



**St Peter's**

COLCHESTER

# **Safeguarding Policy**

**Part A: Overview**

**Part B: Children (ages 0-11)**

**Part C: Youth (ages 11-18)**

**Part D: Vulnerable Adults**

**Part E: Domestic Abuse**

**Part F: Safer Recruitment & People Management**

**Part G: Church Staff Team**

**Part H: PCC Policy on Recruitment of Ex-offenders**

Revised: February 2026

Date for review: July 2026

# **Safeguarding Policy Part A: Overview of Safeguarding at St Peter's Principles and Procedures**

## **St Peter's, Colchester**

Revised: February 2026

Date for review: July 2026

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## **GLOSSARY**

DBS	Disclosure and Barring Service
DSA	Diocesan Safeguarding Advisor
MAL	Ministry Area Leader
NST	Church of England's National Safeguarding Team
PCC	Parochial Church Council
PSO	Parish Safeguarding Officer
SRPM	Safer Recruitment and People Management Policy

# Policy statement and principles

In accordance with the House of Bishops' Policy Statements 'Promoting a Safer Church' (2017), 'Protecting All God's Children' (2019), various Diocesan Safeguarding Policies, and current best practice standards in safeguarding, our church is committed to:

- Ensuring that safeguarding is prioritised at every level of the church's structure.
- Promoting a safer environment and culture for everyone who interacts with the church in any context.
- Ensuring that the church has proportionate safeguarding policies and procedures in place, that they are effectively implemented and regularly reviewed for compliance and effectiveness.
- Ensuring that safeguarding provision is adequately resourced and supported.
- Safely recruiting and supporting all those with any responsibility related to children, young people and vulnerable adults within the church.
- Ensuring that we set and maintain high standards of care and conduct in our ministries through our policies, procedures and codes of conduct, supported by a culture of safeguarding.
- Responding in a timely manner to every safeguarding concern or disclosure of abuse or neglect.
- Caring pastorally for victims/survivors of abuse and other affected persons, whether that abuse is current or historic.
- Seek to care for , and ministering to, those that may pose a present risk to others, while effectively managing the risk and taking all reasonable steps to ensure the safety of all in the church community.

The Parish will:

- Seek to create and maintain a safe and caring place for all.
- Have at least one named Parish Safeguarding Officer (PSO) to work with the Incumbent and the Parochial Church Council (PCC) to implement policies and procedures.
- Safely recruit, train and support all those with any responsibility for children, young people and vulnerable adults; seeking to ensure that they have the confidence and skills to recognise and respond to abuse or neglect.
- Manage health and safety (including insurance) in accordance with our health and safety policies and procedures.
- Display details of who to contact if there are safeguarding concerns or support needs in each of the church premises, and on the parish website.
- Listen to and take seriously any concern, disclosure, or allegation of abuse or neglect.
- Take proportionate and appropriate steps to protect children and adults when a safeguarding concern of any kind is identified; following the House of Bishops' guidance, including notifying the Diocesan Safeguarding Adviser (DSA) and statutory agencies in a timely manner when relevant thresholds are met.
- Offer support to victims/survivors of abuse; regardless of the type of abuse, or when or where it occurred.

- Care for and proportionately manage any member of the church community who may pose a risk to children or adults, maintaining appropriate confidentiality, while seeking to ensure safety of all parties.
- Ensure that health and safety policies, procedures and risk assessments (including a Risk Register) are in place and that these are reviewed at least annually.
- Review the implementation and effectiveness of the safeguarding policy, procedures, and codes of conduct at least annually.
- Ensure that each person who acts on behalf of the church community agrees to abide by this policy and the standards established by the church.

This general policy is one part of the whole St Peter's safeguarding policy, which is formed of the following documents:

- Overview of safeguarding at St Peter's principles and procedures (part A)
- Safeguarding policy for children 0-11 (part B)
- Safeguarding policy for youth 11-18 (part C)
- Safeguarding policy for vulnerable adults (part D)
- Safeguarding policy for responding to domestic abuse (part E)
- Safeguarding policy for safer recruitment & people management (part F)
- Safeguarding policy supplement: church staff team (part G)
- Safeguarding policy supplement: PCC statement on recruitment of ex-offenders (part H)

For the purposes of this document and all associated documents listed above, the 'St Peter's safeguarding policy' refers to the sum of all the documents listed.

## Definition of terms used in these documents

**Child / Adult:** A child is defined as anyone who has not yet reached their 18th birthday. People become adults when they reach the age of 18. (Other terms such as 'unborn child', 'young person', 'young adult' etc are commonly used, but are not part of the legal definition.)

**Adult with care and support needs:** is defined in the Care Act (2014) as an adult who requires help or support with essential daily living tasks such as personal care (dressing, washing, toileting etc), cooking, shopping, cleaning, and managing their finances, regardless of whether that need is being met by services or agencies.

**Adult at risk of abuse (sometimes referred to as 'adult in need of protection'):** is defined in the Care Act (2014) as an adult with care and support needs (as defined above), who is also at risk of abuse, and is unable to protect themselves from the abuse or neglect because their support need prevents them from doing so.

**Vulnerable adults:** as used in this policy refers to both of the above categories, but also to adults who do not meet the Care Act criteria for statutory support, but who, nonetheless have additional care and support needs in one or more areas of their life.

**Vulnerable person:** refers to children, young people, and vulnerable adults (as defined above).

**Adult with vulnerabilities:** refers to an adult who do not meet the criteria for an 'adult with care and support needs' (ie an adult who does not require help with essential day-to-day tasks such as personal care, cooking, managing finances etc), but who has specific vulnerabilities, support needs, or other vulnerabilities. For example, poor mental health, trauma, past abuse, domestic abuse etc, but where the person is still able to live independently and without needing support with day-to-day tasks. (Please note that for clarity at various points, in the policy documents, variations such as 'adult with identified vulnerabilities' or 'adult with sub-threshold vulnerabilities' may be used and are included in this definition.)

**Sub-threshold / Low level:** refers to concerns, disclosures, or allegations; whether about children or adults, that do not meet the threshold for referral to statutory agencies. (The majority of concerns raised at the church fall into this category.)

**Caregiver:** refers to anyone serving in any role within church which involves any oversight of children or young people. They are recruited according to the Safer Recruitment and People Management Policy (SRPM). This category could include adults with care and support needs, however, at present St Peter's does not engage in any such ministry.

**Safeguarding concern:** refers to a situation where someone has reason to believe that a child, young person or adult with care and support needs may be experiencing, or at risk of, abuse or neglect.

**Disclosure (of abuse):** refers to a situation where a child, young person, or adult with care and support needs reveals to us that they have been abused or that they are fearful that they may be abused.

**Allegation:** refers to a claim or suspicion that a person in a position that gives them access to vulnerable people has or may have:

- Harmed, or placed at risk of harm, a person for whose care they are responsible.
- Committed a criminal offence against a vulnerable person for whose care they are responsible or involved such a person in a criminal act.
- Behaved in a way that may indicate that they are unsuitable to work with vulnerable people.

**Note:** In this policy, the term 'allegation' is used in a specific technical sense as defined above. For example, a situation where a young person claims that they have been abused by a parent would be classed as a disclosure. However, if the claim is that someone in a 'position of trust' such as a teacher or youth worker had abused them, this would be an allegation. The term 'allegation' is used specifically in relation to those in a 'position of trust'.

## Overview of safeguarding responsibilities

1. The PCC has overall responsibility for safeguarding within St Peter's. This policy is maintained, reviewed, and approved by the PCC.
2. The PCC delegates responsibility for the operation of the policy to the Safeguarding Committee; consisting of a Chair (usually a member of the clergy team), the PSO, the Children's Champion, the Ministry Area Leads (MALs) for children and youth, and other nominated individuals who have relevant experience or skills and can contribute to the work of the Committee. The Safeguarding Committee provides advice, guidance, recommendations and assurances to the PCC, addressing both strategic/policy matters and the implementation and operational effectiveness of the safeguarding arrangements. The committee is also charged with ensuring the provision of appropriate safeguarding training and holding the PSO accountable for policy implementation. For the purposes of safeguarding, the church's various activities have been divided into ministry

areas. Ministry areas which engage in regulated activity with children and young people require a named MAL and must comply with relevant St Peter's safeguarding policies. Caregivers recruited to these ministry areas are recruited in accordance with St Peter's safer recruitment procedures (see part F of this policy).

3. The Parish Safeguarding Officer (PSO) is appointed by the PCC and is responsible for leading safeguarding within the church family and the church's various ministries. Given the size of our church and the diversity of our ministries, it is necessary for the PSO to delegate some of their responsibilities to MALs, who are the first point of contact for all safeguarding concerns in their ministry area. MALs receive safeguarding training broadly aligned with the PSO role, in accordance with national and diocesan safeguarding arrangements, but remain trained to a slightly lower level than PSOs given the PSO's overall responsibility for leading and coordinating safeguarding. Safeguarding concerns received by the MALs are reported to the PSO, who will advise, and lead the response to any concerns that meet statutory thresholds, liaising with the Diocese and external agencies as required. Where concerns do not meet statutory reporting thresholds, the PSO will advise and support the MALs as required. The PSO will also be consulted when considering the suitability of staff or volunteers to engage in regulated activity; including situations where blemished Disclosure and Barring Service (DBS) checks are provided, or where other information is provided under the DBS scheme or otherwise that raises questions about an individual's suitability for a specific role. Where necessary, the PSO will discuss these with the DSA in accordance with the Diocese of Chelmsford procedures.

**Note:** None of the ministry areas make formal provision for adults with care and support needs. However, the vulnerable adult's policy (part D of this policy) outlines considerations relevant to all ministry areas where vulnerable adults may be in attendance. This supplement must be read by anyone providing care to vulnerable adults on behalf of the church.

4. MALs are responsible for leading safeguarding within their ministry area. MALs are listed at the end of the document. Their responsibilities include:
  - Promoting a safer culture within their ministry area.
  - Ensuring that all church staff, volunteers and small group leaders within their area of ministry are familiar with the safeguarding policy.
  - Working with the PSO and safeguarding administrator to ensure that all caregivers within their areas of ministry are recruited and trained in accordance with the Safer Recruitment policy (part F of this safeguarding policy).
  - Working with the PSO to manage and respond to any disclosures of, or concerns about abuse or neglect within their ministry area; including "low level concerns" that do not meet the threshold for referral to statutory services.
5. The Children's Champion raises the profile of children within the church and on the PCC.
6. All caregivers share a particular responsibility for:
  - Loving those in their care as Christ loves them.
  - Setting an example of proper Christian conduct.
  - Praying for those in their care.
7. All caregivers must read Part A 'Overview of safeguarding at St Peter's principles and procedures', and then the relevant policy for their area of work – children (part B), youth (part C) or vulnerable adults (part D).

8. When a separate organisation uses our parish premises, we require them to confirm that they have a safeguarding policy and procedures and that activity risk assessments have been completed. This will be required of any external organisation which hires or uses parish premises. In addition, the organisation is required to notify the PSO of any safeguarding incidents that could carry reputational risk for St Peter's, whether or not the incident took place in a St Peter's building.

## Responding well to a disclosure or concern of abuse

This guidance has been abbreviated from the Church of England Safeguarding e-manual. The full version can be found here: [Responding Well to Victims and Survivors of Abuse | The Church of England](#). This guidance relates to any disclosure or concern of abuse whether this is recent or in the past. Historical abuse must be treated as seriously as recent abuse, and each individual must be treated with pastoral sensitivity.

In 2020, the National Safeguarding Team (NST) commissioned [Survivors Voices](#) to contribute to the development of national standards in responding well to victims and survivors. Through a survey and focus groups with victims and survivors, they identified the following as 'what good looks like' in responding well to victims and survivors:

- Survivors know that they are heard, understood, taken seriously, and that they will be supported.
- The response by Church Bodies and Church Officers to disclosures is victim and survivor-centred and seeks to avoid causing further trauma to the person disclosing.
- People with safeguarding responsibilities understand the impact of trauma and how to respond to it.
- Churches create a culture of listening, transparency and respect that makes it safe to disclose.
- Victims and survivors, and Church workers, know what process will be followed if someone reports abuse.
- Survivors are helped to receive the support they need, both from the Church and other people and organisations.
- Safeguarding concerns are acted upon appropriately, transparently, with accountability and in a timely fashion.

## Principles for responding well

### Clarify early that information might be shared

A relational approach involves honesty and transparency by church staff and volunteers receiving disclosures. This will involve clarifying that the information disclosed might be shared on a confidential basis with others (such as the PSO, DSA and statutory authorities) for safeguarding purposes.

### Provide a safe space for disclosure

Church staff and volunteers should listen to disclosures where privacy can be achieved, and interruptions minimised. Some victims or survivors may want a quiet place while others may need suitably public places which are visible to others because this makes them feel safer. If the

conversation is planned, then it is preferable to allow victim or survivor to choose the location and time. Care should be exercised to avoid locations which might trigger negative emotions for the victim or survivor. If the disclosure is spontaneous, the person disclosing abuse should be asked if they would like to relocate to a space where privacy can be maintained (this does not override code of conduct standards).

## **Record the details of the disclosure**

Church staff and volunteers should make an accurate record of what the victim or survivor discloses. To ensure accuracy, it may help for them to show the notes they have made to the victim or survivor and ask them to confirm that it is an accurate record of the conversation.

## **Reflective listening**

Research suggests that victims and survivors “want to be actively listened to when they tell their story...” Listeners can show ‘active listening’ by reflecting back what the speaker says and what they hear, not in parrot-fashion, but by clarifying points and checking the meaning of phrases, words, or even events. This will enable the listener to understand what the disclosure means to the victim/survivor, while also showing empathy, humanity and care about recovery and healing. Care should, however, be taken to stick to ‘clarifying questions’ that help the person receiving the disclosure to understand its meaning, avoiding leading questions that suggest a specific answer or intrude into areas that the person disclosing has not spoken about.

## **Understanding the person’s position**

When disclosing abuse, victims’ survivors may feel as if they are reliving, rather than just remembering and talking about, some truly awful events. Victims disclosing recent or ongoing abuse may still be fearful of their abuser. How the person receiving the disclosure responds to the information shared can have a profound effect on whether the person disclosing trusts the church to protect and/or support them. Church staff and volunteers can assure victims or survivors of their safety by explaining that they will immediately inform the PSO who will determine and take the required safeguarding measures. For some victims and survivors, a response that recognises their humanity, their right to care, safety and the support of the church can be powerful first steps to their healing.

In the event that the individual is at immediate risk of harm, immediate support should be sought, including from emergency services if necessary.

## **Going at the victim or survivor’s pace**

Victims or survivors should be given the time and space to disclose at their own pace and discretion. It may be that the person disclosing needs to take breaks during the conversation, or disclosure is made progressively over multiple conversations. Church staff and volunteers listening to disclosures should avoid pressing for information and provide the required time and space for the conversation to unfold without either participant feeling rushed. The extent of disclosure should rest with the victim or survivor, who should feel in control of their story (within the boundaries of good safeguarding practice) and what is going to happen with it.

**Note:** It is important to distinguish between children and adults, and between situation where consent is required and situations where there is a legal duty to report. Advice can be sought from the MAL or PSO as required to establish what action needs to be taken.

## Checking on well-being

Disclosing the abuse may be difficult for the victim or survivor . They may feel more cared for if the church staff member or volunteer regularly checks on their wellbeing during the disclosure and, with their agreement, make arrangements to check on their wellbeing afterwards as well.

## Remaining non-judgmental and being self-reflective

Listeners should be aware of their own emotions during disclosure. They should demonstrate appropriate empathy and avoid overt displays of shock or distress. The focus should be on the survivor's emotions, not the listener's, who should express deep concern for the victim or survivor whilst seeking to maintain a calm and attentive disposition themselves. Church staff and volunteers should remain non-judgmental during a disclosure. They must take what they are being told seriously, respond empathetically and then act by speaking with those with safeguarding responsibility in the Church Body. It is not their role to judge whether disclosures are 'true' or 'credible'. The response must therefore not be one of disbelief.

**Note:** While it is important that the focus remains on the person disclosing, we also recognise our duty of care to those receiving the disclosure. If, during the disclosure, the listener is struggling to manage their emotions, they should carefully and gently inform the victim or survivor disclosing to them and connect them with another person who is able to hear the disclosure such as the MAL or the PSO. If after receiving a disclosure, you feel distressed or concerned about your own wellbeing, you should seek support from your MAL, the PSO or a member of the clergy.

## Next steps in responding to a disclosure or concern of abuse

### 1. Responding

If immediate action is required to ensure the person's safety, this should be taken. Advice can be sought from the MAL or the PSO, but this should not prevent or unnecessarily delay responding to ensure safety. (See point 3 below).

Explain what will happen next; that you will seek advice from your MAL and/or the PSO, who will determine the required safeguarding measures. If there is any current risk to children or adults, they should be informed that their identity will be shared with the MAL and the PSO and may be shared with the statutory agencies.

Assure the victim that you will let them know the outcome of that discussion.

### 2. Record

Make an accurate record of the disclosure (preferably within one hour, but always within 24 hours).

Record dates and times of these events and when you made the record. Record what was said and when, what you said in reply, including relevant contextual information such as what was happening immediately before the disclosure, (eg. a description of the activity/situation), the general demeanour of the person disclosing, whether anyone else was present or involved, and if so, who, etc. The safeguarding concern form is available to staff members on ChurchSuite for this purpose. Keep all handwritten notes, alternatively the Safeguarding Administrator can scan

and store the notes on St Peter's servers, even if subsequently typed. Such records should be kept securely and retained in line with the Church of England data retention guidelines.

### 3. Report

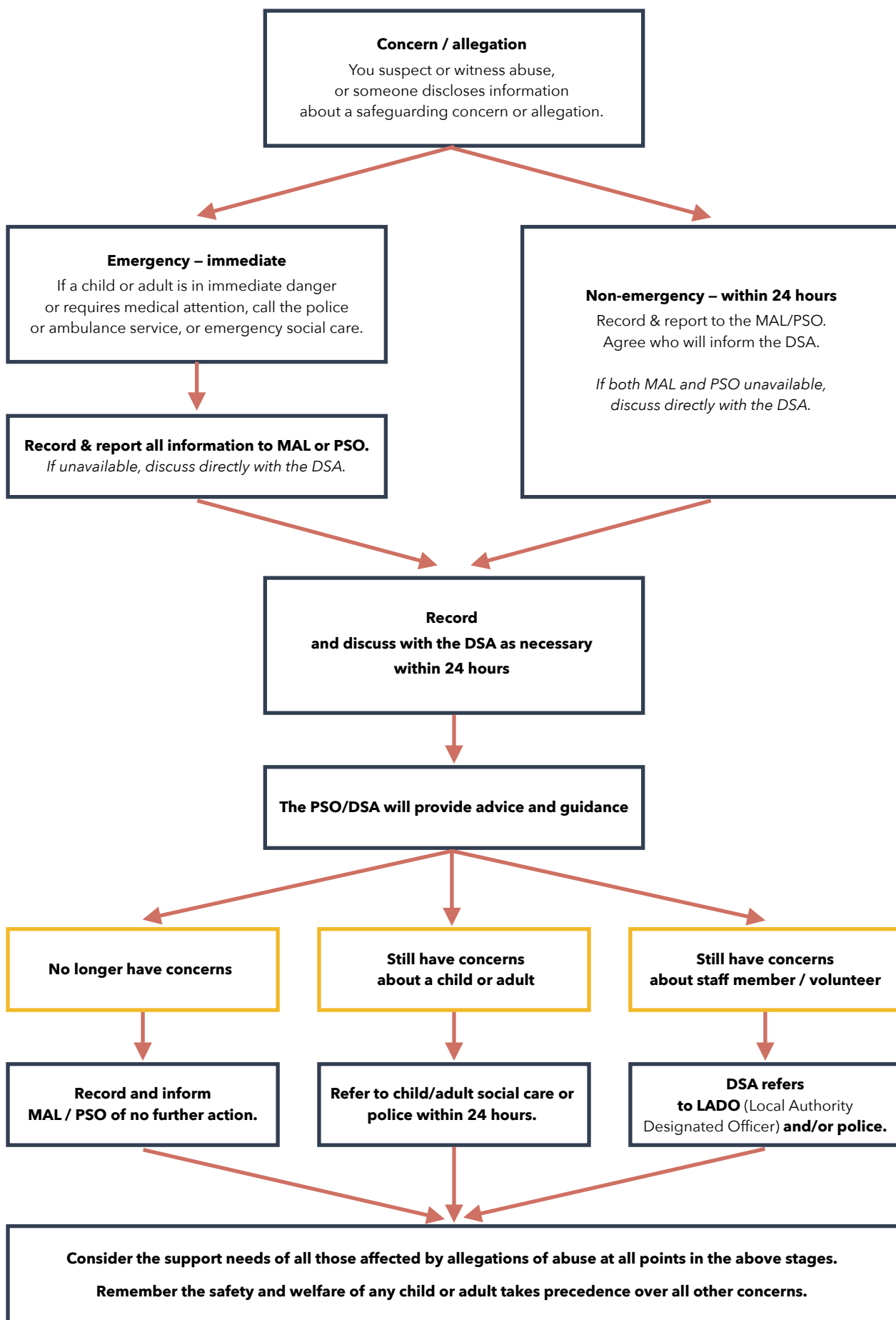
**Emergency:** If you believe a child, or an adult who is not able to protect themselves, is in immediate danger of significant or serious harm, or if they require urgent medical attention, contact emergency services by phoning 999.

**Non-emergency:** Contact your MAL as soon as possible. If the allegation is against your MAL, contact the PSO. Contact details are at the end of this document.

If required, the MAL/PSO will then seek advice from the DSA within 24 hours. The MAL and PSO will act upon all directions given by the Diocese in the timescale given. They will also consider whether any additional action is required.

## Other principles and guidance for responding to concerns or disclosures

- You retain the right to report serious matters directly to Social Services, the police, or the DSA. Even so you must also contact either your MAL or the PSO.
- If you are not sure whether the concern needs reporting, check with your MAL or the PSO. You don't need to mention names initially unless advised to do so, and any information given will be handled confidentially.
- Apart from telling your MAL or the PSO, the information must be treated as confidential and not shared with other church members.
- Do not investigate the concerns of abuse yourself.
- Do not contact anyone who may be implicated in the allegation or disclosure, even if they would normally be contacted as part of the procedure, until advice has been sought from the DSA or statutory agencies.



# Guidance for dealing with disclosures of historical / non-recent abuse

'Historical abuse', also referred to as 'non-recent abuse', refers to a concern or disclosure of abuse committed in the past. It may have been perpetrated against:

- A child or young person
- A child or young person who is now an adult
- An adult

If anyone reports abuse to you, whether recent or historical, and whether they were the abused or the abuser, you must follow the action points in the previous section by reporting the matter to your MAL/ PSO.

## Please remember

- Historical abuse must be treated as seriously as recent abuse.
- The church is required to decide what action can and should be taken. If necessary, we may need to consult with the DSA, or report allegations or disclosures of criminal acts to the police.

## General principles

- If the victim/survivor is still under 18, the safeguarding concern must be reported in the usual manner, as described above, regardless of how long ago the abuse took place or the context in which it occurred.
- If the victim/survivor is now an adult, it is their decision whether they take any action.
  - Allegations or disclosures of historic abuse are handled by the police.
  - The victim/survivor should be informed of this route to address the abuse. There is no time limit on reporting child abuse.
  - If practical, we can support the victim to report to the police if they wish.
  - The disclosure should still be reported to the MAL or PSO in the usual manner as outlined above, however, no action will be taken without discussion with the victim/survivor and their personal information will not be shared without their consent.
- If the perpetrator still has access to vulnerable people and poses an ongoing risk, consideration will be given by the PSO and DSA to what could realistically be done to manage that risk. In such circumstances, the victim's identity will only be shared with statutory agencies if they give explicit consent.

Please refer to this guidance during the year. More information on supporting vulnerable adults can be found in the St Peter's safeguarding policy part D Vulnerable Adults, found on the Safeguarding page of the St Peter's website" [weblink to be confirmed].

# Key contacts

## St Peter's Church Safeguarding Committee

### **Mark Wallace**

Chair of Safeguarding Sub-committee  
[mark.wallace@stpeterscolchester.org](mailto:mark.wallace@stpeterscolchester.org)

### **Clare Reid**

Parish Safeguarding Officer  
[safeguarding@stpeterscolchester.org](mailto:safeguarding@stpeterscolchester.org)

### **Julia Howard**

Lead Recruiter  
[safeguarding@stpeterscolchester.org](mailto:safeguarding@stpeterscolchester.org)

### **Caroline Sheldrick**

Children's Champion

### **Lizzie Wallace**

Safeguarding Administrator  
[office@stpeterscolchester.org](mailto:office@stpeterscolchester.org)

## Ministry Area Leaders (MALs)

Church activities that make formal provision for children and young people (CYP church activities) are as listed under each ministry area.

### **Sunday activities: Mark Wallace**

CYP activities: Bible Tots, Seekers, Diggers, Spark, Ignite

### **Tiny Tots: Lizzie Wallace**

CYP activities: regular Thursday mornings and any additional activities

### **non-Sunday Children's activities (0-11): Lizzie Wallace**

CYP activities: socials and one-off events (on Mondays to Saturdays, inc.)

### **mid-week Youth activities (11-18): Mark Wallace**

CYP activities: socials, one-off events, Sorted and Sorted Nano (Mondays to Saturdays, inc.)

## Diocesan Safeguarding Advisers (DSAs)

Full details of the Chelmsford Diocesan Safeguarding Team (DST) are available [online](#).

### Danielle Law

Case Worker & Diocesan Safeguarding Adviser (DSA)  
01245 294472  
[dlaw@chelmsford.anglican.org](mailto:dlaw@chelmsford.anglican.org)

### Amanda Knight

Safeguarding Manager & Diocesan Safeguarding Adviser (DSA)  
01245 294447  
[aknight@chelmsford.anglican.org](mailto:aknight@chelmsford.anglican.org)

Address: The Chelmsford DST, Diocesan Office, 53 New Street, Chelmsford, Essex CM1 1AT

## The Archdeacon of Colchester

Full details of the Colchester Area Team are available [online](#).

### Ruth Patten

01376 513130  
[a.colchester@chelmsford.anglican.org](mailto:a.colchester@chelmsford.anglican.org)

## National contacts

- [Essex County Council - Report a concern about a child](#). 0345 603 7627 (this phone line is open Monday to Thursday 8:45 am to 5pm, and Fridays 8:45am to 4:15pm).
- [Essex County Council - Reporting a concern about an adult or care professional](#).
- [Childline](#) a free 24-hour confidential counselling service for children and young people (up to age 19) 0800 1111
- [Family Lives](#) (previously Parentline) 0808 800 222/[support@napac.org.uk](mailto:support@napac.org.uk)
- NAPAC - Supporting Recovery From Childhood Abuse 0808 801 0331
- [Respect](#) supports men experiencing domestic abuse 0808 [8010327/info@mensadvice.org.uk](mailto:8010327/info@mensadvice.org.uk)
- [Safe Spaces](#) a confidential, personal and safe space for anyone who has been abused through their relationship with either the Church of England, the Catholic Church of England and Wales or the Church of Wales 0300 303 1056 / [safespaces@firstlight.org.uk](mailto:safespaces@firstlight.org.uk)
- [Samaritans helpline](#) a free support service if you feel you are struggling to cope and need someone to talk to 116 123 / [jo@samaritans.org](mailto:jo@samaritans.org)
- [The Silver Line Helpline](#) a free support service for older people suffering abuse, neglect or loneliness 0800 470 8090

- [Victim Support](#) provides specialist help to support people who have experienced crime and traumatic incidents 0808 16 89 111
- [Women's Aid](#) work to support women and children who are victims of domestic abuse [helpline@womensaid.org.uk](mailto:helpline@womensaid.org.uk)/chat online via their website 0808 2000 247
- [Your GP](#) Speaking to your own doctor is a good way to get support for your well-being and mental health

## Further Resources

- 'The Church of England, House of Bishops, Parish safeguarding handbook' - promoting a safer church, 2019
- 'The Care Act 2014, and the Care and Support Statutory Guidance 2016' (Chapter 14)
- Church of England Responding Well to Domestic Abuse: Policy and Practice Guidance, March 2017
- [Working Together to Safeguard Children 2023](#)
- [Safeguarding e-manual | The Church of England](#)
- [Policy and practice guidance | The Church of England](#)
- [Code of Safer Working Practice 02.07.2021.pdf \(churchofengland.org\)](#)
- [Safer Environment and Activities Oct19\\_0.pdf \(churchofengland.org\)](#)
- [Safeguarding Training Portal \(cofeportal.org\)](#)
- [www.chelmsford.anglican.org/safeguarding/](http://www.chelmsford.anglican.org/safeguarding/)



# **Safeguarding Policy Part B: Children (ages 0-11)**

**St Peter's, Colchester**

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## **GLOSSARY**

DBS	Disclosure and Barring Service
DSA	Diocesan Safeguarding Advisor
MAL	Ministry Area Leader
NST	Church of England's National Safeguarding Team
PCC	Parochial Church Council
PSO	Parish Safeguarding Officer
SRPM	Safer Recruitment and People Management Policy

# Guidelines for recognising and responding to potential child abuse

Child abuse is serious. All caregivers need to know how to recognise and respond to indicators or disclosures of abuse. The following guidelines are in place to meet that need.

## Definitions

### Who is a child?

Any person under the age of 18 years.

### What is abuse?

'Working together to safeguard children' states:

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. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

## Categories of abuse

There are 4 categories of abuse when considering safeguarding children. All abuse falls into one or more of these categories. Please see the appendix for definitions and signs of abuse.

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Neglect

In addition to the categories of abuse, there are a range of identified risks, which for the sake of this policy will be referred to as types of abuse. These all fit within one or more of the categories of abuse, but are not limited to:

1. Domestic Abuse
2. Child exploitation
  - a. Child sexual exploitation
  - b. Child criminal exploitation includes Criminal, gang related, county lines
  - c. Child financial exploitation includes Modern Slavery and forced servitude
  - d. Extremism and Radicalisation
3. Bullying, cyberbullying, online abuse and other technology-based abuse

4. Abuse related to faith or belief including forced marriage, and so-called honour-based abuse
5. Violence against women and girls includes Female Genital Mutilation, breast ironing and labia stretching
6. Peer abuse (also referred to as peer-on-peer abuse)
7. Harmful sexual behaviour
8. Abuse of a position of trust
9. Fabricated or Induced Illness

## **Guidelines for when a child discloses (tells us) they have been abused**

As a church, we seek to create and maintain a safe environment for all. This includes being open and responding appropriately to concerns and disclosures raised by children and young people. Caregivers should avoid intentionally instigating a meeting with a child or young person to receive a disclosure or take a statement from them – that is the role of Children’s Social Care or the Police. However, if a child or young person directly discloses abuse, the following general guidelines should be followed:

### **Respond**

- Try to maintain a calm disposition and to avoid looking shocked or dismissive.
- Listen to the child carefully and in a manner that conveys they are being heard and taken seriously.
- Give the child or young person the time and space to tell their story in their own time.
- Ask questions only for clarification. Do not interrogate or investigate and never ask leading questions.
- Reassure the child or young person that they have done the right thing by disclosing.
- Explain what will happen next (eg that you will inform/take advice from your Ministry Area Lead (MAL) or the Parish Safeguarding Officer (PSO)) and that the church may have to contact the Diocesan Safeguarding Advisor (DSA) or statutory services to get them the help that they need and to keep them safe.
- Do not make promises that cannot be kept (for example, that the disclosure will be kept secret or that everything will be OK).

### **Record**

- Make an accurate record of the disclosure (preferably within one hour, but always within 24 hours).
- Record dates and times of the events and when you made the record. Record what was said and when, what you said in reply and what was happening immediately beforehand (e.g. a description of the activity/situation).
- The safeguarding concern form is available to staff members on ChurchSuite for this purpose.

- Keep all handwritten notes. Alternatively the Safeguarding Administrator can scan and store the notes on the St Peter's Dropbox folder. Such records should be kept securely and retained in line with the Church of England data retention guidelines.

## Report

**Emergency:** If you believe a child or adult is at immediate risk of significant or serious harm, contact the police on 999 or Children's Social Care.

**Non-emergency:** Contact your MAL or PSO as soon as possible. (If the allegation is against your MAL, or if they cannot be contacted, contact the PSO. Contact details are at the end of this document.) The MAL/PSO will then seek advice from the DSA as required within 1 working day. The MAL and PSO will act upon all directions given by the Diocese in the timescale given. They will also consider whether any additional action is required.

- You retain the right to report serious matters directly to the DSA, Social Care, or the Police. Even so you must also contact either your MAL or the PSO, informing them of the details of the concern and any action taken.
- If you are not sure whether a concern needs reporting, check with your MAL or the PSO. You don't need to mention names initially unless advised to do so, and any information given will be handled confidentially.
- Apart from telling your MAL/PSO, the information must be treated as confidential and not shared with other church members.
- Do not investigate the concerns of abuse yourself. Do not contact anyone who may be implicated in the concern or disclosure, even if they would normally be contacted as part of the procedure, until advice has been sought from the PSO, the Diocesan Safeguarding Advisor or statutory agencies.
- Consider your own wellbeing and ask your ministry area leader for pastoral support if needed.

## Safeguarding children whilst they are in our care

### Caregiver ratios

Except in exceptional circumstances each group should have at least two workers; even for smaller groups. If possible, particularly when working with older children, it is wise to have at least one male and one female worker, however, this is not mandatory. Staff ratios for all groups should always be based on both the ratios below and a risk assessment. (For example, staffing numbers may need to be increased for outdoor activities; particularly if the activity is considered higher risk, potentially dangerous, or when children with disabilities or other additional needs are involved).

Where more than one group meets in the same venue, and the groups can be seen by others, the total number of adults to children within the room should be within the ratio suggested but the individual group may have fewer adults providing that risks can be effectively managed.

In exceptional circumstances, if there are not enough caregivers present on the day, the caregivers must either:

- recruit another DBS-screened individual to help or;

- meet in the same venue as other screened caregivers and in full view of those caregivers. (This option must only be used if the risks associated with the activity can be effectively managed.)
- A record of the circumstances and response must be maintained.

In an emergency situation, the emergency takes priority over the ratios. However, children should never be left unattended in a room. In non-emergency situations, planning should generally ensure that this scenario does not occur.

In addition to always having two caregivers present, the church has adopted the Church of England's minimum requirements which are:

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

## For all groups and activities

- A written health and safety risk assessment must be completed and communicated as needed.
- A registration form must be completed for every child who attends groups or activities. This should include up-to-date information on parents' contact numbers, medical information (e.g. allergies) and any additional support needs.
- An attendance register must be maintained and be available throughout the meeting. The register must include the names of both the children in attendance and the adults present.
- A first aid kit must be available on any premises that are used by children.
- An accident form is available, and all accidents and incidents must be recorded and sent to the Church Office.
- In St Peter's premises where children's groups meet, the Childline and Family Lives telephone numbers should be displayed.

## Provision of transport in private cars

Generally, St Peter's does not provide transport for children. However, occasionally, situations where transport is provided can, and do, arise. If transport is provided in a private car:

- Parents must provide explicit consent.
- The vehicle used must be roadworthy.
- The person driving must hold a full driving licence and be competent to transport children and fit for the task.
- The vehicle and driver must have insurance that covers such an activity. (This will usually require insurance that covers business use).

- Ideally, there should be 2 adults in the car and children should be seated in the rear and be suitably restrained.
- Where it is not possible to have 2 adults in the car, transport arrangements should be risk assessed and all risks mitigated including risks to both the children, and to the adults, and risks associated with unforeseen circumstances such as a child being ill, a breakdown, an accident, or unforeseen delays due to road conditions.

## Off-site trips

Likewise, children are not generally taken to offsite activities, however, occasionally, off-site trips may be organised, for example on some 'weekends away'. If offsite trips are arranged:

- The MAL for the event must be informed and must approve the activity in advance.
- Details of the activity and any itinerary must be given in advance to parents and consent forms must be completed in advance of the activity.
- Details of the activity and a list of contacts must be left with someone from the church.
- Details of the activity and arrangements must be made available to the incumbent and/or PSO, in writing prior to the offsite activity.
- A risk assessment must be completed, and the activity must be within the scope of the church's Public Liability Insurance.
- A leader must be designated to take responsibility for first aid, including ensuring that a suitable first aid kit is available.

## Expected standards of conduct

Leaders must always be mindful of the imbalance of power between an adult and a child.

## Discipline

All caregivers are responsible for providing a loving, respectful, and orderly atmosphere in which children can learn, play and interact with others. This atmosphere should be maintained by preparing beforehand, proactively directing children towards acceptable activities, verbally encouraging positive behaviour and, when necessary, correcting or redirecting inappropriate behaviour.

Acceptable means of redirecting inappropriate behaviour include correcting the child verbally, withholding a certain privilege or activity for a brief time, or separating them from the group for a brief time (particularly if their behaviour is endangering or upsetting other children).

Caregivers must never use any form of physical punishment. If behaviour is uncontrollable or the child does not respond to the discipline measures above, the parents/guardians will be contacted. Caregivers should never yell at a young person, except in circumstances where the young person is in danger or is placing, or at risk of placing others in danger.

## Appropriate contact and conversation

Caregivers need to be above reproach in all that they do, and wisdom is often required in different situations. Advice can be sought from group leaders or MALs. Two good questions to ask in any situation are:

- 'What is the worst that could happen?'

- 'What is the worst way this could be perceived or construed?'

Team members should help and support one another; including regarding physical contact, by pointing out anything that does not meet expected standards of conduct or care, or that could be misconstrued or misunderstood. Concerns about caregivers, including low level concerns that do not meet the threshold for referral to statutory services, should be reported to the group leader or the MAL, so that the caregiver can be supported to meet the required standards of conduct. Any concerns about a specific person must be reported to the PSO. Records must be maintained of any such conversations on the St Peter's system.

## **Acceptable physical contact**

Age and situationally appropriate sympathetic attention, humour, encouragement and age appropriate, child-led physical contact are beneficial for children (particularly for younger children) as part of their development and their coming to understand appropriate human relationships and interactions (including understanding and respecting personal boundaries). Some adults have decided to avoid having anything to do with children or young people and avoid all occasion of making physical contact or encouraging them. This is an understandable, but regrettable response to the fear of false accusation. It also conveys unhelpful messages to the children. Caregivers should follow the guidelines below to guide physical contact:

- Always avoid being alone in a room with a child. Keep everything in public.
- Conversations should be appropriate for the age of the young person and respectful of individual boundaries and preferences.
- Avoid unnecessary physical contact with young people. Touch should be age-appropriate and generally initiated by the young person rather than the caregiver.
- Avoid any physical activity that is, or may be thought to be, sexually stimulating to the adult or the young person or that involves an unnecessary risk of injury.
- Always ask permission.
- Be mindful of your body position.
- Keep everything public. A hug in the context of a group is very different from a hug behind closed doors.
- Physical contact should always be in response to a child's needs and not related to the worker's needs or preferences. It should be age appropriate, welcome and generally initiated by the child, not the church worker.
- Avoid any physical contact that is or could be construed as sexual and/or abusive/offensive.
- Allow the child to determine the degree of physical contact with others except in exceptional circumstances (eg when they need medical attention).
- You should discourage children you support from sitting on your lap. You can offer to sit side by side.
- You should discourage people you support from touching your face. You can offer your hand instead.
- You can allow people you support to give you brief hugs if you feel comfortable with this.
- You can allow people you support to hold hands or link arms with you to help with travel and stability.

- You should avoid using touch if the person you support is very distressed and is unlikely to tolerate it.

**Note:** St Peter's does not routinely engage in 1:1 counselling, mentoring, or pastoral care of children. This policy, however, does not exclude such a possibility. Such activity must only be conducted:

- By those who have been Safely Recruited and are in possession of a current Enhanced (with Barred List) DBS check.
- With explicit consent from parents that outlines full details of the venue and time and must be organised directly with the parents. (No communication directly with the child is permitted, either to arrange, or to provide 1:1 pastoral care, including to arrange 'follow up' or ongoing care.
- With the knowledge (in advance) of the MAL, who will inform both the Incumbent and the PSO of the arrangements.
- After a formal risk assessment has been completed and agreed with the parent(s).

In addition:

- A record of the discussion will be retained by the person providing the care and must be made available to the MAL, the Incumbent, or the PSO upon request.
- Such records are the property of St Peter's and must be retained in line with Church of England data retention guidelines.

## Frequently asked questions

### Can I allow a child to sit on my lap when we're all sitting on the floor?

You should discourage school-aged children you support from sitting on your lap. You can offer to sit side by side.

### Can I play games that involve physical contact with children?

Yes, you may play age-appropriate games involving physical contact as long as you are in public and your actions could not be reasonably misunderstood or misrepresented by a third party. Bear in mind that the "chummier" you are with children in this way, the less likely you are to have any authority in their eyes. Remember too that they are not as strong as you.

### Can I hold hands with a child?

Yes, you may, if there is a clear reason to do so and as long as you are in public and there is no way your actions could be reasonably misunderstood or misrepresented by a third party. Reasons could include walking a child across a road, or to the bathroom, playing a game requiring hands held. For younger children this might happen frequently.

For older children there will be very few occasions when this is appropriate.

### Can I ever hug a child?

Yes, you may if a child is clearly distressed, as long as you are in public and there is no way your actions could be reasonably misunderstood or misrepresented by a third party. There may be other occasions when this might be appropriate if initiated by the child, like congratulating them. Bear in mind your normal character and the personality and preferences of the child. (For example, if you rarely hug

anyone you should probably not hug a child in your care. If hugging is one way you interact with all kinds of people you might need to rein yourself in a bit, but not necessarily completely.) Avoid any physical activity that is, or may be thought to be, sexually stimulating to the adult or the child.

## Can I ever tickle a child?

It is difficult to see why a child would need to be tickled by a caregiver and should be avoided when acting as a caregiver, except when caring for babies and very young (preverbal) children. This is not to say that a child should never be tickled by anyone, but there is a time and a place, even in the context of close relationships.

## Can I ever physically restrain a child?

Yes. If a child's behaviour is dangerous for themselves or to another person restraint, used in proportion to the situation, may be necessary. Outside these scenarios physical restraint should be required rarely and other strategies for de-escalation or containment are preferable. Where restraint is unavoidable, remember the imbalance of both power and physical strength. The child should not be restrained for any longer than is necessary to keep everyone safe. In any situation where physical interventions are necessary, a record must be kept, and the young person's parents must be informed of the restraint.

**Note:** it is important to remember that physical restraint can escalate, rather than deescalating a situation.

## Can I take a picture of a child in my care?

No. Caregivers must never take any pictures of children they are caring for unless they have received explicit, written consent from the child's parents/guardians, which indicates the intended purpose. For the avoidance of doubt, caregivers must also never post any pictures of the children in their care on social media platforms including but not limited to Instagram, Facebook, WhatsApp, X (formerly known as Twitter), Snapchat etc, and photos taken must be stored on St Peter's drives and the caregiver must not retain copies in any form; whether on devices or storage media.

## Toileting

A caregiver may change the nappy for any baby if required.

For school-aged children, toilet breaks should be organised for them. They should be able to take themselves to the toilet without assistance.

If a preschool or school-aged child requires assistance in going to the toilet, another adult should be informed, and assistance should be given by a caregiver of the same gender where possible. The caregiver should wait outside the closed cubicle door unless the child requires assistance. The cubicle door must not be closed with the caregiver and child inside. (See below for guidance re: children with Special Educational Needs or disabilities.)

## Food

The only foods caregivers can give to children are:

- Biscuits, plain crackers and popcorn provided by the church.
- Food provided by a parent/guardian for a specific child.

- When on a weekend away, children may receive cookies/muffins or fruit etc during the midmorning break time. These food items will be labelled with allergy information. Leaders will be made aware of any children with allergies and what they can and can't consume.

No other food is given. Food for a specific child must not be shared with any other child. Some children in our care have severe allergies to certain foods and giving them the wrong food could have serious consequences.

## **Risk management/illness/accidents**

Caregivers should consider the health and safety of all children and caregivers when organising activities or planning games. Church activities are risk assessed, and carers will be made aware of any risk mitigation measures that they are required to take. However, care givers should be alert to risk at any time, including unanticipated risk not covered by risk assessments.

Children with infectious illnesses must be kept at home and not join the children's groups. If a young person appears ill while in the church's care, caregivers will use their discretion to determine whether the young person should be isolated from other young people by a caregiver (who will remain with them), and whether parents/guardians should be contacted to collect their child.

A basic first aid kit must be readily available at all times. All caregivers should be familiar with its location. In the event of a life-threatening illness or injury, emergency medical services will be called first, then the parents will be located and informed immediately. Caregivers will report all injuries, whether major or minor, via an online accident and incident report form (available on ChurchSuite) or by emailing the Administrator at [office@stpeterscolchester.org](mailto:office@stpeterscolchester.org)

Caregivers should be familiar with evacuation procedures, including where the fire exits are located and where the meeting point is, should the fire alarm sound.

## **Safeguarding children with special education needs and disabilities (SEND)**

Safeguarding processes for young people with special education needs and disabilities (SEND) are the same as for all young people. Young people with SEND have the same human and civil rights as any other children, including the right to be safe from abuse and neglect and to be protected from harm.

However, research suggests that children with SEND may be more vulnerable to abuse or neglect than other children. For some children with SEND, recognising and disclosing abuse or neglect may be more difficult, and sometimes, their support needs, health conditions etc can result in abuse not being identified. However, it is also true that some children may show possible indicators of abuse that are in fact, part of a medical condition; providing a coherent explanation that may not apply to other children.

For children with SEND, it is important that we treat them as individuals, understanding them and their support needs, and identifying and reporting early "low level" indicators suggestive of abuse and neglect. This can be more difficult, for a variety of reasons including:

- Greater dependence on parents or carers for practical assistance in their day to day lives, such as feeding or personal care may result in an erosion of their sense of what is acceptable and of their own rights and autonomy.

- Impaired capacity to recognise, resist or avoid abuse, or feeling too vulnerable or scared to report abuse/bullying.
- Speech, language, or other communication needs/ barriers which can make it more difficult to tell adults what is happening, or to enable them to understand.
- Increased likelihood of social isolation, with fewer outside contacts than non-disabled children, resulting in less access to someone to whom they trust to disclose abuse to.
- An embedded cultural or societal assumption that abuse and neglect does not happen to disabled children, leading to a lack of vigilance, or failure to identify the signs and indicators of abuse and hinder the reporting of concerns.
- Staff or volunteers allowing empathy with parents or carers, who may be under considerable stress, to hinder the expected focus on the needs of the child. The stress and challenges of supporting a child with SEND can lead to behaviour or treatment of the child being accepted by other adults, when the same behaviour would cause concerns if the child did not have such additional support needs. Consequently, concerns that are observed may be minimised or excused rather than being raised.
- Behavioural/physical indicators, such as self-injury or withdrawal, can be interpreted as part of the child's disability or condition rather than as the result of abuse or neglect (or vice versa), and therefore abuse/neglect can be missed and go unreported
- Symptoms of some disabilities or illnesses can give the impression of abuse, bringing the parents incorrectly under suspicion.
- Being perceived as physically or behaviourally different from others may make the child more likely to be a victim of bullying, exclusion or intimidation.

Where the participants in a group or activity at St Peter's includes a child with SEND, caregivers must be especially vigilant to the potential increased risk of abuse and neglect, and the additional action that will be needed to ensure the policies and procedures are enacted for that child as they would be for any other child.

Caregivers must be additionally aware of the following possible indicators of abuse or neglect for a child with SEND:

- A bruise or other mark in a site that might not be of concern on a non-disabled child, such as the shin, might be of concern on a nonmobile child.
- Malnourishment, potentially due to not getting enough help with feeding.
- Force feeding.
- Unjustified/ excessive use of restraint.
- Rough handling / extreme approach to behaviour modification (e.g. withholding of liquid, food, medication, clothing).
- Poor grasp of a child's communication system or method, or other support needs.
- Ill-fitting equipment, e.g. callipers, sleep boards, inappropriate splinting or inappropriate use of equipment.
- Misappropriation of financial benefits.
- Invasive procedures that are unnecessary or carried out against the child's will.

- Misuse of medication, or deliberate failure to follow medical or therapeutic programmes, or other medical advice or procedures.
- Consistent failure to attend appointments with support services.
- Age or culturally inappropriate care and support.

Even subtle changes in behaviour or presentation may be an indication that something is wrong and / or that they are being abused. It is vital caregivers for children with SEND are aware of changing patterns of behaviour and their potential causes.

Where there are concerns about the welfare of a child with SEND, caregivers should act upon them in accordance with this policy as they would for any other child. Where a child with SEND has communication needs, special attention should be paid to gaining a clear understanding of the child's perception of events, wishes and feelings. This may require the involvement of other adults or agencies who are better equipped to meet the needs of non-verbal children.

## **Supplementary information for specific ministry areas**

### **Creche**

Creches may variously be located in the St Peter's church hall, St Peter's vestry, and St Peter's vicarage. Parents/carers should take their creche-aged children there at the point indicated in the service. Upon arrival each child is registered. If they are new, a registration form is filled out by the parent or carer. The children are registered at this point, and this marks the official start of the caregiver's responsibilities.

For children who are new, creche helpers must ensure they have met the child's parent or carer at registration, so that they know who will be collecting the child at the end of creche.

At the end of the service, a parent or carer must pick up their child from creche. This marks the official end to the caregivers' responsibility for the child. If the creche helper is not familiar with the adult collecting the child, they should look to another known adult who can vouch for them being the parent/guardian of the child.

### **Sunday school**

The precise arrangements vary between the services; however, all Sunday School groups adhere to the principles outlined in this policy. Specific arrangements are outlined in the procedures and / or risk assessments.

- Children are registered before or on arrival to Sunday school.
- At the indicated point during the service/on arrival to a Sunday school session children become the caregiver's responsibility. Caregivers remain responsible for the child throughout the session until they are handed back to their parent or guardian.

### **Church Lunches**

Occasionally food is provided before/after a Sunday service. For the duration of the Church Lunch children are in the care of their parents or guardians. The children may mingle freely with any adults in the building at the discretion of their parents or guardians.

## Weekends away

If any weekend away advertises childcare, or if provision is made for volunteers to help in addition to parents or designated guardians, the childcare for that weekend must be treated in the same way as other meetings that provide childcare. It comes under our Safeguarding Policy and must be run accordingly, following the same procedures as Sunday creche and Sunday school as detailed in this policy with the following alterations/additions:

**Note:** this does not exclude 'informal' arrangements, agreed between parents attending the weekend away, however, since such events do not sit within the scope of this policy and are the responsibility of the parents, the children remain the responsibility of their parents and any decisions about the "informal" sharing of childcare are the responsibility of each child's parents.

### Registering

Children are registered for the weekend when initially signed up, so no further registration is needed when their specific groups meet. However, parents must drop off and collect their children at the beginning and end of the advertised children's programme slots. This marks the official start and end of caregiver responsibilities for these children.

### Registers of attendance

At such events, a register of both the children attending and the adults present and running the session will be maintained as for other St Peter's childcare events.

### Evening patrol

Parents and guardians are responsible for putting their children to bed. Once children are in bed, their parents or guardians may leave them at their own discretion. The evening patrol volunteers provide a listening service and contacting the child's parent or guardian when required.

**Note:** during evening patrol, parents/guardians are still responsible for their children. The evening patrol volunteers provide a 'listening' service and will contact parents if there is reason to believe that a child may need them.

Between the advertised times, pairs of volunteers will patrol the corridors of sleeping areas listening for any children who are disturbed. If volunteers hear of a child who is disturbed, they will contact another volunteer in a more centralised area, who will fetch the child's parents/guardians and ask them to return to their child.

Volunteer pairs must always stay together. Volunteers should not under normal circumstances enter a child's bedroom unless this is necessary to deal with an emergency (or other serious incident). In such an event, the volunteers must report the situation to the MAL or team leader as soon as possible and record details of the circumstances. This record should then be passed to the PSO.

All evening patrol volunteers, and parents of relevant children must be given a copy of this guidance before evening patrol can begin.

### Evening Patrol Volunteers

- These volunteers might not be DBS screened and may not necessarily have been through the 'Safer Recruitment' process, as they should not come into direct contact with children.
- Although the full safer recruitment process does not apply, no volunteer who is known, or believed, to be unsuitable to work with children will be appointed.

- Volunteer pairs should not be closely related to each other. (eg husband and wife, parent and child etc. This includes couples who are in a romantic relationship but are not engaged or married.)

## **Holiday Club**

The creche and children's programmes at Holiday Club come under our safeguarding policy and must be run accordingly, following the same procedures as Sunday creche and Sunday school as detailed above. All caregivers must be safely recruited, and the same procedures concerning ratios, registration, discipline, toileting, food and accidents must be followed as in Sunday creche/Sunday school, with the following alterations/additions:

- Caregivers are only responsible for children during the advertised times of the children's or youth programmes. At all other times, children are the responsibility of their parents or guardians.
- Any excursion offsite, or onsite activity that is not part of the advertised children's programme is an informal arrangement that falls outside the provisions of this policy. Decisions about participation in such activities is the responsibility of parents, and the children remain the responsibility of their parents or guardians throughout. Caregivers are free to participate in these excursions or activities, but do so as members of the group and not as caregivers.

## **Tiny Tots**

All children attending Tiny Tots will attend with a parent or guardian and remain the responsibility of their parents or guardian throughout the session. Childcare is not provided during these sessions, and leaders are not engaging in regulated activity and thus are not recruited through the safer recruitment process that applies to children's workers.

### **Registering**

All children and their parent/carers will be registered when they arrive and will sign out when they leave. All helpers present will be registered on a separate register. For the duration of the morning these registers will form the fire register, and thereafter the completed registers will be filed and kept secure, in accordance with Church of England data retention guidance.

### **Restricting access to outsiders**

Throughout the session, someone will be on the door to welcome people as they arrive. It is also the responsibility of the welcomer to ensure that no one who is not associated with Tiny Tots or is not a member of St Peter's staff enters the building for the duration of Tiny Tots.

### **Discipline**

Children remain in the care of their parent or guardian throughout the session, and signage in the building reminds them of this. If required, helpers will remind parents or guardians of their responsibility and draw their attention to matters that need to be addressed. Each parent or guardian is expected to ensuring good order and discipline among the children in their care. Consequently, staff and volunteers running the group sessions will not be responsible for discipline, although gentle encouragement and distraction strategies may initially be tried. However, helpers should be vigilant about potential safety issues, and where a child is engaging in activity that is likely to be a danger either to themselves or others, or is likely to be upsetting to other children, it is the responsibility of the helpers to take action. This may be either to draw the parent or guardian's attention to the child's actions, or in extreme circumstances to intervene. The safety of the children should take precedence over the fear of being seen to interfere by the parent or guardian.

## **Appropriate contact**

Although children remain the responsibility of their parent or guardian, the Tiny Tots team recognise that as the parent or guardian gets to know and trust them, parents may ask a team member to care for their child momentarily (eg. if they are attending to the needs of another child in their care). This is acceptable but should be the exception rather than the rule. The team need to be aware in such situations that they must be above reproach in all that they do, and wisdom is often required to know what that looks like in different situations. Two good questions to ask in any situation are:

- 'What is the worst that could happen?' and
- 'What is the worst way that this could be perceived or represented?'

The team should support and care for each other by offering or receiving receive advice from other members of the team if their behaviour is beginning to stray from what is wise.

## **Food and drink**

Coffee will be provided for the parents, and it is their responsibility to behave sensibly with their coffee. However, because of the risks to children with hot coffee, it is strongly recommended that helpers do not drink coffee when they are around the children. Snacks will be provided for the children, but nothing other than the snacks provided should be offered and these should only be offered with the permission of the parent or guardian.

## **Toileting**

Toileting is the responsibility of the parent or guardian.

## **Risk management/illness/accidents**

It is the responsibility of the Tiny Tots team to consider the health and safety of all children when planning zoned activities. Sessions will be risk assessed, and any risk mitigation measures will be communicated to everyone who needs to know them.

Toys should be scrutinised regularly to ensure they are not broken and could not constitute a danger to children.

Parents and guardians will be asked not to bring children to Tiny Tots if they have an infectious disease or appear unwell.

A basic first aid kit is always readily available. All team members should be familiar with its location, contents and use. One team member will be designated to take responsibility for first aid each week. All accidents and injuries, however minor, must be recorded using the online accident and incident report form. In addition, a specific Tiny Tots incident book will be kept. This will record not only accidents and injuries, but any other incident where a child or adult has caused harm or could potentially have placed others at risk of harm. This is for the purpose of monitoring such incidents as per our responsibilities under the Health and Safety policy.

All helpers should be aware of where the fire exits, and meeting points are. If the fire alarm sounds helpers should usher those in attendance and their children to the nearest exit and take them to the meeting point. The fire officer will ensure that they bring the register with them so that they can check that the building has been evacuated. During the evacuation, attention should be given to areas where children or adults may be unnoticed such as the toilets. Risk assessments should detail the relevant evacuation arrangements; including where those evacuated can go in the event of adverse weather conditions.

## **Parents' Bible Studies (PBSs)**

### **Central PBSs**

Creches are provided for children in St Peter's. This comes under our safeguarding policy and must be run accordingly, following the same procedures as Sunday creche and Sunday school as detailed above. All caregivers must be appointed in accordance with the safe recruitment policy (see section F of this policy). And the same regulations concerning ratios, registration, discipline, toileting, food and accidents must be followed as outlined for Sunday creche/Sunday school above.

### **Local PBSs**

Local PBS groups may meet during the week in homes across the region. Women are free to bring their own children to a local group, but they remain responsible for their own children throughout the time the group meets.

Women in a local group are free to join together amongst themselves and informally arrange childcare for their own children while the group meets. This may include using an au pair or nanny or arranging amongst themselves to cover childcare; however, it must be made clear to parents that this is not a St Peter's provision and it is the responsibility of each parent to assess for themselves whether they believe the arrangements are appropriate for their child. Local PBSs are not covered by the St Peter's safeguarding policy, and as such it is not guaranteed that someone from the group is DBS-checked (although they may be).

## **Other events/activities**

From time to time the Sunday congregations will organise extra events which include children.

### **Occasional seminars/training days**

For occasional seminars and training days (eg marriage day, parenting day, staff training), if childcare is required for children, it must be requested in advance, and any childcare provision must comply with the church safeguarding policy.

### **Events run jointly with other Church of England churches**

Where events are being held at St Peter's but run jointly with another Church of England church, care givers can be volunteers from that other church, so long as they have been safely recruited by that church according to Church of England policy. Volunteers from the other church must be familiar with the St Peter's safeguarding policy and the safeguarding procedures relevant to the event being held. The church that the volunteer attends must confirm to St Peter's in writing that the volunteer has been appointed in accordance with their safeguarding policy, that the volunteer's DBS check and training are up to date, and that they do not have any concerns about their suitability to work with children or vulnerable adults.

A parent/guardian must drop off and collect their children at the prearranged venue. This marks the official start and end of caregiver responsibilities for these children.

## 9:00am & 6:30pm services

No provision is made for children during the 9:00am or 6:30pm (or other afternoon) services. Children are welcome in our midst but remain in the care of their parents or guardians throughout. The children may mingle freely with any adults in the building at the discretion of their parents or guardians.

## Midweek small groups

Creche-aged children are welcome to the small group evenings at the discretion of the small group evening leader but remain in the care of their parents/guardians throughout.

## Babysitting

No formal babysitting provision is available at St Peter's. Families who attend the church can, of course, make informal arrangements among themselves but must take full responsibility for assessing the suitability of the babysitter.

# APPENDIX: Categories and types of abuse (children)

Taken from [Church of England Safeguarding e-manual](#).

There is no single indicator of abuse. It is important to be aware of all signs or indicators. It is also important to be aware that sometimes, patterns of 'low level' concerns that, viewed in isolation from one-another, may not seem to be significant, but which when seen together, may be a cause of greater concern. It is, of course, also possible that such concerns may be identified over time, in different church contexts or ministry areas, or that a cluster of concerns amongst siblings is identified that suggest a pattern of significance. For this reason, any concerns, including low-level concerns, should be reported to the PSO. This may not result in any specific action, but provides opportunity to piece together patterns across time, context or even family members, where such patterns exist.

Abuse can be intentional, unintentional or the result of negligence. It can happen anywhere.

## Generic indicators of abuse

As listed below generic indicators of abuse that could relate to more than one category:

- Unexplained or inadequately explained sudden changes in behaviour or demeanour.
- Significant deviation from developmental norms not explained by disability or some other identifiable cause:
  - This may involve 'failure to thrive', consistent failure to meet developmental milestones, or other significant developmental delay.
  - It could also be a child who 'knows too much' about aspects of life that are developmentally inappropriate; particularly where that knowledge appears to be experiential rather than purely theoretical.
- Developmental regression.
- Unexplained weight loss.
- Excessive sleep, drowsiness, or tiredness.

- Hypervigilance, nervousness, anxiety and withdrawing behaviour or presentation, flinching in specific situations or with specific people.
- Aggressive or violent behaviour or attitudes that condone or endorse violence.
- Loss of hair, skin conditions, repeated and unusual infections, or poor immune system.

## Categories of abuse

### Physical abuse

#### What it is

Abuse that causes physical harm, or that exacerbates physical harm due to inaction, insufficient or otherwise inappropriate consideration and response. It may include, for example:

- Assaults that do not involve the use of weapons or implements including:
  - Hitting, punching, kicking, slapping, pushing, shaking, pinching, biting, scratching, pulling hair, spitting.
  - Disproportionate or excessively harsh discipline, rough handling when providing personal care, unnecessary restraint, disproportionate or excessive force during restraint, or maintaining restraint for an unnecessarily long duration.
- Assaults using “weapons” or implements including:
  - knives, sticks, belts slippers, DIY tools, other household objects or hard surfaces.
- Throwing objects at the child or throwing the child.
- Choking, strangling, drowning, or suffocating.
- Burning or scalding.
- Causing dehydration or malnutrition by withholding food or drink.
- Poisoning, including unnecessary medication, incorrect administration of medication, sedation or other forms of poisoning such as administration of alcohol, salt poisoning, use of corrosive substances such as bleach etc. to cause harm.
- Withholding medical treatment, therapy, medication etc.
- Withholding first aid attention following an accident
- Inappropriate or rough handling, including when performing personal care or administering first aid (eg. removing a plaster forcefully to cause tearing of the skin).
- Force feeding, causing excessive obesity through overfeeding/inappropriate diet.
- Failing to take reasonable action to prevent accidental injuries or allowing repeating injuries due to inaction and failure to learn the lesson.
- Insufficient precautions, allowing a child access to dangerous objects or substances, including medication, recreational drugs etc.
- Physical abuse can happen antenatally through substance misuse etc.

## Signs and indicators of potential physical abuse include:

- Unexplained or inadequately explained marks or injuries, including bruises, burns, cuts, abrasions, fractures, etc.
- Untreated medical conditions (e.g. skin conditions, nappy rash, recurring illnesses etc.) including unwillingness of parents / guardians to seek medical or first aid intervention.
- Regular excessive hunger or thirst.
- Wearing extra layers of clothing or clothes that keep much of the body covered, particularly during warm weather .
- Regular injuries or patterns to injuries (e.g. usually at weekends, or during school holidays or when visited by or visiting a specific person etc).
- Injuries to babies or pre-mobile very young children.
- Head injuries that could have resulted from shaking such as swelling, being extremely sleepy or unconscious, breathing problems, seizures, vomiting, unusual behaviour, such as being irritable or not feeding properly.

Injuries that occur in unusual positions on the body or that have an unusual and unexplained appearance. (E.g. knocks to extremities; arms, legs, head, are not unusual and may not be suspicious if a consistent and reasonable explanation is provided. Marks to the abdomen, back, neck, back of head etc are less common).

## Examples of factors which could cause confusion would include:

- Mongolian Blue Spot
- Brittle bone syndrome
- Leukaemia
- Other medical conditions

It is currently *not* illegal in England for *parents* to smack a child so long as the smack does not leave a lasting mark (eg not lasting more than 5 minutes or so). If the smack causes bruising it is regarded as excessive and is classed as abuse. Smacking in inappropriate places (eg head) or the use of implements such as belts, sticks, footwear etc is not permissible and will be regarded as abuse.

**Note:** Scotland and Wales have over recent years removed the “reasonable chastisement” defence from law, but at present England has not followed suit. There is, however, a campaign by the Royal College of Paediatrics and Child Health, supported by the NSPCC and Thirtyone:eight, calling for England and Northern Ireland to follow suit.

The considered decision not to have a child vaccinated is not classed as abuse, but repeated failure to attend appointments or refusal to seek medical or first aid treatments could be regarded as abuse.

## Sexual abuse

### What it is

Abuse that provides the perpetrator with some form of sexual gratification. It can involve forcing, coercing, or enticing a child into sexual activities, not necessarily involving a high level of violence, or exposing a child to sexual material or activity, whether or not the child is aware of the significance of what is happening, and whether or not the perpetrator participates in the sexual activity directly. It would include:

- Forcing, coercing or enticing a child into sexual activity including grooming a child in preparation for abuse.
- Sexual assault, including rape (vaginally, orally or anally), penetration with an object, inappropriate touching, rubbing, or fondling (whether inside or outside of the clothing), kissing, masturbation etc.
- Non-contact activities such as viewing or producing sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways.
- Sexualised language or conversation and lack of appropriate boundaries and privacy.
- Indecent exposure.
- Voyeurism.
- Satanic or ritual abuse.
- Bestiality.

Sexual abuse can take place online, and technology can also be used to facilitate offline abuse.

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

### **Signs you may see**

Knowing the signs and indicators of sexual abuse can help give a voice to children and young people. Sometimes children won't understand that what's happening to them is wrong. Or they might be scared to speak out. Some signs you might notice include:

- Avoiding being alone with, or frightened of, people or a person they know
- Language or sexual behaviour you wouldn't expect them to know
- Sleep problems, nightmares or bed-wetting
- Self-harm
- Changes in eating habits or developing an eating problem
- Alcohol or drug misuse.
- Poor hygiene or otherwise seeking to make themselves unattractive
- Lack of age-appropriate boundaries or inhibitions
- Genital or urinary irritation or bruising in the genital area
- Frequent infections, pain or itching in the genital area
- Bleeding from the anus or vagina
- Sexually transmitted infections
- Stains on underwear or nightwear
- Age-inappropriate wetting / soiling
- Bruising to the inner thighs or upper arms, in the genital area, around the mouth or anus.
- Difficulty walking and or sitting
- Depression

- Role play (particularly in younger children) whether intentional or without realising its significance
- Sexualised language or behaviour that is inappropriate for the age or developmental stage of the child
- Agitation, upset or withdrawal from any physical contact, or from being seen in a state of undress

### **Examples of factors which could cause confusion would include**

- Medical conditions or infections
- Excessive masturbation
- Age / developmentally appropriate inquisitiveness, exploration and play

If a child is being or has been sexually abused online, they might:

- Spend a lot more or a lot less time than usual online, texting, gaming or using social media.
- Seem distant, upset or angry after using the internet or texting.
- Be secretive about who they're talking to and what they're doing online or on their mobile phone.
- Have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet.
- Children and young people might also drop hints and clues about the abuse.

## **Emotional abuse**

### **What it is**

The persistent emotional maltreatment of a child resulting in ongoing severe adverse effects on emotional wellbeing and development, sense of security, identity, and self-confidence. This would include:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Withholding or blocking opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- Age or developmentally inappropriate expectations being imposed on children, interactions that are beyond a child's developmental capability.
- Overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction.
- 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.
- Belittling or ridiculing the child.
- Domineering or overly critical parenting.
- Comparing them unfavourable to other children or conveying disappointment with what they do and / or who they are.

- Using fear as a means to manage behaviour.
- Threatening the child or threatening to harm others as a consequence of their behaviour.
- Yelling, screaming or otherwise verbally abusing the child.
- Blaming the child for things that are not their fault, or that are to be expected from a child of that age or developmental stage.
- Making a child feel unloved or only conditionally loved (eg making a child feel that they are only valued or loved insofar as they meet the needs or expectations of someone else).
- Ignoring the child, failing to listen to their views, wishes, or beliefs and silencing the child.
- Preventing appropriate social contact and interaction, isolation, ignoring or excluding, abandonment and imprisonment.
- Emotional blackmail or using the child as a 'pawn' or weaponizing contact with the child (particularly in difficult relationships or where a parent's relationship is breaking down).

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **Signs you may see**

There might not be any obvious physical signs of emotional abuse. A child or young person might not tell anyone what's happening until they reach a 'crisis point'. That's why it's important to look out for signs in how a child or young person is acting. As children grow up, their emotions change. This means it can be difficult to tell if they're being emotionally abused. But children who are being emotionally abused might:

- Lack self-confidence and / or self-assurance.
- Struggle to control their emotions.
- Have difficulty making or maintaining relationships.
- Act in ways that are inappropriate for their age.
- Be overly affectionate with strangers or people they don't know well.
- Appear fearful, wary, or anxious with certain people, or certain groups of people.
- Lack a close relationship or bond with their parent.
- Behave aggressively or cruelly towards other children, or to animals.
- Display attention seeking behaviours.
- Struggle to control their emotions.
- Have extreme outbursts.
- Be isolated and distant from their parents.
- Lack social skills.
- Have few or no friends.
- Paranoia.
- Mood swings, changes in mood or behaviour.
- Withdrawal and inability or discomfort with social situations and interaction.

Examples of factors which could cause confusion would include:

- Death or illness in the family
- Family relationship breakdown
- Family stress or specific family issues
- Medical or psychological conditions
- Death of a pet

## **Neglect**

### **What it is**

The persistent failure to meet a child's basic needs, to an extent that is likely to result in the serious impairment of the child's health, development, or wellbeing.

Neglect may occur during pregnancy as a result of maternal substance abuse, the failure to follow the advice of antenatal practitioners. 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 you may see**

Neglect can be difficult to identify. The presence of one or more of the signs and indicators does not necessarily mean a child is being neglected. Where multiple signs or indicators are present over time, they may point to a more serious problem. Children and young people who are neglected might have:

- Significant needs persistently unmet
- Poor physical care
- Lack of food / drink inappropriate or inadequate diet
- Failure to access medical care or to follow medical advice / instruction
- Inappropriate clothing
- Poor hygiene (including oral hygiene)
- Lack or supervision/Isolation, ignoring, exclusion
- Lack of heating / lighting
- Leaving a child to lie in faeces / urine
- Not aiding communication or providing adequate stimulation
- Failure to meet cultural, religious or social needs
- Neglecting pets
- Health and development problems: regular illness, infections or dental issues, missed medical appointments, such as for vaccinations, poor language or social skills.

- Continual tiredness
- Repeated accidental injuries, often caused by lack of supervision
- Skin issues, such as sores, rashes, flea bites, scabies or ringworm
- Housing and family issues: living in an unsuitable home environment, such as having no heating, being left alone for a long time, taking on the role of carer for other family members

## Types of abuse

### Domestic abuse

#### What it is

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse.

It's important to remember domestic abuse:

- Can happen inside and outside the home
- Can happen over the phone, on the internet and on social networking sites
- Can happen in any relationship and can continue even after the relationship has ended and that both males and females can be abused or abusers

#### Signs you may see

The Domestic Abuse Act 2021 now recognises that children are victims of domestic abuse as well as their parents. It may be harder to detect in children, but signs you might see include:

- Aggression or bullying, anti-social behaviour, like vandalism.
- Anxiety, depression or suicidal thoughts.
- Attention seeking.
- Bed-wetting, nightmares or insomnia.
- Constant or regular sickness, like colds, headaches and mouth ulcers.
- Drug or alcohol use, eating disorders, problems in school or trouble learning.
- Tantrums.
- Withdrawal.

It is possible that the child may be reluctant to leave the parent who is the victim alone and may be afraid for them or have a desire to protect them.

# Exploitation

## Child sexual exploitation

### What it is

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:

- 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. Exploitation can take place between a child and an adult as well as 'peer on peer' (eg between one young person in exchange for something the victim needs or wants).
- For the financial advantage or increased status of the perpetrator or facilitator.

Gangs use sexual exploitation to exert power and control, for initiation or to use sexual violence as a weapon. Children or young people might be invited to parties or gatherings with others their own age or adults and given drugs and alcohol. They may be assaulted and sexually abused by one person or multiple perpetrators. The sexual assaults and abuse can be violent, humiliating and degrading.

## Child criminal exploitation - gang related abuse/county lines

### What it is

As set out in the [Serious Violence Strategy](#), published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- (a) in exchange for something the victim needs or wants, and/or
- (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence.

The victim may have been criminally exploited *even if the activity appears consensual*. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

This includes 'County Lines', a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal lines'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons. Exploitation can take place between a child and an adult as well as 'peer on peer' (for example between one young person and another).

### Signs you may see

- Frequently absent from and doing badly in school.
- Going missing from home, staying out late and travelling for unexplained reasons.
- In a relationship or hanging out with someone older than them.
- Being angry, aggressive or violent.
- Being isolated or withdrawn.
- Having unexplained money and buying new things.

- Wearing clothes or accessories in gang colours or getting tattoos.
- Using new slang words.
- Spending more time on social media and being secretive about time online.
- Making more calls or sending more texts, possibly on a new phone or phones.
- Self-harming and feeling emotionally unwell.
- Taking drugs and abusing alcohol.
- Committing petty crimes like shop lifting or vandalism.
- Unexplained injuries and refusing to seek medical help.
- Carrying weapons or having a dangerous breed of dog.

## **Modern slavery**

### **What it is**

- Slavery
- Human trafficking
- Forced labour and domestic servitude
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

### **Signs you may see**

- Shows signs of physical or psychological abuse and untreated injuries.
- Looks malnourished or unkempt or appears withdrawn and neglected.
- Seems under the control or influence of others.
- Wears the same clothes every day.
- Wears no safety equipment even if their work requires it.
- Living in dirty, cramped or overcrowded accommodation.
- Living and working at the same address.
- Appears unfamiliar with their neighbourhood or where they work.
- Rarely allowed to travel on their own.
- Collected and dropped off on a regular basis early in the morning or late at night.
- In a crowded minibus with other workers.
- Has no control of their identification documents such as their passport.
- Reluctant to seek help and avoids eye contact.
- Appears frightened or hesitant to talk to strangers.
- Fear of police, don't know who to trust or where to get help.
- Afraid of deportation, and risk of violence to them or their family.

## **Extremism and Radicalisation**

### **What it is**

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm.

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. This can include harmful minority religions ('cults').

### **Signs you may see**

- Isolating themselves from family and friends.
- Talking as if from a scripted speech.
- Unwillingness or inability to discuss their views.
- A sudden disrespectful attitude towards others.
- Increased levels of anger .
- Increased secretiveness, especially around internet use.

Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later persuading them into cutting themselves off from their friends and family. However, these signs don't necessarily mean a child is being radicalised – it may be normal teenage behaviour or a sign that something else is wrong.

## **Bullying, cyberbullying and online abuse**

### **What it is**

Bullying can include many different forms of abuse, including physical and emotional abuse, and typically (but not exclusively) takes place between peers. Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home, online, at work or in church. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.

Cyberbullying can include:

- Sending threatening or abusive text messages
- Creating and sharing embarrassing images or videos
- Trolling – the sending of menacing or upsetting messages on social networks, chat rooms or online games
- Shaming someone online
- Setting up hate sites or groups about a particular child
- Encouraging young people to self-harm
- Revenge porn

## Signs you may see

- Being afraid to go to school or youth groups (or work or church), being mysteriously 'ill' each morning, or skipping school/youth group.
- Being nervous, losing confidence, or becoming distressed and withdrawn.
- Problems with eating or sleeping.
- Belongings getting 'lost' or damaged.
- Spending a lot more or a lot less time than usual online, texting, gaming or using social media.
- Seem distant, upset or angry after using the internet or texting.
- Being secretive about who they're talking to and what they're doing online or on their mobile phone.
- Physical injuries, such as unexplained bruises.
- Not doing as well at school.
- Asking for, or stealing, money (to give to whoever's bullying them).
- Bullying others.

## Female Genital Mutilation

### What it is

Female genital mutilation (FGM) is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting' but has many other names. The practice is not required by any religion and is medically unnecessary, painful and has serious health consequences at the time it is carried out and in later life.

The procedure is performed on girls of any age, but there are certain higher risk times including newborn infants, prior to onset of puberty, and on young women before marriage. FGM may be practised illegally by family members (including extended family) or other members of the community in the UK, or girls may be sent abroad for the procedure. FGM is illegal in the UK, under the Female Genital Mutilation Act 2003 (as amended).

### Signs FGM might happen include

- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
- A girl has an unexpected or long absence from school.
- A girl struggles to keep up in school.
- A girl runs away - or plans to run away - from home.

### Signs FGM might have taken place

- Having difficulty walking, standing or sitting.
- Spending longer in the bathroom or toilet.

- Appearing quiet, anxious or depressed.
- Acting differently after an absence from school or college.
- Reluctance to go to the doctors or have routine medical examinations.
- Asking for help - though they might not be explicit about the problem because they're scared or embarrassed.



# **Safeguarding Policy Part C: Youth (11-18)**

**St Peter's, Colchester**

Revised: February 2026

Date for review: July 2026

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## **GLOSSARY**

DBS	Disclosure and Barring Service
DSA	Diocesan Safeguarding Advisor
MAL	Ministry Area Leader
NST	Church of England's National Safeguarding Team
PCC	Parochial Church Council
PSO	Parish Safeguarding Officer
SRPM	Safer Recruitment and People Management Policy

# Guidelines for recognising and responding to potential child abuse

Child abuse is serious. All caregivers need to know how to recognise and respond to indicators or disclosures of abuse. The following guidelines are in place to meet that need.

## Definitions

### Who is a child?

Any person under the age of 18 years.

### What is abuse?

'Working together to safeguard children' states:

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. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

## Categories of abuse

There are 4 categories of abuse when considering safeguarding children. All abuse falls into one or more of these categories. Please see the appendix for definitions and signs of abuse.

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Neglect

In addition to the categories of abuse, there are a range of identified risks, which for the sake of this policy will be referred to as types of abuse. These all fit within one or more of the categories of abuse, but are not limited to:

1. Domestic Abuse
2. Child exploitation
  - a. Child sexual exploitation
  - b. Child criminal exploitation includes Criminal, gang related, county lines
  - c. Child financial exploitation includes Modern Slavery and forced servitude
  - d. Extremism and Radicalisation
3. Bullying, cyberbullying, online abuse and other technology-based abuse

4. Abuse related to faith or belief including forced marriage, and so-called honour-based abuse
5. Violence against women and girls includes Female Genital Mutilation, breast ironing and labia stretching
6. Peer abuse (also referred to as peer-on-peer abuse)
7. Harmful sexual behaviour
8. Abuse of a position of trust
9. Fabricated or Induced Illness

## **Guidelines for when a child discloses (tells us) they have been abused**

As a church, we seek to create and maintain a safe environment for all. This includes being open and responding appropriately to concerns and disclosures raised by children and young people. Caregivers should avoid intentionally instigating a meeting with a child or young person to receive a disclosure or take a statement from them – that is the role of Children’s Social Care or the Police. However, if a child or young person directly discloses abuse, the following general guidelines should be followed:

### **Respond**

- Try to maintain a calm disposition and to avoid looking shocked or dismissive.
- Listen to the child carefully and in a manner that conveys they are being heard and taken seriously.
- Give the child or young person the time and space to tell their story in their own time.
- Ask questions only for clarification. Do not interrogate or investigate and never ask leading questions.
- Reassure the child or young person that they have done the right thing by disclosing.
- Explain what will happen next (eg that you will inform/take advice from your Ministry Area Lead (MAL) or the Parish Safeguarding Officer (PSO)) and that the church may have to contact the Diocesan Safeguarding Advisor (DSA) or statutory services to get them the help that they need and to keep them safe.
- Do not make promises that cannot be kept (for example, that the disclosure will be kept secret or that everything will be OK).

### **Record**

- Make an accurate record of the disclosure (preferably within one hour, but always within 24 hours).
- Record dates and times of the events and when you made the record. Record what was said and when, what you said in reply and what was happening immediately beforehand (e.g. a description of the activity/situation).
- The safeguarding concern form is available to staff members on ChurchSuite for this purpose.

- Keep all handwritten notes. Alternatively the Safeguarding Administrator can scan and store the notes on the St Peter's Dropbox folder. Such records should be kept securely and retained in line with the Church of England data retention guidelines.

## Report

**Emergency:** If you believe a child or adult is at immediate risk of significant or serious harm, contact the police on 999 or Children's Social Care.

**Non-emergency:** Contact your MAL or PSO as soon as possible. (If the allegation is against your MAL, or if they cannot be contacted, contact the PSO. Contact details are at the end of this document.) The MAL/PSO will then seek advice from the DSA as required within 1 working day. The MAL and PSO will act upon all directions given by the Diocese in the timescale given. They will also consider whether any additional action is required.

- You retain the right to report serious matters directly to the DSA, Social Care, or the Police. Even so you must also contact either your MAL or the PSO, informing them of the details of the concern and any action taken.
- If you are not sure whether a concern needs reporting, check with your MAL or the PSO. You don't need to mention names initially unless advised to do so, and any information given will be handled confidentially.
- Apart from telling your MAL/PSO, the information must be treated as confidential and not shared with other church members.
- Do not investigate the concerns of abuse yourself. Do not contact anyone who may be implicated in the concern or disclosure, even if they would normally be contacted as part of the procedure, until advice has been sought from the PSO, the Diocesan Safeguarding Advisor or statutory agencies.
- Consider your own wellbeing and ask your Ministry Area Leader for pastoral support if needed.

## Safeguarding young people while they are in our care

The youth ministry at St Peter's consists of various regular meetings on Sundays and midweek for those aged 11 to 18. Regular meetings typically run during school term dates. There are also additional occasional formal and informal events throughout the year, such as a weekend away and socials.

### Definition

In the context of this policy, 'young people' or 'young person' refers to all those aged 11 to 17 on 1 September of the current academic year (academic years 7 to 13).

### Safeguarding young people as they arrive for and depart from Spark, & Ignite

The St Peter's Church safeguarding policy is applied during the time period a young person is in the care of the leaders of the advertised activity. This will include formal times of ministry (Sundays, midweek, weekends away and organised social events) and informal ministry (e.g. small group Bible studies in homes and informal social activities).

## Registers

A register must be kept of all young people and leaders present at each official youth gathering including social events. Completed registers are held on ChurchSuite, and will be stored securely, in compliance with Church of England data retention procedures.

A young person's registration form must be completed for each young person in a youth group. These forms should be filled out by a parent or guardian. Information such as health issues, allergies and contact information is available on ChurchSuite. Leaders should familiarise themselves with any allergies, health issues, or other support needs of the young people who attend the group.

## Caregiver ratios

Two caregiver rule: two caregivers must be present in each room at all times.

Where more than one group meets in the same venue, and the groups can see each other, the childcare ratios can be based on the total number of people in the room rather than the number in each small group so long as this does not compromise the risk assessment.

While it is preferable to have at least one male and one female caregiver, it is not essential. In an emergency setting the emergency takes priority over the ratios. However, young people should not be left unattended in a room. At other times with some planning this scenario need not occur. In addition to always having two caregivers present, the church has adopted the Church of England's minimum requirements which are:

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

At least two workers must be present at all youth gatherings: even for smaller meetings. If possible, when working with this age group, at least one male and one female caregiver should be present. Caregiver ratios should always be based on a risk assessment. For example, staffing numbers would need to be increased for outdoor activities and more so if the activity is considered higher risk or potentially dangerous or when young people with additional support needs are involved.

**Note:** where, for example, during a youth meeting, young people are sub-divided into small discussion groups, the ratios apply to the whole meeting, not the small discussion group. It is acceptable to have one leader, or even no leaders in a small discussion group, so long as overall ratios are maintained and the small discussion groups are in the same space and visible to the leaders.

If due to unforeseen circumstances, insufficient caregivers turn up on the day, the caregivers who are present must either:

- find another DBS-screened individual to help, or

- meet in the same venue as other screened caregivers, in full view of those caregivers. This option must only be taken if the risks associated with the activity can be effectively managed.

### **For all groups and activities:**

- A written health and safety risk assessment must be completed and communicated as needed.
- A registration form must be completed for every young person who attends groups or activities, which should include information on parents' contact numbers, medical information (e.g. allergies) and any other support needs.
- An attendance register must be maintained and be available throughout the meeting. The register must include the names of both the children in attendance and the adults present.
- A first aid kit must be available on any premises that are used by children.
- An accident form is available, and all accidents and incidents must be recorded and sent to the Church Office.
- In premises where young people's groups meet, the Childline and Family Lives telephone numbers should be displayed.

### **If there are only two caregivers present, must one of them be female?**

No, this is not compulsory. When working with young people in this age group, it is preferable to have at least one male and at least one female leader, however this is not a legal necessity.

### **What should I do if there are only two caregivers in a room with young people and the other one has to leave in an emergency?**

In an emergency, the emergency takes priority over the ratios. However, young people should not be left unattended in a room. Ideally, the group should locate to another room where others are present if this is practical. With effective planning, this scenario should not occur other than due to unforeseen circumstances or emergencies.

### **Driving**

Generally, St Peter's does not provide transport to events. Those working with young people should not give lifts to the young people under their supervision on their own unless there are exceptional circumstances eg. in an emergency, for medical reasons, or when parents fail to collect a child, and no other arrangements can be made to take the child home. In such situations, the circumstances and decision must be recorded and shared with the MAL or the PSO.

Any leader driving to, from or at the venue with young people in their car should take special care. Leaders should obey speed limits and not drive in convoys. There should always be more than one leader or more than one young person in the car.

### **If young people are to be transported in a private car**

- Parents must provide explicit consent.
- The vehicle used must be roadworthy.
- The person driving must hold a full driving licence and be competent to transport children and fit for the task.

- The vehicle and driver must be covered for business use.
- Ideally, there should be 2 adults in the car and young people should be seated in the rear and suitably restrained.
- Where it is not possible to have 2 adults in the car, transport should be risk assessed and all risks mitigated including risks to the young people and to the adults and risks associated with unforeseen circumstances such as a young people being ill, a breakdown, an accident, or unforeseen delays due to road conditions.

### **In addition, when taking young people offsite**

- The MAL must be informed and agree to the activity.
- Details of the activity and any itinerary must be given in advance to parent/s and consent forms received in advance of the activity taking place.
- Details of the activity and a list of contacts must be left with someone in the church.
- Details of the activity and arrangements must be given to the incumbent and/or PSO.
- A risk assessment must be undertaken, and confirmation obtained that the activity is covered by the church's Public Liability Insurance.
- A leader must be designated to take responsibility for First Aid, including ensuring that a suitable first aid kit is available.

## **Discipline**

All caregivers are responsible for providing a loving, respectful, and orderly atmosphere where young people can interact and learn together. This atmosphere should be maintained by preparing beforehand, proactively directing young people towards acceptable activities, verbally encouraging positive behaviour and, when necessary, correcting or redirecting inappropriate behaviour.

Caregivers must never use any form of physical punishment. Clear standards of behaviour should be communicated to the young people and clear and proportionate sanctions may be imposed if necessary. De-escalation is always the preferred method of dealing with conflict. If behaviour is uncontrollable or the young person does not respond to any attempt to enforce the expected standards of behaviour, caregivers should try to contain them, however, in exceptional circumstances, where the young person poses a risk to themselves or others, appropriate and proportional physical restraint may need to be used, but will only be maintained for the minimum time necessary to ensure safety. Caregivers should never yell at a young person except in circumstances where the young person is in danger or is at risk of causing danger to others and must not threaten them.

## **Appropriate contact and conversation**

Caregivers need to be above reproach in all that they do, and wisdom is often required in different situations. Advice can be sought from team leaders or MALs. Two good questions to ask in any situation are:

- 'What is the worst that could happen?' and
- 'What is the worst way this could be perceived or construed?'

Team members should help and support one another; including regarding physical contact, by pointing out anything that does not meet the expected standards of conduct or care or that could be misconstrued or misunderstood. Concerns about caregivers, including low level concerns that do not

meet the threshold for referral to statutory services, should be reported to the group leader or the ministry area lead, so that the caregiver can be supported to meet the required standards of conduct. Any concerns about a specific person must be reported to the PSO. Records must be maintained of any such conversations in the safeguarding files.

### **Acceptable physical contact**

Age and situationally appropriate sympathetic attention, humour, encouragement and age appropriate, physical contact that is led by the young person are beneficial for young people as part of their development and their coming to understand appropriate human relationships and interactions. Some adults have decided to avoid having anything to do with young people and avoid all occasion of making physical contact or encouraging them. This is an understandable, but regrettable response to the fear of false accusation. Caregivers should follow the guidelines below to guide physical contact:

- Always avoid being alone in a room with a young person. Keep everything in public.
- Conversations should be appropriate for the age of the young person and respectful of individual boundaries and preferences.
- Avoid unnecessary physical contact with young people. Touch should be age-appropriate and generally initiated by the young person rather than the caregiver.
- Avoid any physical activity that is, or may be thought to be, sexually stimulating to the adult or the young person or that involves an unnecessary risk of injury.
- Always ask permission.
- Be mindful of your body position.
- Keep everything public. A hug in the context of a group is very different from a hug behind closed doors.
- Physical contact should always be in response to a child's needs and not related to the worker's needs or preferences. It should be age appropriate, welcome and generally initiated by the child, not the church worker.
- Avoid any physical contact that is or could be construed as sexual and/or abusive/offensive.
- Allow the child to determine the degree of physical contact with others except in exceptional circumstances (eg. when they need medical attention).
- You should discourage children you support from sitting on your lap. You can offer to sit side by side.
- You should discourage people you support from touching your face. You can offer your hand instead.
- You can allow people you support to give you brief hugs if you feel comfortable with this.
- You can allow people you support to hold hands or link arms with you to help with travel and stability.
- You should avoid using touch if the person you support is very distressed and is unlikely to tolerate it.

## Frequently asked questions

### Can I play games that involve physical contact with young people

You may play age-appropriate games involving physical contact as long as you are in public and there is no reasonable way your actions could be misconstrued by a participant or a third party, however, the older the young people, the greater the risk of misunderstanding. Bear in mind that the chummier you are with young people in this way the less likely you are to have any authority in their eyes. Remember too that they are not as strong as you. These games should always be kept fun and should be appropriate for the situation. Leaders should take the initiative to end such games if they are becoming inappropriate. Leaders should not initiate, encourage or participate in cross-gender physical contact games, whether between two young people or between a leader and a young person.

### Can I ever physically restrain a young person?

Yes, however physical restraint should only be used as a last resort. If a young person is behaving in a way that poses a risk of harm to themselves or to another person, restraint may be necessary if used in proportion to the situation. Outside these scenarios physical restraint should seldom be required. When working with young people of the age covered by this policy, other strategies for de-escalation or containment are preferable, usually more effective, and carry less risk. Where restraint is unavoidable, remember the imbalance of both power and physical strength. The young person should not be restrained for any longer than is necessary to keep everyone safe. In any situation where physical interventions are necessary, a record must be kept, and the young person's parents must be informed of the restraint.

### Can I take a picture of a young person in my care?

Those working with young people should not take photographs on personal phones or cameras or store images of young people on personal devices. For the avoidance of doubt, caregivers must also never post any pictures of the young people in their care on any personal social media platforms including but not limited to Instagram, Facebook, WhatsApp, TikTok, BeReal or Snapchat. In the event that any photographs or videos are to be taken, shown, displayed or stored, the written consent of the parent / guardian must first be obtained.

## Guidance on communicating electronically with young people

St Peter's is in the process of developing a policy covering the use of technology and social media. Once adopted, this policy should be read in conjunction with the Social Media Policy.

### What you should do:

- Only use approved church or ministry accounts to communicate with young people. The PSO or church leaders must be granted access to such accounts to review conversations upon request where required, and the account should be visible to both the young person / people and their parents. Young people must be made aware that any communication may be viewed by all users. All messages should be saved, along with any messages and threads through social networking sites, so that evidence of your exchange is available if required.

- Have your eyes open and be vigilant.
- Maintain the utmost integrity, honesty and avoid any communication that could reasonably be misunderstood or misconstrued. Transparency, consistency and accountability are key. Treat online communication with young people as you would with face-to-face communication. Always maintain the same level of confidentiality.
- Report any safeguarding concerns that arise on social media to the PSO in the usual way.
- Always assume that everything you write is permanent and may be viewed by anyone at any time, and that everything can be traced back to you personally, as well as to your colleagues or the church. Always think before you post.
- Draw clear boundaries around your social media usage associated with your private life and your use of different social media for public ministry. Keep church accounts and profiles separate from your personal social media accounts (eg. only use a Facebook page, Twitter or blogs for public ministry, while keeping a separate Facebook profile for private life).
- Always obtain written consent from the young person's parent or guardian to:
  - Use and store photographs of young people from activities or events in official church publications, or on the church's social media, website and displays.
  - Use telephone, text message, email and other messaging services to communicate with young people.
  - Allow young people to connect to the church's social media pages.
- Avoid one-to-one communication with a young person.
- Use clear and unambiguous language in all communications and avoid language or abbreviations that could be misinterpreted.
- Save and download to hard copy any inappropriate material received through social networking sites or other electronic means and show immediately to the PSO.
- Use passwords and log off promptly after use to ensure that nobody else can use social media pretending to be you.

**Note:** Even where written parental consent to use photographs in any public way, the views of the young person should also be considered. If the young person does not want their photograph to be used, this view should be respected, even if the parent has given consent.

### **What you should not do:**

- Use a personal social media account in your work with young people.
- Add young people as friends on your personal accounts.
- Facebook stalk (ie dig through people's Facebook pages to find out about them).
- Say anything on social media that you would not be happy saying in a public meeting, to someone's face, writing in a local newspaper or on headed notepaper.
- Comment on photos or posts, or share content, unless appropriate to your church role.
- Use visual media (eg Skype, Facetime, Zoom) for one-to-one conversations with young people - use only in group settings.

In particular, do not allow content or share links to other sites that contain:

- Libellous, defamatory, bullying or harassing statements.
- Breaches of copyright and data protection.
- Material of an illegal nature.
- Offensive sexual or abusive references.
- Inappropriate language.
- Anything which may be harmful to a young person, or which may bring the gospel into disrepute or compromise its reputation.

**Note:** Except for in exceptional circumstances, no communication should occur between 10pm and 8am.

## Risk management, illness and accidents

Young people with infectious illnesses must be kept at home and not join the youth groups.

If a young person appears ill whilst in the church's care, caregivers will use their discretion to determine whether the young person should be isolated from other young people by a caregiver (who will remain with them) and whether parents/guardians should be contacted to collect their young person.

Caregivers must consider the health and safety of all children and caregivers when organising activities or planning games. A basic first aid kit must be readily available at all times. All caregivers should be familiar with its location. In the event of a serious illness or injury, emergency medical services will be called first and the parents will be located and informed immediately. Caregivers will report all injuries, whether major or minor, via an online accident and incident report form (available on ChurchSuite) or by emailing the Administrator at [office@stpeterscolchester.org](mailto:office@stpeterscolchester.org)

Caregivers should be familiar with evacuation procedures, including where the fire exits are located and where the meeting point is in case the fire alarm sounds.

## Safeguarding young people with special education needs and disabilities (SEND)

Safeguards for young people with special education needs and disabilities (SEND) are essentially the same as for all young people. Young people with SEND have exactly the same human rights as any other young people to be safe from abuse and neglect and to be protected from harm.

However, research suggests that young people with SEND may be generally more vulnerable to abuse and/or neglect than other young people. Young people with SEND can be abused and neglected in ways that other young people would not, and the early indicators suggestive of abuse and neglect can be more complicated and harder to identify.

Young people with SEND may face an increased risk of abuse and/or neglect, for a variety of reasons including:

- Greater dependence on parents or carers for practical assistance in their day to day lives, such as feeding or personal care may result in an erosion of their sense of what is acceptable and of their own rights and autonomy.

- Impaired capacity to recognise, resist or avoid abuse, or feeling too vulnerable or scared to report abuse/bullying.
- Speech, language, or other communication needs/barriers which can make it more difficult to tell adults what is happening, or to enable them to understand.
- Increased likelihood of social isolation, with fewer outside contacts than non-disabled children, resulting in less access to someone they trust to disclose abuse to.
- An embedded cultural or societal assumption that abuse and neglect does not happen to disabled young people, leading to a lack of vigilance, or failure to identify the signs and indicators of abuse and hinder the reporting of concerns.
- Staff or volunteers allowing empathy with parents or carers, who may be under considerable stress, to hinder the expected focus on the needs of the child. The stress and challenges of supporting a young person with SEND can lead to behaviour or treatment of the young person being accepted by other adults, when the same behaviour would cause concerns if the young person did not have such additional support needs. Consequently, concerns that are observed may be minimised or excused rather than being raised.
- Behavioural/physical indicators, such as self-injury or withdrawal, can be interpreted as part of the young person's disability or condition rather than as the result of abuse or neglect (or vice versa), and therefore abuse/neglect can be missed and go unreported.
- Symptoms of some disabilities or illnesses can give the impression of abuse, bringing the parents incorrectly under suspicion.
- Being perceived as physically or behaviourally different from others may make the young person more likely to be a victim of bullying, exclusion or intimidation.

Where the participants in a group/activity at St Peter's includes a young person with SEND, caregivers must be especially vigilant to the potential increased risk of abuse and neglect, and the additional action that will be needed to ensure this policy and procedure is enacted for that young person as it would be for any other young person.

Caregivers must be additionally aware of the following possible indicators of abuse or neglect for a young person with SEND:

- A bruise in a site that might not be of concern on a non-disabled young person.
- Malnourishment, potentially due to not getting enough help with feeding.
- Force feeding.
- Unjustified/excessive use of restraint.
- Rough handling/extreme approaches to behaviour modification (eg withholding of liquid, food, medication, clothing).
- Poor grasp of a young person's means of communication.
- Ill-fitting equipment, e.g. callipers, sleep boards, inappropriate splinting.
- Misappropriation of a young person's finances.
- Invasive procedures that are unnecessary or carried out against the young person's will.
- Misuse of medication, or deliberate failure to follow medication or therapeutic programmes.
- Age or culturally inappropriate care and support.

**Note:** young people with additional needs and disabilities have the same rights as any other young people, and it is important to seek, and consider the young person's views and wishes.

Even subtle changes in behaviour may be communicating that something is wrong and/or that the young person is being abused or harmed. It is vital caregivers for young people with SEND are aware of changing patterns of behaviour and potential causes.

Where there are concerns about the welfare of a young person with SEND, caregivers should act upon them in accordance with this policy as they would for any other young person. Where a young person with SEND has communication needs, special attention should be paid to gaining a clear understanding of the young person's perception of events, wishes and feelings. This may require the involvement of young people's social care or speech and language clinicians for non-verbal young people.

## Supplementary information for specific groups

### Travel between buildings

Some groups start in the main church service and the caregivers are responsible for the young people while moving between buildings. When this is the case, there will be a designated assembly point, to which the caregivers and young people will move at the time indicated during the service. The caregivers assume responsibility once the young people reach the designated area. They continue to be responsible for the young people until they are returned to the designated return point.

Specific details of routes taken and how risk will be managed is outlined in the risk assessment, however, the following principles will inform the risk management arrangements:

- Where possible, routes that will be less busy with traffic and pedestrians will be used.
- Where main roads have to be crossed, the crossing will take place under the supervision of the caregivers at a designated crossing point.
  - The designated point will, wherever possible be a recognised crossing point such as a pedestrian crossing.
  - The young people will assemble at that point before crossing.
  - The young people will not start to cross the road until instructed to do so by the caregivers; even if, for example, a pedestrian crossing indicates that it is safe to cross (ie the pedestrian sign changes from red to green).

### Weekends away

As with any other youth event, care should be taken when planning weekends away to ensure that young people have a safe and enjoyable time.

If any weekend away advertises a youth programme, or if provision is made for volunteers to help in addition to parents or designated guardians, then the youth programme must be treated in the same way as any other youth events run by the church and are subject to this policy. It comes under our safeguarding policy and must be run accordingly, following the same procedures as weekly youth groups as detailed in this policy. All caregivers must be screened as outlined in the main policy, and the same regulations concerning ratios, registration, discipline, food and accidents must be followed as in weekly youth groups, with the following alterations/additions:

## Registering

Where parents will not be present on the weekend away, leaders should obtain written consent from parents for each young person attending the weekend. Along with this consent leaders need to obtain:

- Emergency contact details for parents
- Relevant medical information
- Relevant information about special educational needs
- Any further consent where required by an external organisation providing activities

For weekends where parents are also present, caregivers are not responsible for any young people (i.e. under 18s) outside the advertised times of the youth programmes. In all such times, children remain the sole responsibility of their parents or a designated guardian.

A register must be kept of all young people and leaders present at each weekend. Completed registers should be returned to the Safeguarding Administrator for safe filing and will be kept secure for an indefinite period. If any allegation of abuse is made in years to come about events happening now, the church can immediately find who was present on any given date.

## General Principles

- Leaders should never be alone in a room with a young person.
- Leaders should not go into rooms of young people of the opposite gender except in an emergency situation.
- Leaders should not sleep in the same rooms as young people.
- Leaders should familiarise themselves with the weekend away site, so they are aware of where fire exits are located. Leaders should inform the young people of where fire exits are located and where the assembly point is should the fire alarm sound.
- Leaders should consider the health and safety of all young people and leaders when organising activities or planning games.

## Trips and socials

- All trips and socials must be risk assessed.
- Leaders should set an example in following basic road safety when taking young people out on trips.
- For driving guidelines, please see the relevant section under weekends away.
- Activities should be appropriate. Leaders should consider the age-appropriateness of the activities, including, for example, films that are shown.
- Leaders should give clear instructions about meeting and pick-up points and times.
- Socials should be listed on the youth work term card or clearly communicated to parents via email beforehand. On these occasions leaders are acting in an official capacity.

For the avoidance of doubt, those working with young people must not arrange social occasions with young people (other than events which also include adult family members/carers) outside of organised group occasions described above.

## Personal work

Personal work is not a formal part of the weekly meetings and not expected with young people attending Spark. However, with those at Ignite there may be the opportunity to study the Bible during informal meetings. When meeting outside of regular fixed activities, leaders should seek to meet with more than one individual. A leader may meet on a one-to-one basis with a young person in school years 12 and 13.

These informal meetings may be arranged with the following conditions:

- There is consent from the young person's parent or guardian.
- The overall youth leader has been consulted on the appropriateness of meeting and has been informed that meeting(s) will happen.
- Whenever possible meetings should be pre-arranged and not happen 'on demand'.
- A record should be kept of when and where meetings have taken place (e.g. in a diary).
- If possible, meetings should take place within the parent or guardian's home in a room with an open door when a parent or guardian is present.
- If this is not possible meetings should take place in a public place, such as a coffee shop.
- One-to-one meetings should never take place in a leader's home.

Note: St Peter's does not routinely engage in 1:1 counselling, mentoring, or pastoral care of young people. This policy, however, does not exclude such a possibility. Such activity must only be conducted:

- by those who have been safely recruited and are in possession of a current Enhanced (with Barred List) DBS check.
- With explicit consent from parents that outlines full details of the venue and time and must be organised directly with the parents. (No communication directly with the child is permitted, either to arrange, or to provide 1:1 pastoral care, including to arrange 'follow up' or ongoing care.
- With the knowledge (in advance) of the MAL, who will inform both the Incumbent and the PSO of the arrangements.
- After a formal risk assessment has been completed and agreed with the parent(s).

In addition:

- a record of the discussion will be retained by the person providing the care and must be made available to the MAL, the Incumbent, or the PSO upon request.
- such records are the property of St Peter's and must be retained in line with Church of England data retention guidelines.

## APPENDIX: Categories and types of abuse (children)

Taken from [Church of England Safeguarding e-manual](#).

There is no single indicator of abuse. It is important to be aware of all signs or indicators. It is also important to be aware that sometimes, patterns of 'low level' concerns that, viewed in isolation from one-another, may not seem to be significant, but which when seen together, may be a cause of greater concern. It is, of course, also possible that such concerns may be identified over time, in different church contexts or ministry areas, or that a cluster of concerns amongst siblings is identified that

suggest a pattern of significance. For this reason, any concerns, including low-level concerns, should be reported to the PSO. This may not result in any specific action, but provides opportunity to piece together patterns across time, context or even family members, where such patterns exist.

Abuse can be intentional, unintentional or the result of negligence. It can happen anywhere.

## Generic indicators of abuse

As listed below generic indicators of abuse that could relate to more than one category:

- Unexplained or inadequately explained sudden changes in behaviour or demeanour.
- Significant deviation from developmental norms not explained by disability or some other identifiable cause:
  - This may involve 'failure to thrive', consistent failure to meet developmental milestones, or other significant developmental delay.
  - It could also be a child who 'knows too much' about aspects of life that are developmentally inappropriate; particularly where that knowledge appears to be experiential rather than purely theoretical.
- Developmental regression.
- Unexplained weight loss.
- Excessive sleep, drowsiness, or tiredness.
- Hypervigilance, nervousness, anxiety and withdrawing behaviour or presentation, flinching in specific situations or with specific people.
- Aggressive or violent behaviour or attitudes that condone or endorse violence.
- Loss of hair, skin conditions, repeated and unusual infections, or poor immune system.

## Categories of abuse

### Physical abuse

#### What it is

Abuse that causes physical harm, or that exacerbates physical harm due to inaction, insufficient or otherwise inappropriate consideration and response. It may include, for example:

- Assaults that do not involve the use of weapons or implements including:
  - Hitting, punching, kicking, slapping, pushing, shaking, pinching, biting, scratching, pulling hair, spitting.
  - Disproportionate or excessively harsh discipline, rough handling when providing personal care, unnecessary restraint, disproportionate or excessive force during restraint, or maintaining restraint for an unnecessarily long duration.
- Assaults using "weapons" or implements including:
  - knives, sticks, belts slippers, DIY tools, other household objects or hard surfaces.

- Throwing objects at the child or throwing the child.
- Choking, strangling, drowning, or suffocating.
- Burning or scalding.
- Causing dehydration or malnutrition by withholding food or drink.
- Poisoning, including unnecessary medication, incorrect administration of medication, sedation or other forms of poisoning such as administration of alcohol, salt poisoning, use of corrosive substances such as bleach etc. to cause harm.
- Withholding medical treatment, therapy, medication etc.
- Withholding first aid attention following an accident
- Inappropriate or rough handling, including when performing personal care or administering first aid (eg. removing a plaster forcefully to cause tearing of the skin).
- Force feeding, causing excessive obesity through overfeeding/inappropriate diet.
- Failing to take reasonable action to prevent accidental injuries or allowing repeating injuries due to inaction and failure to learn the lesson.
- Insufficient precautions, allowing a child access to dangerous objects or substances, including medication, recreational drugs etc.
- Physical abuse can happen antenatally through substance misuse etc.

### **Signs and indicators of potential physical abuse include:**

- Unexplained or inadequately explained marks or injuries, including bruises, burns, cuts, abrasions, fractures, etc.
- Untreated medical conditions (e.g. skin conditions, recurring illnesses etc.) including unwillingness of parents / guardians to seek medical or first aid intervention.
- Regular excessive hunger or thirst.
- Wearing extra layers of clothing or clothes that keep much of the body covered, particularly during warm weather .
- Regular injuries or patterns to injuries (e.g. usually at weekends, or during school holidays or when visited by or visiting a specific person etc).
- Head injuries that could have resulted from shaking such as swelling, being extremely sleepy or unconscious, breathing problems, seizures, vomiting, unusual behaviour, such as being irritable or not feeding properly.

Injuries that occur in unusual positions on the body or that have an unusual and unexplained appearance. (E.g. knocks to extremities; arms, legs, head, are not unusual and may not be suspicious if a consistent and reasonable explanation is provided. Marks to the abdomen, back, neck, back of head etc are less common).

### **Examples of factors which could cause confusion would include:**

- Mongolian Blue Spot
- Brittle bone syndrome
- Leukaemia

- Other medical conditions

It is currently *not* illegal in England for *parents* to smack a child so long as the smack does not leave a lasting mark (eg not lasting more than 5 minutes or so). If the smack causes bruising it is regarded as excessive and is classed as abuse. Smacking in inappropriate places (eg head) or the use of implements such as belts, sticks, footwear etc is not permissible and will be regarded as abuse.

**Note:** Scotland and Wales have over recent years removed the “reasonable chastisement” defence from law, but at present England has not followed suit. There is, however, a campaign by the Royal College of Paediatrics and Child Health, supported by the NSPCC and Thirtyone:eight, calling for England and Northern Ireland to follow suit.

The considered decision not to have a child vaccinated is not classed as abuse, but repeated failure to attend appointments or refusal to seek medical or first aid treatments could be regarded as abuse.

## Sexual abuse

### What it is

Abuse that provides the perpetrator with some form of sexual gratification. It can involve forcing, coercing, or enticing a child into sexual activities, not necessarily involving a high level of violence, or exposing a child to sexual material or activity, whether or not the child is aware of the significance of what is happening, and whether or not the perpetrator participates in the sexual activity directly. It would include:

- Forcing, coercing or enticing a child into sexual activity including grooming a child in preparation for abuse.
- Sexual assault, including rape (vaginally, orally or anally), penetration with an object, inappropriate touching, rubbing, or fondling (whether inside or outside of the clothing), kissing, masturbation etc.
- Non-contact activities such as viewing or producing sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways.
- Sexualised language or conversation and lack of appropriate boundaries and privacy.
- Indecent exposure.
- Voyeurism.
- Satanic or ritual abuse.
- Bestiality.

Sexual abuse can take place online, and technology can also be used to facilitate offline abuse.

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

### Signs you may see

Knowing the signs and indicators of sexual abuse can help give a voice to children and young people. Sometimes children won't understand that what's happening to them is wrong. Or they might be scared to speak out. Some signs you might notice include:

- Avoiding being alone with, or frightened of, people or a person they know
- Language or sexual behaviour you wouldn't expect them to know

- Sleep problems, nightmares or bed-wetting
- Self-harm
- Changes in eating habits or developing an eating problem
- Alcohol or drug misuse.
- Poor hygiene or otherwise seeking to make themselves unattractive
- Lack of age-appropriate boundaries or inhibitions
- Genital or urinary irritation or bruising in the genital area
- Frequent infections, pain or itching in the genital area
- Bleeding from the anus or vagina
- Sexually transmitted infections
- Stains on underwear or nightwear
- Age-inappropriate wetting / soiling
- Bruising to the inner thighs or upper arms, in the genital area, around the mouth or anus.
- Difficulty walking and or sitting
- Depression
- Role play (particularly in younger children) whether intentional or without realising its significance
- Sexualised language or behaviour that is inappropriate for the age or developmental stage of the child
- Agitation, upset or withdrawal from any physical contact, or from being seen in a state of undress

### **Examples of factors which could cause confusion would include**

- Medical conditions or infections
- Excessive masturbation
- Age / developmentally appropriate inquisitiveness, exploration and play

If a child is being or has been sexually abused online, they might:

- Spend a lot more or a lot less time than usual online, texting, gaming or using social media.
- Seem distant, upset or angry after using the internet or texting.
- Be secretive about who they're talking to and what they're doing online or on their mobile phone.
- Have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet.
- Children and young people might also drop hints and clues about the abuse.

## Emotional abuse

### What it is

The persistent emotional maltreatment of a child resulting in ongoing severe adverse effects on emotional wellbeing and development, sense of security, identity, and self-confidence. This would include:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Withholding or blocking opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- Age or developmentally inappropriate expectations being imposed on children, interactions that are beyond a child's developmental capability.
- Overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction.
- 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.
- Belittling or ridiculing the child.
- Domineering or overly critical parenting.
- Comparing them unfavourably to other children or conveying disappointment with what they do and / or who they are.
- Using fear as a means to manage behaviour.
- Threatening the child or threatening to harm others as a consequence of their behaviour.
- Yelling, screaming or otherwise verbally abusing the child.
- Blaming the child for things that are not their fault, or that are to be expected from a child of that age or developmental stage.
- Making a child feel unloved or only conditionally loved (eg making a child feel that they are only valued or loved insofar as they meet the needs or expectations of someone else).
- Ignoring the child, failing to listen to their views, wishes, or beliefs and silencing the child.
- Preventing appropriate social contact and interaction, isolation, ignoring or excluding, abandonment and imprisonment.
- Emotional blackmail or using the child as a 'pawn' or weaponizing contact with the child (particularly in difficult relationships or where a parent's relationship is breaking down).

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### Signs you may see

There might not be any obvious physical signs of emotional abuse. A child or young person might not tell anyone what's happening until they reach a 'crisis point'. That's why it's important to look out for signs in how a child or young person is acting. As children grow up, their emotions change. This means

it can be difficult to tell if they're being emotionally abused. But children who are being emotionally abused might:

- Lack self-confidence and / or self-assurance.
- Struggle to control their emotions.
- Have difficulty making or maintaining relationships.
- Act in ways that are inappropriate for their age.
- Be overly affectionate with strangers or people they don't know well.
- Appear fearful, wary, or anxious with certain people, or certain groups of people.
- Lack a close relationship or bond with their parent.
- Behave aggressively or cruelly towards other children, or to animals.
- Display attention seeking behaviours.
- Struggle to control their emotions.
- Have extreme outbursts.
- Be isolated and distant from their parents.
- Lack social skills.
- Have few or no friends.
- Paranoia.
- Mood swings, changes in mood or behaviour.
- Withdrawal and inability or discomfort with social situations and interaction.

Examples of factors which could cause confusion would include:

- Death or illness in the family
- Family relationship breakdown
- Family stress or specific family issues
- Medical or psychological conditions
- Death of a pet

## **Neglect**

### **What it is**

The persistent failure to meet a child's basic needs, to an extent that is likely to result in the serious impairment of the child's health, development, or wellbeing.

Neglect may occur during pregnancy as a result of maternal substance abuse, the failure to follow the advice of antenatal practitioners. 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 you may see**

Neglect can be difficult to identify. The presence of one or more of the signs and indicators does not necessarily mean a child is being neglected. Where multiple signs or indicators are present over time, they may point to a more serious problem. Children and young people who are neglected might have:

- Significant needs persistently unmet
- Poor physical care
- Lack of food / drink, or inappropriate or inadequate diet
- Failure to access medical care or to follow medical advice / instruction
- Inappropriate clothing
- Poor hygiene (including oral hygiene)
- Lack of supervision/Isolation, ignoring, exclusion
- Lack of heating / lighting
- Leaving a child to lie in faeces / urine
- Not aiding communication or providing adequate stimulation
- Failure to meet cultural, religious or social needs
- Neglecting pets
- Health and development problems: regular illness, infections or dental issues, missed medical appointments, such as for vaccinations, poor language or social skills.
- Continual tiredness
- Repeated accidental injuries, often caused by lack of supervision
- Skin issues, such as sores, rashes, flea bites, scabies or ringworm
- Housing and family issues: living in an unsuitable home environment, such as having no heating, being left alone for a long time, taking on the role of carer for other family members

## **Types of abuse**

### **Domestic abuse**

#### **What it is**

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse.

It's important to remember domestic abuse:

- Can happen inside and outside the home
- Can happen over the phone, on the internet and on social networking sites
- Can happen in any relationship and can continue even after the relationship has ended and that both males and females can be abused or abusers

## Signs you may see

The Domestic Abuse Act 2021 now recognises that children are victims of domestic abuse as well as their parents. It may be harder to detect in children, but signs you might see include:

- Aggression or bullying, anti-social behaviour, like vandalism.
- Anxiety, depression or suicidal thoughts.
- Attention seeking.
- Bed-wetting, nightmares or insomnia.
- Constant or regular sickness, like colds, headaches and mouth ulcers.
- Drug or alcohol use, eating disorders, problems in school or trouble learning.
- Tantrums.
- Withdrawal.

It is possible that the child may be reluctant to leave the parent who is the victim alone and may be afraid for them or have a desire to protect them.

# Exploitation

## Child sexual exploitation

### What it is

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:

- 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. Exploitation can take place between a child and an adult as well as 'peer on peer' (eg between one young person in exchange for something the victim needs or wants).
- For the financial advantage or increased status of the perpetrator or facilitator.

Gangs use sexual exploitation to exert power and control, for initiation or to use sexual violence as a weapon. Children or young people might be invited to parties or gatherings with others their own age or adults and given drugs and alcohol. They may be assaulted and sexually abused by one person or multiple perpetrators. The sexual assaults and abuse can be violent, humiliating and degrading.

## Child criminal exploitation - gang related abuse/county lines

### What it is

As set out in the [Serious Violence Strategy](#), published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- (a) in exchange for something the victim needs or wants, and/or
- (b) for the financial or other advantage of the perpetrator or facilitator, and/or
- (c) through violence or the threat of violence.

The victim may have been criminally exploited *even if the activity appears consensual*. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

This includes 'County Lines', a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal lines'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons. Exploitation can take place between a child and an adult as well as 'peer on peer' (for example between one young person and another).

### **Signs you may see**

- Frequently absent from and doing badly in school.
- Going missing from home, staying out late and travelling for unexplained reasons.
- In a relationship or hanging out with someone older than them.
- Being angry, aggressive or violent.
- Being isolated or withdrawn.
- Having unexplained money and buying new things.
- Wearing clothes or accessories in gang colours or getting tattoos.
- Using new slang words.
- Spending more time on social media and being secretive about time online.
- Making more calls or sending more texts, possibly on a new phone or phones.
- Self-harming and feeling emotionally unwell.
- Taking drugs and abusing alcohol.
- Committing petty crimes like shop lifting or vandalism.
- Unexplained injuries and refusing to seek medical help.
- Carrying weapons or having a dangerous breed of dog.

## **Modern slavery**

### **What it is**

- Slavery
- Human trafficking
- Forced labour and domestic servitude
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

### **Signs you may see**

- Shows signs of physical or psychological abuse and untreated injuries.
- Looks malnourished or unkempt or appears withdrawn and neglected.
- Seems under the control or influence of others.
- Wears the same clothes every day.

- Wears no safety equipment even if their work requires it.
- Living in dirty, cramped or overcrowded accommodation.
- Living and working at the same address.
- Appears unfamiliar with their neighbourhood or where they work.
- Rarely allowed to travel on their own.
- Collected and dropped off on a regular basis early in the morning or late at night.
- In a crowded minibus with other workers.
- Has no control of their identification documents such as their passport.
- Reluctant to seek help and avoids eye contact.
- Appears frightened or hesitant to talk to strangers.
- Fear of police, don't know who to trust or where to get help.
- Afraid of deportation, and risk of violence to them or their family.

## **Extremism and Radicalisation**

### **What it is**

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm.

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. This can include harmful minority religions ('cults').

### **Signs you may see**

- Isolating themselves from family and friends.
- Talking as if from a scripted speech.
- Unwillingness or inability to discuss their views.
- A sudden disrespectful attitude towards others.
- Increased levels of anger .
- Increased secretiveness, especially around internet use.

Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later persuading them into cutting themselves off from their friends and family. However, these signs don't necessarily mean a child is being radicalised - it may be normal teenage behaviour or a sign that something else is wrong.

## **Bullying, cyberbullying and online abuse**

### **What it is**

Bullying can include many different forms of abuse, including physical and emotional abuse, and typically (but not exclusively) takes place between peers. Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home, online, at work or in church. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.

Cyberbullying can include:

- Sending threatening or abusive text messages
- Creating and sharing embarrassing images or videos
- Trolling – the sending of menacing or upsetting messages on social networks, chat rooms or online games
- Shaming someone online
- Setting up hate sites or groups about a particular child
- Encouraging young people to self-harm
- Revenge porn

### **Signs you may see**

- Being afraid to go to school or youth groups (or work or church), being mysteriously 'ill' each morning, or skipping school/youth group.
- Being nervous, losing confidence, or becoming distressed and withdrawn.
- Problems with eating or sleeping.
- Belongings getting 'lost' or damaged.
- Spending a lot more or a lot less time than usual online, texting, gaming or using social media.
- Seem distant, upset or angry after using the internet or texting.
- Being secretive about who they're talking to and what they're doing online or on their mobile phone.
- Physical injuries, such as unexplained bruises.
- Not doing as well at school.
- Asking for, or stealing, money (to give to whoever's bullying them).
- Bullying others.

## **Female Genital Mutilation**

### **What it is**

Female genital mutilation (FGM) is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting' but has many other names. The practice is not required by any religion and is medically unnecessary, painful and has serious health consequences at the time it is carried out and in later life.

The procedure is performed on girls of any age, but there are certain higher risk times including newborn infants, prior to onset of puberty, and on young women before marriage. FGM may be practised illegally by family members (including extended family) or other members of the community in the UK, or girls may be sent abroad for the procedure. FGM is illegal in the UK, under the Female Genital Mutilation Act 2003 (as amended).

### **Signs FGM might happen include**

- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
- A girl has an unexpected or long absence from school.
- A girl struggles to keep up in school.
- A girl runs away - or plans to run away - from home.

### **Signs FGM might have taken place**

- Having difficulty walking, standing or sitting.
- Spending longer in the bathroom or toilet.
- Appearing quiet, anxious or depressed.
- Acting differently after an absence from school or college.
- Reluctance to go to the doctors or have routine medical examinations.
- Asking for help - though they might not be explicit about the problem because they're scared or embarrassed.



# **Safeguarding Policy Part D: Vulnerable Adults**

**St Peter's, Colchester**

Revised: February 2026

Date for review: July 2026

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# Commitment to safeguarding adults

St Peter's is committed to protecting adults with care and support needs from abuse and neglect and to promoting the welfare of all vulnerable adults within our church community. We recognise that we have a duty of care to all adults, however, this policy focuses its attention upon adults with care and support needs, adults at risk of abuse, and adults who have specific vulnerabilities that do not meet the statutory definitions or thresholds. We are committed to ensuring that St Peter's:

- Provides a caring environment for all.
- Provides a safe environment for vulnerable adults and actively seeks to prevent harm.
- Identifies vulnerable adults who are suffering and seeks to support them.
- Takes appropriate action to see that such vulnerable adults are kept safe from harm.

St Peter's does not engage in any ministry specifically for adults with care and support needs, however, we recognise that some of those who attend have needs that meet the statutory definitions and thresholds, and others have specific vulnerabilities, even though these do not meet the statutory thresholds. We therefore recognise that all who act on behalf of St Peter's need to know how to respond to signs and indicators and disclosures of abuse or neglect. The following guidelines are in place to support staff and volunteers in their response to adult safeguarding concerns.

## Definitions

In the context of this policy, the following terms are used as defined below:

### Adult with care and support needs

As defined in the Care Act (2014), an adult with care and support needs requires help or support with daily living task such as personal care (dressing, washing, toileting etc), cooking, shopping, cleaning, or managing their finances. Such adults are entitled to support. However, support is offered on a consent basis, and it is the adult's choice whether to accept such support. The criteria for this category is that the person has such a need and is not dependent upon whether that need is being met through the provision of a service.

### Adult at risk of abuse/adult in need of protection

As defined in the Care Act (2014), these terms, which are used interchangeably by external services, refer to:

- An 'adult with care and support needs' (as defined above).
- Who is also at risk of abuse.
- As a result of their care and support need(s) is unable to protect themselves from the abuse or neglect.

Since adults at risk of abuse are not able to protect themselves, the church has a legal duty to take action to protect them by making a referral to Adult Social Care or the police.

## **Adult with identified vulnerabilities**

As used in this policy, adults with identified vulnerabilities, refers to adults who do not meet the criteria for an 'adult with care and support needs' (as defined above), but who are vulnerable in some way.

## **Vulnerable adult**

As used in this policy, vulnerable adult is an umbrella term that incorporates all 3 categories defined above.

## **Vulnerable people**

As used in this policy, vulnerable people, refers to children, young people and 'vulnerable adults' (as defined above).

## **Those acting on behalf of St Peter's**

As used in this policy, this term refers to anyone who is involved serving the church in any role, whether staff or volunteers, which brings them into contact with the public in a ministry or service capacity. All staff and volunteers are appointed in accordance with our safe recruitment policy and procedures (see section F of this policy).

# **Understanding safeguarding adults**

Adult safeguarding recognises ten categories of abuse:

1. Physical abuse
2. Domestic abuse
3. Neglect and acts of omission
4. Self-Neglect
5. Organisational Abuse
6. Sexual abuse
7. Financial abuse
8. Modern Slavery
9. Discriminatory Abuse
10. Psychological abuse

## **A note on so called 'Spiritual abuse'**

'Spiritual abuse' is a category that is not recognised in law or statutory guidance but is recognised by the Church of England. The term is imprecisely defined and is challenged as problematic in some quarters. This policy does not specifically use the term; however, the concept is included implicitly. The unhealthy patterns of behaviour to which the term is applied are covered under our understanding of emotional/psychological abuse, breach of trust, and the misuse of power or authority.

The Church of England's description of spiritual abuse can be summarised as follows:

Spiritual abuse is not a separate category of abuse but is a form of psychological and emotional abuse. It is commonly described as a systematic pattern of coercive and controlling behaviour in a religious context. We acknowledge the need to work to create and maintain a healthy environment that reflects biblical standards and as such, promotes and nurtures spiritual growth and thriving.

The Church of England recognises that the use of the term spiritual abuse is a relatively recent development and that there has been some concern that the term could become 'weaponised' to attack particular positions, rather than to identify and address harm and abuse. The guidance states that 'Holding a particular theological position may not be in and of itself abusive. What matters is how the position is held and shared - it is important that this must be done in a way that respects and values others.'

Spiritual abuse, by some of the definitions offered, shares some of the hallmarks of bullying and harassment, including intimidation, manipulation and inducing fear. It often uses the 'victim's' belief system to coerce, manipulate, control; and abuse them, using religious position, membership of the religious community, power or influence within the community, scripture, biblical discourse or spiritual threats to abuse. Spiritual abuse can coexist with other forms of abuse; sometimes being used to hide, legitimise or justify that abuse, but it can also exist in isolation.

## **Responding to concerns or disclosures of abuse**

Safeguarding concerns about adults are handled in the same way as concerns about children or young people and in accordance with the principles outlined in part A of this policy.

- Anyone who has a concern about the safety or wellbeing of an adult should raise that concern with their Ministry Area Lead (MAL)/Parish Safeguarding Officer (PSO), who will advise and support.
- The MAL will record the details of the concern, and any initial actions taken, and will consult with the PSO who will advise what action needs to be taken.
- If required, the PSO will consult with the Diocesan Safeguarding Advisor (DSA).
- The PSO will lead on any safeguarding concerns that meet statutory thresholds or that involve liaison with external agencies.
- The MAL will lead on any concerns that do not meet safeguarding thresholds, but which involve practical or pastoral needs, supported by the PSO as required.
- The DSA will be updated as required and will provide advice and support when needed.

## **Supporting vulnerable adults in making their own decisions about support**

This guidance has been adapted from the Church of England Safeguarding e-manual [Responding Well to Victims and Survivors of Abuse | The Church of England](#).

When assessing and managing safeguarding concerns, the PSO will need to establish whether the adult meets the criteria for an 'adult at risk of abuse'/'adult in need of protection' and whether they have mental capacity. The answers to these questions will determine whether consent is needed to share information. Even if the church has a duty to report, and consent is not required, the views and

wishes of the individual must be considered. The majority of safeguarding concerns raised at St Peter's do not meet this threshold, meaning that consent must be obtained if information is to be shared with external agencies.

When seeking to address support needs (as opposed to having the duty to protect), it is important that vulnerable adult's consent to the provision of support and to the sharing of their personal information or details of their needs. The section below, adapted from the Mental Capacity Act 2005: Code of Practice, explains how people can be assisted to make their own decisions about the support in this Guidance.

## **Providing relevant information**

Does the vulnerable adult have all the information they need to make the decision? For instance, have you given them information about who will provide the services, when and how? If they have a choice, have they been given information on all the alternatives?

## **Communicating in an appropriate way**

Is the information about the support explained in a straightforward way, without using jargon? Could information about the support be explained or presented in a way that is easier for the survivor or victim to understand (for example, by using "everyday" language or visual aids)?

Could anyone else help support the person or help with communication? For example, a family member, support worker, interpreter, speech and language therapist or advocate. The victim or survivor would need to agree to the involvement of a third person in this way.

## **Making the person feel at ease**

Are there particular times of day when the survivor or victim's understanding is better? This applies where people may be taking medication that affects their lucidity. Are there particular locations where the survivor or victim feels more at ease? Some places associated with the church, or the abuse, may trigger re-traumatisation and therefore affect their ability to decide whether to accept support. Could the decision be put off in order to see whether the survivor or victim can make the decision at a later time when circumstances are right for them?

## **'Deliverance ministry'**

Where applicable, St Peter's will ensure that those with concerns that they or others require 'deliverance ministry' receive adequate pastoral support. Any meeting with such individuals will be held with at least two appropriately recruited individuals (in line with safer recruitment practices outlined in this policy) and any meetings and/or actions taken will be clearly communicated to the Diocesan Safeguarding Team.

## **Guidance for visiting adults at risk of abuse or those who lack mental capacity**

St Peter's seeks to care well for all who attend the church and as such, expects the highest standards of Christian conduct and integrity from anyone involved in ministry to vulnerable adults, including making

home visits. Most adults, including vulnerable adults, have mental capacity and can protect themselves. Such adults have the right to make decisions for themselves.

Occasionally, situations may arise where home visits to adults at risk of abuse and/or who lack mental capacity form a part of our care for that person. Although these people may be well known to us, unexpected circumstances can be encountered during home visits, which may place either the person being visited, or the visitor facing increased risk.

While it may be tempting to some to avoid such situations, this group of people are perhaps those most in need of such visits and our fear of the potential challenges posed by the situation do not negate either our biblical responsibility to care for such people, or their need for such care.

It is important to recognise that each situation is different and must be assessed and responded to in a manner that is specifically planned to meet that person's needs. (This falls under the principle referred to in safeguarding as the personalisation of safeguarding, which responds to the specific needs and wishes of the individual concerned.)

Staff or volunteers who are likely to be providing such care may need to be DBS checked. They also need to be aware of basic safety strategies and principles; particularly if visiting alone. To assure the person being visited of their safety, and for the visitor's own safety, the following principles should inform and shape the way such ministry is conducted:

- Where practical, before an initial visit (particularly if the person being visited is not well known to us) risks should be considered using a generic risk assessment, which should be updated as required over time if visiting is ongoing.
- If there are known risks, consideration must be given to how these will be managed.
- It is preferable to call by appointment rather than to arrive unannounced.
- Be clear about what support you can offer and the purpose and limitations of any pastoral care and/or support that is available.
- Do not make referrals to any agency that could provide help without the adult's permission and encourage them to set up the contact themselves, unless there are safeguarding concerns that need to be reported.
- Never offer 'over the counter' remedies to people on visits or administer prescribed medicines, even if asked to do so.
- Do not accept any gifts from adults other than token items, to avoid misunderstandings or subsequent accusations from the person or their family. If someone wants to make a donation to the ministry at St Peter's, put it in an envelope, mark it on the outside as a donation and obtain a receipt from the church office.
- Keep appropriate records of such visits, including details of any concerns that are identified or disclosed, or any incidents that occur during the visit. As a minimum, this should include the date, time, and location and purpose of the meeting. If the visitor is concerned about any aspect of the visit, they should speak with their MAL, who will consult with the PSO as required.

# Guidance on communicating electronically with those who may lack mental capacity

## Do:

- Have your eyes open and be vigilant.
- Maintain the utmost integrity – honesty, transparency, consistency and accountability are key.
- Treat online communication with vulnerable adults as you would communication that is face to face. Always maintain the same level of confidentiality.
- Keep backup copies of electronic communications.
- These should be made available to the church leadership or the PSO if required.
- Report any safeguarding concerns that arise on social media, or via any other electronic means, to the PSO via your MAL, or directly if necessary.
- Always assume that everything you write is permanent and may be viewed by anyone at any time; and that everything can be traced back to you personally as well as to your colleagues or the church. Always think before you post.
- Draw clear boundaries around your social media usage associated with your private life and your use of different social media for public ministry. Keep church accounts & profiles separate from your personal social media accounts e.g. only use a Facebook page, Twitter or blogs for public ministry, and a separate Facebook profile for private life
- Where possible, use an approved ministry account or a St Peter's email address to communicate with vulnerable adults. Save any messages and threads through social networking sites, so that you can provide evidence if required.
- Use clear and unambiguous language in all communications and avoid abbreviations that could be misinterpreted.
- Use passwords and log off promptly after use to ensure that nobody else can use social media pretending to be you.

## Do not:

- Do not use a personal Facebook or any other social media account in your work with vulnerable adults.
- Do not stalk them (ie. dig through people's social media to find out about them).
- Do not say anything on social media that you would not be happy saying in a public meeting, to someone's face, writing in a local newspaper, or on headed notepaper.
- Do not destroy any inappropriate material received through social networking sites or other electronic means. Notify the named persons immediately.
- Do not comment on photos or posts, or share content, unless appropriate to your role.

In particular, do not allow content to contain or share links to other sites that contain:

- Libellous, defamatory, bullying or harassing statements.
- Breaches of copyright and data protection.

- Material of an illegal nature.
- Offensive sexual or abusive references.
- Inappropriate language.
- Anything which may be harmful to a vulnerable adult, or which may bring the ministry at St Peter's into disrepute or compromises its reputation.

## External organisations

St Peter's has connections with various external organisations that work with vulnerable groups. Such activities operate separately to St Peter's and have their own safeguarding policies. St Peter's members who volunteer with them are subject to the safeguarding policies and procedures of those external organisations.

## APPENDIX: Definitions Of Abuse

Taken from [Church of England Safeguarding e-manual](#).

### Physical abuse

#### What it is

Physical abuse is the act of physical ill treatment. It may include assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions.

Bumps and bruises don't always mean someone is being physically abused. Although there isn't just one sign or symptom to look out for, it's important to be aware of the signs.

If someone regularly has injuries, there seems to be a pattern to the injuries or the explanation doesn't match the injuries, then this should be reported.

#### Signs you may see

- bruises
- flinching away from others
- wearing clothes that cover up, even in warm weather
- burns or scalds
- broken or fractured bones
- bite marks

### Domestic abuse

#### What it is

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It's important to remember domestic abuse:

- Can happen inside and outside the home.
- Can happen over the phone, on the internet and on social networking sites.

- Can happen in any relationship and can continue even after the relationship has ended.
- Both men and women can be abused or abusers.

The Domestic Abuse Act (2021), along with the related [statutory guidance](#) provides a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling, and economic abuse. See Section 3 for more information.

### **Signs you may see**

- Productivity signs.
- Change in the person's working patterns: for example, frequent absence, lateness or needing to leave work early.
- Reduced quality and quantity of work: missing deadlines, a drop in usual performance standards.
- Change in the use of the phone/email: for example, a large number of personal calls/texts, avoiding calls or a strong reaction to calls/texts/emails.
- Spending an increased number of hours at work for no reason.

### **Changes in behaviour or demeanour**

- Conduct out of character with previous employment history or social engagement
- Changes in behaviour: for example, becoming very quiet, anxious, frightened, tearful, aggressive, distracted, depressed
- Isolating themselves from colleagues or friends
- Obsession with timekeeping
- Secretive regarding home life
- Worried about leaving children at home.

### **Physical signs**

- Visible bruising or single or repeated injury with unlikely explanations.
- Change in the pattern or amount of make-up used.
- Change in the manner of dress: for example, clothes that do not suit the climate which may be used to hide injuries.
- Substance use/misuse.
- Fatigue/sleep disorders.

### **Other signs**

- Partner or ex-partner following employee in or around the workplace or Church setting or repeatedly turning up at the workplace or Church setting
- Partner or ex-partner exerting unusual amount of control or demands over work schedule or social activities.
- Flowers/gifts sent to employee for no apparent reason.
- Isolation from family/friends.

Stalking and cyber-stalking are also forms of control and abuse. Church workers should remain alert to the use of words, physical or sexual practices to demean and control a vulnerable adult.

## **Neglect and acts of omission**

### **What it is**

- Carers ignoring medical, emotional or physical care needs of the vulnerable adult.
- 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.

### **Signs you may see**

- An out of character failure to engage in social interaction and activities.
- Inconsistent or reluctant contact with support, such as medical and social care organisations.
- Poor personal hygiene.
- Inappropriate or inadequate clothing.
- Poor state of home environment.
- Malnutrition or unexplained weight loss.
- Untreated injuries and medical problems.
- Accumulation of untaken medication.

## **Self-Neglect**

### **What it is**

Self-neglect covers a range of behaviour related to neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

### **Signs you may see**

- Poor personal hygiene, wearing the same clothes every day
- Unkempt appearance
- Lack of essential food, clothing or shelter/heating
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services, accumulation of untaken medication
- Inability or unwillingness to take medication or treat illness or injury

## **Organisational Abuse**

### **What it is**

Poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home, for example. 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

### **Signs you may see**

- An unsafe, unhygienic or overcrowded environment
- A strict or inflexible routine
- Lack of privacy, dignity, and respect for people as individuals
- Withdrawing people from community or family contacts
- No choice offered with food, drink, dress or activities
- No respect or provisions for religion, belief, or cultural backgrounds
- Treating adults like children, including arbitrary decision-making.

## **Sexual abuse**

### **What it is**

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- sexual photography or filming, "revenge porn"
- subjection to pornography or witnessing sexual acts
- sexual assault
- sexual acts to which the adult has not consented or was pressured into consenting.

### **Signs you may see**

- rape
- excessive fear/apprehension of, or withdrawal from, relationships
- fear of receiving help with personal care
- reluctance to be alone with a particular person
- self-harming
- poor concentration, withdrawal, sleep disturbance
- the uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- pregnancy in someone who is unable to consent to sexual intercourse

## Financial or material abuse

### What it is

- 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
- the misuse or misappropriation of property, possessions or benefits

### Signs you may see

- Missing personal possessions.
- An unexplained lack of money.
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity, or being obtained by someone you would not expect.
- Sudden or unexpected changes in a will or other financial documents.
- Appearance of previously uninvolved relatives or 'close friends'.
- Failing to provide receipts for shopping or other financial transactions carried out on behalf of someone else.

## Modern Slavery

### What it is

- slavery
- human trafficking
- forced labour and domestic servitude
- traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

### Signs you may see

- Shows signs of physical or psychological abuse and untreated injuries.
- Looks malnourished or unkempt or appears withdrawn and neglected.
- Seems under the control or influence of others.
- Wears the same clothes every day.
- Wears no safety equipment even if their work requires it.
- Living in dirty, cramped or overcrowded accommodation.
- Living and working at the same address.
- Appears unfamiliar with their neighbourhood or where they work.
- Rarely allowed to travel on their own.
- Collected and dropped off on a regular basis early in the morning or late at night.

- In a crowded minibus with other workers.
- Has no control of their identification documents such as their passport.
- Reluctant to seek help and avoids eye contact.
- Appears frightened or hesitant to talk to strangers.
- Fear of police don't know who to trust or where to get help.
- Afraid of deportation, and risk of violence to them or their family.

## **Psychological abuse**

### **What it is**

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

### **Signs you may see**

- an air of silence when a particular person is present
- withdrawal or change in the psychological state of the person.
- insomnia.
- low self-esteem
- uncooperative and aggressive behaviour
- a change of appetite, weight loss/gain
- signs of distress: tearfulness, anger
- apparent false claims, by someone involved with the person, to attract unnecessary treatment

## **Discriminatory Abuse**

### **What it is**

- harassment

- slurs or similar treatment because of:
- race, including colour, nationality, ethnic or national origin
- gender and gender identity, including gender reassignment
- age
- disability
- sexual orientation
- religion
- pregnancy and maternity
- marriage and civil partnership

### **Signs you may see**

- Overhearing harassment or abuse
- A person appearing to be excluded from activities or groups for discriminatory reasons.
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic
- Expressions of anger, frustration, fear or anxiety.

### **Other types of abuse**

In addition to the categories of abuse listed above, there are a range of identified risks, which for the sake of this policy will be referred to as types of abuse. These all fit within one or more of the categories of abuse. These are sometimes referred to as 'current themes' or 'hot topics' and include, but are not limited to:

### **Extremism and radicalisation**

#### **What it is**

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm.

Extremism goes beyond terrorism and includes people who target the vulnerable - including the young - by seeking to sow division between communities based on 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. This can include harmful minority religions ('cults').

#### **Signs you may see**

- isolating themselves from family and friends
- talking as if from a scripted speech
- unwillingness or inability to discuss their views
- a sudden disrespectful attitude towards others
- increased levels of anger
- increased secretiveness, especially around internet use

## **Bullying, cyber bullying and online abuse**

### **What it is**

- Bullying can include many different forms of abuse, including physical and emotional abuse, and typically (but not exclusively) takes place between peers.
- Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone.
- It can happen anywhere – at home, online, at work or in church. It's usually repeated over a long period of time and can hurt a vulnerable adult both physically and emotionally.

### **Cyberbullying can include:**

- sending threatening or abusive text messages
- creating and sharing embarrassing images or videos
- trolling – the sending of menacing or upsetting messages on social networks, chat rooms or online games
- shaming someone online
- setting up hate sites or groups about a particular child
- encouraging young people to self-harm
- revenge porn
- trolling

### **Signs you may see**

- Being nervous, losing confidence, or becoming distressed and withdrawn.
- Problems with eating or sleeping.
- Belongings getting 'lost' or damaged.
- Spending a lot more or a lot less time than usual online, texting, gaming or using social media
- Seem distant, upset or angry after using the internet or texting.
- Be secretive about who they're talking to and what they're doing online or on their mobile phone.
- Physical injuries, such as unexplained bruises.
- Asking for, or stealing, money (to give to whoever's bullying them).
- Bullying others.

## **Relevance to other countries**

Please note that whilst there might be different perceptions of what constitutes abuse in different countries, abuse cannot be understood as a relative concept only applicable in certain contexts. Abuse is abuse. Domestic abuse and the trafficking of children for sexual exploitation, for example, are still forms of abuse whichever country they take place in and must be responded to.

## Refugees and asylum seekers

Refugees and asylum seekers have the same fundamental rights to safety and protection as any other person and the fact that their citizenship status may not have been resolved does not alter this. From a safeguarding point of view refugees and asylum seekers are not necessarily vulnerable and their autonomy should be respected. They are, after all they have gone through, survivors and shouldn't be treated as victims. However, refugees and asylum seekers may face certain risks associated with their particular circumstances and experiences.

## Who abuses adults

Potentially anyone, adult or child, can be the abuser of an adult. Abuse will sometimes be deliberate, but it may also be an unintended consequence of ignorance or lack of awareness. Alternatively, it may arise from frustration or lack of support. The list can include:

- Relatives of the vulnerable person including husband, wife, partner, son or daughter. It will sometimes include a relative who is a main carer.
- Neighbours.
- Paid carers and carers within institutions.
- Workers in places of worship.
- People who are themselves vulnerable and/or are users of a care service.
- Confidence tricksters who prey on people in their own homes or elsewhere.



# **Safeguarding Policy Part E: Domestic Abuse**

**St Peter's, Colchester**

Revised: February 2026

Date for review: July 2026

# PCC Policy statement on responding to domestic abuse

All forms of domestic abuse are wrong and must stop. We are committed to promoting and supporting environments which seek to:

- Ensure that all people feel welcomed, respected and safe from abuse.
- Protect those vulnerable to domestic abuse from actual or potential harm.
- Recognise equality amongst people and within relationships.
- Enable and encourage concerns to be raised and responded to appropriately and consistently.

We recognise that:

- All forms of domestic abuse cause damage to the survivor and express an imbalance of power in the relationship.
- All survivors have the right to equal protection from all types of harm or abuse.
- Domestic abuse can occur in all communities.
- Domestic abuse may be a single incident, but is usually a systematic, repeated pattern which escalates in severity and frequency.
- Domestic abuse, if witnessed or overheard by a child, is a form of child abuse by the perpetrator of the abusive behaviour .
- Working in partnership with children, adults and other agencies is essential in promoting the welfare of any child or adult suffering abuse.
- Domestic abuse can involve former partners as well as current partners.
- Domestic abuse can occur in teenage relationships with young people 16 or over .
- Domestic abuse may not involve physical abuse/assault.
- Domestic abuse can occur in any intimate or family relationship.
- Domestic abuse can be perpetrated by women as well as men (although we recognise that most often, the male is the perpetrator).

We will endeavour to respond to domestic abuse by:

In all our activities

- valuing, listening to and respecting both survivors and alleged or known perpetrators of domestic abuse.

In our publicity

- raising awareness about other agencies, support services, resources and expertise.

When concerns are raised

- ensuring that those who have experienced abuse can find safety and informed help
- working with the appropriate statutory bodies or other agencies supporting the individual during an investigation into domestic abuse, including when allegations are made against a member of the church community.

In our care

- ensuring that informed and appropriate pastoral care is offered to any child, young person or adult who has suffered abuse
- identifying and outlining the appropriate relationship of those with pastoral care responsibilities with both survivors and alleged or known perpetrators of domestic abuse.

Where there are concerns about domestic abuse, these should be discussed with the Ministry Area Lead (MAL) or with the Parish Safeguarding Officer (PSO; [safeguarding@stpeterscolchester.org](mailto:safeguarding@stpeterscolchester.org)). The PSO is the main point of contact for all domestic abuse concerns, even in situations where there are no safeguarding concerns with respect to children, young people or vulnerable adults.

## Responding to concerns about domestic abuse

This guidance has been abbreviated from the Church of England Safeguarding e-manual and highlights initial responses to disclosures and concerns about domestic abuse. More detailed procedural guidance can be found here: [Domestic Abuse | The Church of England](#).

### Definition

The Government definition of domestic abuse is currently: '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 dependent 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 assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

The Government definition includes so called 'honour-based violence', female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Where domestic abuse occurs within a home that includes children, these must be reported to the PSO as there is a mandatory duty to report the concerns to children's social care.

### How can domestic abuse be recognised?

Indications in a church setting that someone may be a victim of domestic abuse could include:

## **Productivity signs**

- Change in the person's working patterns: for example, frequent absence, lateness or needing to leave work early.
- Reduced quality and quantity of work: missing deadlines, a drop in usual performance standards.
- Change in the use of the phone/email: for example, a large number of personal calls/texts, avoiding calls or a strong reaction to calls/texts/emails.
- Spending an increased number of hours at work for no reason.

## **Changes in behaviour or demeanour**

- Conduct out of character with previous employment history or social engagement.
- Changes in behaviour: for example, becoming very quiet, anxious, frightened, tearful, aggressive, distracted, depressed; isolating themselves from colleagues or friends.
- Obsession with timekeeping.
- Secretive regarding home life.
- Worried about leaving children at home.

## **Physical signs**

- Visible bruising or single or repeated injury with unlikely explanations.
- Change in the pattern or amount of make-up used.
- Change in the manner of dress: for example, clothes that do not suit the climate which may be used to hide injuries.
- Substance use/misuse.
- Fatigue/sleep disorders.

## **Other signs**

- Partner or ex-partner following employee in or around the workplace or church setting or repeatedly turning up at the workplace or church setting.
- Partner or ex-partner exerting unusual amount of control or demands over work schedule or social activities.
- Flowers/gifts sent to employee for no apparent reason; isolation from family/friends.

# **Responding to domestic abuse within the congregation**

Challenging inappropriate behaviours, being alert to the signs of possible abuse, and knowing what to do should such issues arise are the most important things the church can do to keep people safe.

If domestic abuse is suspected, and it is safe and appropriate to do so, a general wellbeing question such as "How are things going?" can be asked. There may be no response forthcoming, as it may take a while for the individual to disclose. It is particularly the case that men and those in the LGBTQI+ community are more reluctant to disclose they are being abused.

If a disclosure is made that someone is a victim of domestic abuse, consider the following:

### **Do:**

- Call 999 if the person or any children are, or appear to be, in immediate danger, or if there are any concerns about their safety.
- Listen and accept what is being said, no matter who the allegation is being made about or by whom it is being made.
- Encourage the person disclosing to seek help themselves and offer support to help them with that. Information and phone numbers for local and national helplines are available on the safeguarding page of the St Peter's website. Domestic abuse advisors can provide important specialist support particularly around safety planning and legal advice.
- Assure them that the abuse is not their fault, no matter what they have been told by their abuser.
- Make a note of what was said, record any visible injuries (including a description of location, size, shape etc) and pass this information onto your MAL or the PSO as soon as possible.

### **Do not:**

- Do not put yourself at risk – call 999 if this is required.
- Do not engage in any way with the person who is the alleged abuser and specifically do not tell them the location of the victim.
- Do not offer any form of marriage counselling or mediation or encourage reconciliation.
- Do not allow religion to be used to excuse violent behaviour.
- Do not offer them emergency accommodation (assuming appropriate emergency accommodation is available) without informing the police and receiving assurance that it is safe to do so.

## **Ongoing pastoral support**

Once the immediate situation has been resolved, MALs will need to look at the longer-term support of the individuals involved. Where both individuals wish to continue to attend church, consideration will need to be given to how to do that safely or whether one individual will need to be accommodated at another church.

Both individuals will need support, noting that one person cannot support both parties, and input from others may be required. This may require the sharing of information, and this needs to be made clear to all parties. Anyone supporting a victim/survivor, or a perpetrator should have undergone the 'Church of England Raising Awareness of Domestic Abuse' training.

Where the issue has not met the threshold for a statutory intervention, those with knowledge of the situation should remain vigilant, to remain open to offering support. The Diocesan Safeguarding Advisor (DSA) will be able to advise on the best way to support both parties in these scenarios. This may involve the use of a Domestic Abuse Specialist and may require information to be appropriately shared.

If MALs are aware of any formal restrictions around alleged abusers (such as safeguarding agreements or restraining orders) they should ensure that arrangements support those restrictions.

Employees and volunteers who are victims should be treated in the same way as anyone else reporting domestic abuse. But in addition, the church has specific responsibilities as an employer, and [the Church of England has developed a toolkit](#) to assist with this.



# **Safeguarding Policy Part F: Safer Recruitment & People Management**

**St Peter's, Colchester**

Revised: February 2026

Date for review: July 2026

St Peter's is committed to promoting a safer environment and culture within the church for everyone, and with particular attention to the safety and wellbeing of children, young people and adults with care and support needs. One way in which the church aims to fulfil its commitment is by following safer recruitment/appointment processes and ensuring continued vigilance once someone is in the role. We recognise that safer recruitment goes beyond simply obtaining a DBS Certificate. The reality is that many people who have abused or will abuse in positions of trust do not have a criminal record.

For a more detailed explanation regarding the policy of safer recruitment please review the Church of England Safer Recruitment and People Management guidance [here](#).

The requirements in this guidance must be followed for the appointment of all roles within St Peter's that involve regular contact with children, young people and/or vulnerable adults as well as trustees and those who supervise people in those roles. This therefore includes employees, associates, youth and children's workers, volunteers within youth and children's ministry (including creche helpers, Tiny Tots) and PCC members. It would not typically be used for areas of general service within the church eg serving at services, PA & projection and other roles that do not involve substantial contact with children, young people and/or vulnerable adults.

All the following steps should be carried out as part of the recruitment process even if the person is already 'known' (eg. as a member of the congregation).

## **1. Responsible person**

The responsible person would typically be the Ministry Area Lead (MAL) who would then become the applicants line manager or supervisor should they be successful in their application. The administration of the application process is managed by the Safeguarding Administrator who manages the process. The responsible person oversees aspects of the recruitment/appointment process not managed by the Safeguarding Administrator. The responsible person must be familiar with the requirements of this guidance and have up-to-date safeguarding training and DBS check (both of which are refreshed every 3 years). If responsibility is delegated at any stage, the responsible person must ensure that the individual they are delegating to is capable, competent and has received all required training. The PSO is available to support the process as required and will consult with the Diocesan Safeguarding Advisor as required.

## **2. Role description and person specification**

The responsible person, supported by the Safeguarding Administrator, should ensure that they have an up-to-date role description and person specification for the role they wish to recruit for. The role description should define the level and nature of contact with children, young people and vulnerable adults so that there is a clear understanding of the individual's safeguarding responsibilities.

## **3. Advertising the role**

If the role involves working with children or vulnerable adults, advertisements for the role must include the following details, or clearly indicate where they can be found:

- The following statement: 'St Peter's is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults. All post holders and volunteers are expected to share this commitment. All appointments to this role are subject to acceptable pre-appointment checks, including a satisfactory Enhanced DBS check with barred list.'
- The essential elements of the person specification required for the role.

#### **4. Application**

Application forms facilitating assessment of a candidate's suitability for a role are used. For roles that involve working or volunteering with children, young people or vulnerable adults, the application form includes information about a candidate's:

- Experience of working or volunteering with these groups and
- Motivation for working with these groups.

#### **5. Confidential declarations**

The church recognises its legal responsibility to check whether a role is eligible for an Enhanced DBS check, and whether this should include checking of the barred list/s and must be able to explain which parts of legislation support the application. It is the responsibility of the St Peter's Safeguarding Team to check if a DBS check is required for the role applied for.

The Rehabilitation of Offenders Act 1974 (ROA) allows certain convictions and cautions to be considered 'spent' (ie. legally ignored) after a specified period of time. However, some roles fall under an 'ROA Act 1974 (Exceptions) Order 1975 as amended', these include those that involve working with children, young people and vulnerable people.

If the role is exempt, the individual will be eligible for an Enhanced (with/without barred list) DBS check.

Applicants for exempt roles must be asked to complete a confidential declaration. This gives the individual the opportunity to disclose details of any convictions, cautions, final warnings and reprimands which are not protected and will be displayed on a DBS certificate. The information declared by the applicant, as well as that provided on the DBS certificate will be considered when deciding on an individual's suitability for the role for which he/she applied.

A candidate should be made aware that information will be used only to inform the overall assessment as to a candidate's suitability for the role, where it is relevant. If an applicant does not wish to complete his/her confidential declaration, the application must not proceed further and must be terminated.

#### **6. Shortlisting applicants**

Even if there is only one applicant to be considered, their application still needs to be assessed to ensure it meets the essential selection criteria.

Candidates should be shortlisted by comparing the information provided on their application form against the person specification requirements. It is good practice to record shortlisting decisions.

#### **7. Interviews and assessments**

Interviews for all shortlisted candidates for employed roles should be conducted face-to-face. In exceptional circumstances interviews can be carried out online, for example for candidates outside the UK.

The interview process aims to gain as full a picture as possible of a candidate. It may be that some supervised interaction with the groups with which they will be working is appropriately included in the interview process.

Interviews for voluntary roles are usually less formal than an interview for paid employment, however, they are still structured to help decide whether the person is suitable for, and has a good understanding of, working with children, young people or vulnerable adults.

All candidates will be asked if they know of any reason why they should not work in such a role, or if there are any pending issues which may affect their ability to carry out the role.

## **8. Pre-appointment checks**

All appointments to posts that fall within the scope of the safer recruitment & people management policy must be subject to the completion of satisfactory pre-appointment checks and procedures. All pre-appointment checks, including references are essential and should be sought directly from a current employer alongside a personal referee, ideally in a Christian context, when an applicant is applying for a paid role; and a senior church representative, alongside a personal referee, when the position is voluntary (including overseas, where relevant). The responsible person should consider what else can be done to build up as true and rounded a picture of the applicant as possible. This may include references and a police check from the country in which they have been living.

## **9. DBS checking**

It is the responsibility of the St Peter's Safeguarding Team to process DBS applications and ensure confidential declarations are completed.

## **10. Criminal record**

Criminal record information may come to light at any stage of the safer recruitment process, as well as during the ongoing employment or volunteering relationship. Having a criminal record does not necessarily prevent an individual working or volunteering with children, young people or vulnerable adults - this will depend on the exact nature of the position applied for and the details and circumstances of the offence(s).

Criminal record information needs to be considered in a fair, effective and robust manner, focusing on the need to safeguard people and, where necessary, exclude individuals with particular forms of criminal record.

Information disclosed in the confidential declaration and DBS certificate will be considered by the Parish Safeguarding Officer in conjunction with the Diocesan Safeguarding Advisor.

Please consult the 'Safeguarding Policy Part H: PCC Statement on Recruitment of Ex-offenders' on the St Peter's safeguarding page.

## **11. Appointment**

Once all the pre-appointment checks have been completed and given their final sign off on the file by the St Peter's Safeguarding team, a start date can be confirmed.

An email or letter of appointment should be sent, along with the contract or volunteer agreement which should be sent by the St Peter's Safeguarding Team in liaison with the responsible person. This should include information about safeguarding.

## **12. Induction**

The induction process aims to:

- Provide relevant safeguarding training and awareness.
- Set clear expectations of acceptable behaviour and the boundaries of the role.
- Ensure staff have all other relevant training.
- Ensure that the volunteer is competent to fulfil the role.

For employees and volunteers, induction is organised by the St Peter's Safeguarding team.

### **13. Probation/settling in period**

During the settling in period, there should be regular conversations between the responsible person and the individual. A formal probation period generally lasts between 3-6 months by which time a review interview should be conducted by the responsible person, with the final decision made by the team leader and feedback should be recorded on the person's file.

For volunteers a settling in period should be observed, with an informal review conducted by the lead recruiter or supervisors to assess how the individual is progressing.

### **14. Ongoing support, accountability, and supervision**

Staff receive one-to-one supervision and support on a regular basis as the role requires, overseen by the team leader. Volunteers receive group supervision and oversight. Pastoral support is also provided to any member of staff or volunteer via the church's established pastoral care provision.

### **15. Safeguarding learning and development**

Staff and volunteers receive regular formal safeguarding training and engage in a range of other awareness raising activities on an ongoing basis. Responsibility for the ongoing development and support of staff and volunteers is shared between the safeguarding team and the MALs who together ensure that staff and volunteers maintain an up-to-date skill set.

### **16. Record keeping**

Records will be kept for all individuals (employed or volunteer) successfully appointed, whose role falls under the scope of the 'Safer Recruitment & People Management Policy'. Records will be kept in secure electronic folders under the responsibility of St Peter's Safeguarding team.



# **Safeguarding Policy Part G: Church Staff Team**

**St Peter's, Colchester**

Revised: February 2026

Date for review: July 2026

# Introduction

## The staff team

All staff members receive safeguarding training when beginning in employment and receive annual refresher training. For the purposes of this supplement the church staff team refers to all who are named on the St Peter's Church staff list, including all clergy and other named volunteers, whether or not they are in the employment of the church.

## The remit of this supplement

As outlined in the St Peter's safeguarding policy, for the purposes of safeguarding the church's various activities have been divided into separate ministry areas. Ministry areas which involve regulated activity with children (under 18 years old) require a named Ministry Area Leader (MAL).

If a staff member is serving within a named ministry area, any safeguarding concerns related to that area must be dealt with in accordance the supplementary information for that ministry area.

This supplement covers staff in their work outside specific ministry areas.

## Day-to-day working on site

During the working day, children and vulnerable adults might be present in any of the St Peter's church buildings. For example, a family of tourists may look around a building, a staff member may have a family member visit them, or someone from the church family might bring their children with them as they visit a building for any number of reasons. In all these examples, and others like them, the children remain in the care of the adult who brought them, or the parent they are visiting.

Staff members are free to interact with any such children within the church buildings as long as they are in public and there is no way their actions could be misconstrued by a third party.

### Events in the buildings involving children or vulnerable adults

When a building is in use for an event involving children or vulnerable adults (eg. Tiny Tots), staff are free to enter the building if they have good reason to do so. Such a staff member need not be screened but must not join or disturb the activity. They must at all times remain in the background of the activity and must not be in a situation where they are alone with a child or vulnerable adult.

Good reason to enter the buildings would include the day-to-day needs of the catering or buildings staff or essential errands requiring access to cupboards or the like in the building concerned.

## Starting any ministry involving children or vulnerable adults

From time to time, church staff might be involved with organising ministry which includes provision for children or vulnerable adults. For example, a one-off event for adults which requires a crèche, or a weekend away for small groups that have children in attendance.

No such ministry must commence without assessing its safeguarding implications and acting in accordance with it. At an early stage of planning, advice should be sought from the relevant MAL or the

Parish Safeguarding Officer (PSO), and their directions must be followed. Staff members must be aware that the process for screening a caregiver takes about six weeks. No caregiver can commence their role until the Safeguarding Administrator and evidence checker has confirmed that the screening is complete.



# **Safeguarding Policy Part H: PCC Statement on Recruitment of Ex-offenders**

**St Peter's, Colchester**

Revised: February 2026

Date for review: July 2026

1. St Peter's Colchester ('we', 'us' and 'our') is an organisation which assesses the suitability of applicants for positions which are included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order. We do this by using criminal record checks processed through the Disclosure and Barring Service (DBS). We comply fully with the DBS code of practice and undertake to treat all applicants for our positions fairly.
2. We are committed to the fair treatment of all our staff and volunteers, potential staff and volunteers and congregation members.
3. We undertake not to discriminate unfairly against any subject of a criminal record check on the basis of a conviction or other information revealed by a DBS disclosure.
4. We can only ask an individual to provide details of convictions and cautions about which we are legally entitled to know. For example, a DBS certificate at either standard or enhanced level can legally be requested by us where the position applied for is included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended (and, where appropriate, in the Police Act Regulations as amended).
5. We can only ask an individual about convictions and cautions that are not protected.
6. This policy statement is made available to all DBS applicants at the start of their recruitment process.
7. We select all candidates for interview based on their skills, qualifications, experience and, where applicable, against our occupational requirements.
8. An application for a criminal record check is only submitted to the DBS after a thorough risk assessment has indicated that the application is both proportionate and relevant to the position concerned.
9. For positions where a criminal record check is identified as necessary, all application forms, job adverts and recruitment briefs contain a statement that an application for a DBS certificate will be submitted in the event of the individual being offered the position.
10. We ensure that all who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of offences.
11. We also ensure that all involved in the recruitment process have received appropriate guidance and training in the relevant legislation relating to the recruitment and employment of ex-offenders (ie the Rehabilitation of Offenders Act 1974).
12. At interview or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matter that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to the withdrawal of an offer of employment or permission to volunteer with us.
13. We make every subject of a criminal record check submitted to DBS aware of the existence of the code of practice and make a copy of this available on request.
14. We undertake to discuss any matter revealed on a DBS certificate with the individual seeking the position before withdrawing a conditional offer of employment or permission to volunteer with us.