



Safeguarding Policy Part C: Youth (11-18)

St Peter's, Colchester

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Contents

Guidelines for recognising and responding to potential child abuse	5
Definitions	5
Who is a child?	5
What is abuse?	5
Categories of abuse	5
Guidelines for when a child discloses (tells us) they have been abused	6
Respond	6
Record	6
Report	7
Safeguarding young people while they are in our care	7
Definition	7
Safeguarding young people as they arrive for and depart from Spark, & Ignite	7
Registers	8
Caregiver ratios	8
For all groups and activities:	9
If there are only two caregivers present, must one of them be female?	9
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?	9
Driving	9
Discipline	10
Appropriate contact and conversation	10
Frequently asked questions	12
Can I play games that involve physical contact with young people	12
Can I ever physically restrain a young person?	12
Can I take a picture of a young person in my care?	12
Guidance on communicating electronically with young people	12
Risk management, illness and accidents	14
Safeguarding young people with special education needs and disabilities (SEND)	14
Supplementary information for specific groups	16
Travel between buildings	16
Weekends away	16
Trips and socials	17
Personal work	18

APPENDIX: Categories and types of abuse (children)	18
Generic indicators of abuse	19
Categories of abuse	19
Physical abuse	19
Sexual abuse	21
Emotional abuse	23
Neglect	24
Types of abuse	25
Domestic abuse	25
Exploitation	26
Child sexual exploitation	26
Child criminal exploitation – gang related abuse/county lines	26
Modern slavery	27
Extremism and Radicalisation	28
Bullying, cyberbullying and online abuse	29
Female Genital Mutilation	29

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

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.