Forced marriage

- Modern slavery and human trafficking
- Domestic abuse
- other forms of harm.

If there are concerns about an adult at risk, the Safeguarding Lead or Deputy Safeguarding Lead will take action to help protect them from harm.
If the person is in immediate danger or has been seriously injured, emergency services should be contacted on **999**.

Where possible, the adult should be involved in decisions about safeguarding concerns. Their views, wishes and consent should be considered before making a referral.
However, a referral may still be made without consent if:

- the person cannot understand the risk
- the person cannot protect themselves
- others may also be at risk
- there is a legal duty to share information.

Contact the Adult Social Care Team on 03456061499 who will be able to advise whether the concern reaches the safeguarding threshold, and any actions required. Alternatively thirtyone:eight can be contacted for advice.

For Suffolk, if you have a concern or are worried about an adult, you will need to complete and submit the online referral form

- https://earlyhelpportal.suffolk.gov.uk/web/portal/pages/adultsa#head1

If the adult is in immediate danger or has sustained a serious injury contact the Emergency Services, informing them of any suspicions.

If there is a concern regarding spiritual abuse, The Safeguarding Co-ordinator will

- Identify support services for the victim i.e. counselling or other pastoral support;
- Contact thirtyone:eight and, in discussion with them, consider appropriate action with regards to the scale of the concern.

Allegations of abuse against a person who works with children/young people

If an accusation is made against a worker (whether a volunteer or paid member of staff) whilst following the procedure outlined above, the Safeguarding Co-ordinator, in accordance with Local Safeguarding Children Board (LSCB) procedures will:

- Make a referral to a designated officer formerly called a Local Authority Designated Officer (LADO) whose function is to handle all allegations against adults who work with children and young people whether in a paid or voluntary capacity.
- Consider whether a referral to Disclosure and Barring Service for consideration of the person being placed on the barred list for working with children or adults with additional care and support needs. This decision should be informed by the LADO if they are involved.
- Share information about the concern with the police when appropriate

Allegations of abuse against a person who works with adults with care and support needs

The safeguarding co-ordinator will:

- Liaise with Adult Social Care to establish whether this can be investigated under their safeguarding processes.
- Consider making a referral to the DBS following the advice of Adult Social Services
- Share information about the concern with the police where appropriate
- The Care Act 2014 places the duty upon **Adult Social Care** to investigate situations of harm to adults with care and support needs. This may result in a range of options including action against the person or organisation causing the harm, increasing the support for the carers or no further action if the 'victim' chooses for no further action and they have the capacity to communicate their decision. However, this is a decision for Adult Social Care to decide not the organisation.

Allegations of non-recent sexual abuse

If an adult discloses non-recent sexual abuse, the Safeguarding Lead will:

- listen carefully and take the disclosure seriously
- offer support to the victim-survivor
- explain their options
- offer the opportunity to report the matter to the police.

If the person does not wish to report the abuse, information about the alleged perpetrator may still be shared where there are safeguarding concerns, but the identity of the victim-survivor should be protected wherever possible.

If the alleged perpetrator currently works with children or adults at risk, the Safeguarding Lead will contact the relevant safeguarding agencies and seek advice about further action.

Section 5: Pastoral Care

Supporting those affected by abuse

The 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 Church. Further information on our practice can be found in our Pastoral Care Policy.

Working with those who may pose a risk

When someone attending the organisation is known to pose a potential risk to children, or adults with care and support needs; the Leadership will supervise the individual concerned and offer wellbeing support/pastoral care, but in its safeguarding commitment to the protection of children and adults with care and support needs, set boundaries for that person, which they will be expected to keep. These boundaries will be based on a risk assessment and through consultation with appropriate external parties.

Adoption of the policy

This policy was agreed by the leadership and will be reviewed annually in August 2027.

Signed by: Position:

Signed by: Position

Date:

Appendix 1: Safeguarding Statement

The following statement (see next page) was agreed by the Leadership in August 2026

Signed by: Position:

Signed by: Position

Date:

The Leadership will review this statement and policy annually.

Church Safeguarding Statement

This Church is committed to the safeguarding of children and adults with care and support needs and ensuring their well-being.

We recognise that we all have a responsibility to help prevent the physical, sexual, psychological, financial and discriminatory abuse and neglect of adults at risk of harm and abuse and to report any such abuse that we discover or suspect.

We recognise the personal dignity and rights of adults and will ensure all our policies and procedures will reflect this.

We believe all adults should enjoy and have access to every aspect of the life of the Church.

We undertake to exercise proper care in the appointment and selection of those who will work with children and adults with care and support needs.

We believe every child should be valued, safe and happy. We want to make sure that children we have contact with know this and are empowered to tell us if they are experiencing significant harm.

We are committed to:

i. following statutory and specialist safeguarding guidance
ii. following the procedures in our safeguarding policy
   - meeting the requirements of all relevant legislation including, but not limited to; Working Together to Safeguard Children 2018, the Disability Discrimination Acts 1995 and 2005, Equality Act 2010 and referring concerns about adults with care and support needs to the local authority under the Care Act 2014

iii. providing training and support for workers and volunteers
iv. keeping up to date with national and local safeguarding developments
v. making sure workers and volunteers understand their safeguarding responsibilities
vi. supporting people affected by abuse.

We recognise that:

- Children's Social Services has lead responsibility for investigating all allegations or suspicions of abuse where there are concerns about a child. Adult Social Care has lead responsibility for investigating all allegations or suspicions of abuse where there are concerns about an adult with care and support needs.
- Where an allegation suggests that a criminal offence may have been committed then the police should be contacted as a matter of urgency.
- Safeguarding is everyone's responsibility.

If you have any concerns for a child or adult, then speak to one of the following who have been approved as safeguarding co-ordinators for this Church:

Safeguarding Coordinator	Melanie Moore	07806 620337
Deputy Safeguarding Coordinators	Helen Parker	07803 907164
	Clare Reed	07762 416391

In an emergency Call Customer First on **0808 800 4005** or call the Police on **999** if you're worried someone is at risk of neglect, harm or abuse.

Under no circumstances should you carry out your own investigation into an allegation or suspicion of abuse.

A full copy of this place of worship's safeguarding policy is kept in the kitchen with the first aid kit and is available on request from the office (admin@newmarketcommunitychurch.co.uk)

This statement and our Safeguarding Policy will be reviewed annually. Date of last review: August 2026

Appendix 2: Statutory Definitions of Abuse

Children

Abuse and neglect are forms 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 a stranger. They may be abused by an adult or adults or another child or children.

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

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

What is abuse and neglect?

Abuse and neglect are forms 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 a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

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

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

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

Neglect : Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, 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 care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Child sexual exploitation

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

Extremism

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

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.'

Children in Whom Illness is Fabricated or Induced (formerly known as Munchausen's Syndrome By Proxy)

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

Spiritual Abuse

Linked with emotional abuse, spiritual abuse could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying or doing things without respecting their right to choose for themselves. Some indicators of spiritual abuse might be a leader who is intimidating and imposes his/her will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. He or she may say that God has revealed certain things to them and so they know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously God's) acceptance and approval.

In 2013 spiritual abuse was defined as:

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

Domestic Violence

The shared Association of Chief Police Officers (ACPO), Crown Prosecution Service (CPS) and government definition of domestic violence is: '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.' (Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.)

In 2004 the Government's definition of domestic violence was extended to include acts perpetrated by extended family members as well as intimate partners. 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.

The Government revised its definition of domestic violence and abuse in March 2013 as:
"Any incident or pattern of incidents of controlling coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality."

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

"Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour."

"Coercive behaviour is: an act or a pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

Family members are defined as mother, father, son, daughter, brother, sister and grandparents whether directly related, in-laws or step-family. However, this is not an exhaustive list and may also be extended to uncles, aunts and cousins etc.

The Home Office (2009) *What is Domestic Violence?* London: Home Office defines domestic violence as:

> *"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality"*

Nearly a quarter of adults in England are victims of domestic violence. Although both men and women can be victimised in this way, a greater proportion of women experience all forms of domestic violence, and are more likely to be seriously injured or killed by their partner, ex-partner or lover. Forced marriage and honour-based violence are human rights abuses and fall within the Government's definition of domestic violence.
In 2016 the HM Government published a Violence Against Women and Girls (VAWG) Strategy which can be accessed here

Investigating complex (organised or multiple) abuse

This abuse may be defined as 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. Its investigation is time-consuming and demanding work, requiring specialist skills from both police and social work staff. Some investigations become extremely complex because of the number of places and people involved, and the timescale over which abuse is alleged to have occurred. The complexity is heightened where, as in historical cases, the alleged victims are no longer living in the setting where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role. (Working Together 2010 Sections: 6.10 – 6.11)

Sexually exploited children and young people

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.

Child Sexual Exploitation

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

With regards to the addressing sexual exploitation of children at a more international level, the Interpol has also specified as list of appropriate terminology when referring to sexual crimes against children. The details for the same can be accessed here.

Female Genital Mutilation (FGM)

The World Health Organization defined FGM as all procedures involving partial or total removal or stitching up of the female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons.

Working Together (2010) stated that: “Female genital mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other nontherapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between four and thirteen, but in some cases FGM is performed on new born infants or on young women before marriage or pregnancy. A number of girls die as a direct result of the procedure from blood loss or infection, either following the procedure or subsequently in childbirth.”

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

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

Adults

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

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

The Safeguarding duties apply to an adult who:

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

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

Link: The Care Act 2014: https://www.legislation.gov.uk/ukpga/2014/23/section/1

Link: Care and Support Statutory Guidance under the Care Act 2014: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

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

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

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

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

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

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

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

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

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

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

Appendix 3: Recognising possible signs of abuse

Children

The following signs could be indicators that abuse has taken place, but should be considered in context of the child's whole life.

Physical

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

Sexual

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

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

Emotional

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

Neglect

- Under nourishment
- Failure to grow
- Constant hunger, stealing or gorging food
- Untreated illnesses,
- Inadequate care, etc

Adults

Physical abuse

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

Domestic violence

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

Sexual abuse

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

Psychological abuse

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

- Low self-esteem

Financial or material abuse

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents or loss of money
- Sudden inability to pay bills, getting into debt
- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property
- Missing personal belongings
- Inappropriate granting and / or use of Power of Attorney

Modern slavery

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

Discriminatory abuse

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

Institutional Abuse

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

Neglect and acts of omission

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

Self-neglect

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

Appendix 4: How to respond to someone wishing to disclose abuse.

If there is a concern that a child, young person or adult with care and support needs may have been abused or a direct allegation of abuse has been made, it is important the person receiving this information does the following:

- Make notes as soon as possible (preferably within one hour of the person talking) including a description of any injury, its size, and if possible a drawing of its location and shape on the child's body.
- Write down exactly what has been said, when it was said, what was said in reply and what was happening immediately beforehand (e.g. a description of an activity).
- Write down dates and times of these events and when the record was made.
- Write down any action taken and keep all handwritten notes even if subsequently typed up. These notes should be passed on to the safeguarding co-ordinator to assist them should the matter need to be referred to the statutory agencies such as Adult or Children's Social Services or the police.

Workers need to share concerns with the co-ordinators as well as clear allegations made by, or about, children, young people and adults at risk. Sharing 'gut feelings' at an early stage, may assist in helping those who need it.

Remember someone becoming quiet and withdrawn does not automatically mean that they are being harmed. By sharing your concern about them with your safeguarding coordinator, it will enable you to discuss ways of asking 'open questions' which may clarify their worries.

Questions such as 'you seem a bit quiet today, can you tell me about it?' will enable them to talk to you (if they wish) and let them know you are interested in them.

Appendix 5: Guidelines for Sunday Children's activities

Preparation and clearing up

- Rooms should be made ready for the children by the session leader.
- The helpers on duty should clear up the room after use.

Registration

- A registration and consent form should be received from a parent/carer for every child attending an activity.
- A register should be taken of each child attending an activity.
- Session leaders and helpers should be aware of any allergies or medical needs as noted on the sheet in the register folder.
- At the end of an activity the children should be marked off the register as they are returned to their parent/carer.

Staffing

- All those serving in Sunday children's ministry should wear a yellow tabard or T-shirt.
- Session leaders should ensure safe staffing levels for activities with consideration of:
  - a minimum requirement of 2 adults at all sessions (children must never be left unsupervised);
  - the needs of individual children who may require closer support;
  - the ability of those present to evacuate to our designated safe space in case of emergency;
  - our required ratios for any group activities:
    - 0-2 years - 1 adult to 3 children
    - 2-3 years - 1 adult to 4 children
    - 4-8 years - 1 adult to 6 children
    - 9-12 years old - 1 adult to 8 children
    - 13-18 years old – 1 adult to 10 children
- Team members are not expected to assist children in toileting. If a child should require assistance with toileting we advise that a member of the team fetches the child's parent.
- Team members should not be alone with children. If accompanying children to bathrooms we advise taking more than one child and keeping the door open.
- Session helpers are under the supervision of the session leader. The session leader is under the supervision of the Children and Families Worker.

Incidents

- In the event of a fire, children's workers are to take the children outside to a designated safe area and encourage the children to stand in a circle holding hands. The register must be checked to ensure all children are present. Only then can they be returned to their parent/carer and they must be marked off the register as they are returned.
- Actions requiring firm discipline or causing significant upset to a child need to be recorded on an incident form. It may be necessary to return a child to their parent/carer.
- All accidents (an accident is an event that results in injury or ill health) must be reported to the parents/guardians of the child. An accident report form must also be completed.

Other adults

- Parents may come to the start of sessions to settle children in. If a child will not settle, the child should return with the parent/carer to the adult session.
- There should be no other adults present at children's sessions unless agreed in advance with the Children and Families Worker and a written risk assessment has been made.
- Due to the location of our children's activities, there may be other adults passing through to access toilets, or large numbers of adults in the room as the session ends. Team members will maintain close awareness at these times, ensuring children are kept separate from other adults.

Use of Technology

- The use of personal computers or phones is not permitted in children's ministry activities.
- Children are asked not to bring phones or other devices into sessions.
- Adult workers and volunteers should leave phones in bags during sessions
- A church-owned tablet is provided for playing worship music from our library, and may be used to photograph children's work but care should be taken to ensure no identifiable features (e.g.names, faces) are visible.

Appendix 6: Guidelines for Sunday Youth Group

Preparation

- The session leader is responsible for ensuring the room is ready for the young people's session, including removing any inappropriate items and ensuring the room is vacant.
- The helpers on duty will support the session leader in preparing the room.

Registration

- A registration and consent form should be sought from parents/carer for every young person attending an activity.
- If a young person attends church alone, they should be asked to supply a contact email or phone number for a parent/guardian. The safeguarding team will then contact the parent/guardian during the week to seek registration and consent.
- A register should be taken of each young person attending an activity.
- Session leaders and helpers should be aware of any allergies or medical needs as noted on the sheet in the register folder.
- Young people should be free to leave during the session to use toilets as needed.
- At the end of an activity the young people should taken together back to the main room and signed out of the register by the session leader/helper.

Staffing

- All those serving in Sunday youth ministry should wear a youth lanyard.
- There is a minimum requirement of 2 adults at all sessions.
- Our recommended ratios are:
    - 9-12 years old - 1 adult to 8 children
    - 13-18 years old – 1 adult to 10 children
- Team members should not be alone with young people. If a young person seeks a private conversation or prayer, we recommend taking them to one side in a room with others present.
- Session Leaders are under the supervision of the Children and Families Worker.

Incidents

- In the event of a fire, the Session Leaders are to take the young people outside to a designated safe area. The register must be checked to ensure all young people are present. Only then can they be allowed to leave the group.
- Actions requiring firm discipline or causing significant upset to a young person need to be recorded on an incident form. It may be necessary to return a young person to their parent/carer.
- All accidents (an accident is an event that results in injury or ill health) must be reported to the parents/carer of the young person. An accident report form must also be completed.

Other adults

- There should be no other adults present at youth sessions unless agreed in advance with the Children and Families Worker and a written risk assessment has been made.
- Due to the location of our youth activities, there may be other adults in the room before the session starts. Team members will ensure all other adults have left the room before welcoming the young people in.

Use of Technology

- The use of personal computers or phones is not permitted in youth ministry activities.
- Youth are asked not to use phones or other devices in sessions.
- Adult workers and volunteers should leave phones in bags during sessions
- A church-owned tablet is available for use if required.

Children's activity general information and consent form

Child's full name:
Date of Birth:
Address:
Parent/carer name(s):
Parent/carer contact details Telephone: E-mail:
Alternative emergency contact Name: Relationship to child: Telephone:
Does your child have any medical conditions (e.g. Allergies, asthma, epilepsy…) which you feel we should know about? Y / N *If yes, please give details on the next page*
Does your child have any special educational or behavioural needs which you feel we should know about? Y / N If yes, please give details (continue on reverse if needed)
I give permission for _____ to participate in the normal activities of this group, and to receive first aid treatment if needed. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by Newmarket Community Church and that, while the volunteers in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity. I understand that my child may be offered food and/or drink during these activities and will communicate any dietary/weaning requirements as appropriate. I understand that children of secondary school age will be signed out as a group in the downstairs hall and I will communicate if my child needs to be signed out individually to a particular adult. Signed: Date: (must be signed by parent/guardian)

Allergies/medical conditions:

Name of condition:

What triggers the condition?

What signs and symptoms should we look out for?

What should we do if we notice any of these?

Additional notes

Appendix 8: Cause for concern form

Part 1: Record of concern about a child/adult's safety and welfare

(for use by any staff/volunteers– This form can be filled in electronically. If the form is handwritten care should be taken to ensure that the form is legible)[1, 2, 3]

Child/Adult's name (subject of concern):	Date of birth/age: Child/Adult:	Address:
Date & time of incident:	Date & time (of writing):	
Your Name (print): ..... Role/Job title: Signature:		
Other members of the household[4]:		
Record the following factually: Nature of concern, e.g. disclosure, change in behaviour, demeanour, appearance, injury, witnesses etc. *(please include as much detail in this section as possible. Remember – the quality of your information will inform the level of intervention initiated. Attach additional sheets and use a body map if necessary.)*		
How did the concern come to light?		
What is the child/adult saying about what has happened[4]?		
Any other relevant information. Previous concerns etc.		
Date and time of discussion with Safeguarding Co-ordinator[5]: _____		

Check to make sure your report is clear to someone else reading it.

Please pass this form to your Safeguarding Coordinator without delay

Guidance notes for Form 1 (volunteers/staff only):

Following are some helpful pointers in completing the above form:

1. As a registered body the church/charitable organisation is required to ensure that its duty of care towards its beneficiaries is carried out in line with the principles enshrined within the Working together to safeguard children and young people, 2018 and the Care Act, 2014. (Refer to your own church's/organisation's safeguarding policy at this point too).

2. Essential principles of recording the information received/disclosed/observed:
    a. Remember: do not investigate or ask any leading questions
    b. make notes within the first one hour of receiving the disclosure or observing the incident
    c. be clear and factual in your recording of the incident or disclosure
    d. avoid giving your opinion or feelings on the matter
    e. aim to record using the 4 W's and 1 H: When, where, what, why and how
    f. do not share this information with anyone else except your safeguarding co-ordinator in the first instance and they will advise on who else will need to be informed, how and when.
    g. make use of the additional information section to add any other relevant information regarding the child/adult/ family that you may be aware of. This can include any historic concerns or observations.

3. ***What constitutes a safeguarding concern?*** – any incident that has caused or likely to cause significant harm to a child can be classed as a safeguarding concern. Abuse is classified under four different categories (with regards to children) as already stated within the safeguarding policy (physical, sexual, emotional, neglect). With regards to adults there are 6 further categorisations. Whilst it may be helpful to record a specific category in the above form, if possible, this may not always be the case. Therefore, it is important to seek advice from your safeguarding co-ordinator or thirtyone:eight at this stage.
4. ***Why do you need information regarding 'other household members'?*** – It has been demonstrated as important to include information about significant adults in the household especially when concerns relate to children as this has been a recurrent risk factor in several serious case reviews.
5. ***Why is the view of the child/adult significant?*** It is important to give whatever detail is available of the child or adult's explanation (or verbatim) of the matter to help ascertain if it is plausible and to help offer a context to the concern identified.
6. ***Passing information to the Safeguarding co-ordinator*** – Your safeguarding co-ordinator holds ultimate responsibility in responding to any safeguarding concerns within the church/organisation and therefore it is important that they have oversight of the actions being taken and make relevant and appropriate contact with statutory agencies if required. They will remain the most appropriate link between the organisation and external agencies.

Part 2: Record of concern about a child/adult's safety and welfare

(for use by Safeguarding Coordinator - This form can be filled in electronically. If the form is handwritten care should be taken to ensure that the form is legible)

<table>
<tr><td>Information received by SC:</td><td>Date:</td><td>Time completed:</td><td colspan="3">From whom:</td></tr>
<tr><td rowspan="2">Any advice sought, if applicable</td><td>Date:</td><td>Time completed:</td><td colspan="3">Source of advice: name/organisation:</td></tr>
<tr><td colspan="5">Advice received:

Advice received about informing parents or in the case of adults, seeking consent/capacity[1]:</td></tr>
<tr><td>Initial Assessment of concern following advice[2]</td><td colspan="5"></td></tr>
<tr><td rowspan="5">Action taken with reasons recorded (e.g. Referral completed, monitoring advice given to appropriate staff, CAF etc)</td><td>Date:</td><td>Time completed:</td><td colspan="3">By whom:</td></tr>
<tr><td colspan="2">Referral</td><td colspan="3">To whom</td></tr>
<tr><td colspan="5">Signposting to other community resources</td></tr>
<tr><td colspan="5">Pastoral Care and other support from church</td></tr>
<tr><td colspan="5">Ongoing Monitoring</td></tr>
<tr><td rowspan="2">Parent/carer informed?</td><td>Y</td><td>Who spoken to:</td><td>Date:</td><td>Time:</td><td>By whom:</td></tr>
<tr><td>N</td><td colspan="4">Detail reason:</td></tr>
<tr><td>Any other relevant information</td><td colspan="5"></td></tr>
</table>

Name of Safeguarding Coordinator:		Signature:	

OVERVIEW OF ACTIONS[3]:

S.No.	Date	Outcome (if known)	Service currently involved	Ongoing support offered by church (this can include monitoring)- include dates
1.				

Guidance notes for Form 2:

Following are some helpful pointers in completing the above form(s)

1. ***Importance of consent from parents/carer or adults (in the light of mental capacity)*** – With regards to children, consent of the parents is considered important before a referral is made to external agencies, unless of course doing so will place the child(ren) at greater risk of harm. With regards to adults, it is important to be aware that their consent is crucial before reporting concerns onto statutory agencies. The individual's mental capacity will also be a significant factor to consider at this stage. You can always seek the advice of local authority social services.
2. ***Initial assessment-*** Based on the advice you may have received from relevant individuals/agencies (i.e. this could be school/thirtyone:eight/CEOP etc), what are the concerns categorised as?
3. ***Overview of actions -*** Includes a summary of the actions taken so far and who holds responsibility for it. You can use this section to add on information gathered when monitoring the situation or offering pastoral care over a defined period of time.