

Safeguarding Policy for Whit Camp

Purpose

To define the camp's commitment to safeguard the welfare of all children, young people and vulnerable adults involved in camp activities at Whit Camp. For the purposes of this document all references to child/ren or young person also includes vulnerable adults.

Introduction

This document is the safeguarding policy for the family camp, often known as 'Whit Camp'. It will be followed by all attendees and promoted by those in positions of leadership especially those individuals responsible for the youth activities at Whit Camp.

The purpose of Whit Camp is to enjoy a family-friendly holiday and serve and worship the Lord God and His son Jesus Christ.

The activities undertaken bring attendees into regular contact with children and possibly vulnerable adults, and at times require certain attendees to take responsibility for children or young people in the absence of their parents or sponsors. This policy therefore includes a section outlining safe care principles within which those activities will be undertaken. It is the responsibility of all those working with children at camp to ensure these principles are followed.

The camp attendees with designated responsibility for safeguarding are **Sarah Gillingham and Emma Palmer**. Any concerns in relation to possible child protection issues should be discussed with them, whether those concerns relate to the welfare of a child or the conduct of an attendee of the camp with regard to children or vulnerable people. If a child or young person, or their parent or carer has concern about the conduct of an attendee **Sarah Gillingham and Emma Palmer** will be available to discuss it with them. Parents or young people may of course contact Social Services or the police directly if they wish to do so.

The purpose of this policy is to ensure that the actions of adults working with children at Whit Camp are transparent, and safeguard and promote the welfare of children. It is to be hoped that providing a framework within which to work will assist those adults by providing greater clarity and consistency for their conduct with children during the valuable work that they undertake.

This policy is written in accordance with "Working together to Safeguard Children" produced by the Department of Health in 1999.

Principles upon which this policy is based

The welfare of the child, young person or vulnerable adult will always be paramount.

The welfare of families will be promoted.

The rights, wishes and feelings of children, young people and their families will be respected and listened to.

Those people in positions of responsibility at Whit Camp will promote the policy outlined below and ensure that all differences between individual children and young people are treated with respect.

Those people with direct responsibility for working with children and young people will work in accordance with the policy outlined below and ensure that all differences between children and young people are treated with respect.

Whit Camp committee acknowledges God's forgiveness of wrong doing and this policy in no way seeks to negate the availability of forgiveness for those who repent of any wrongdoing in relation to children. It seeks to plan for the immediate need of children who may be in need of protection and to provide a consistent approach to the treatment of children and an appropriate way to address any concerns that arise.

CHILD PROTECTION POLICY

Immediate Action to Ensure Safety

Immediate action may be necessary at any stage in involvement with children and families.

IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE CHILD/REN i.e.:

- If emergency medical attention is required this can be secured by calling an ambulance (dial 999) or taking a child to the nearest Accident and Emergency Department.
- If a child is in immediate danger the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via Police Protection Order.

Recognition of Abuse or Neglect

Abuse or neglect of a child is caused by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting: by those known to them or more rarely by a stranger.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms, of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as, fabricated illness by proxy or Munchausen's Syndrome by proxy.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material, or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Attendees at camp need to be alert to the potential abuse of children both within their families and also from other sources including abuse by other attendees at camp.

Attendees at camp should know how to recognize and act upon indicators of abuse or potential abuse involving children. There is an expected responsibility for all attendees at camp to respond to any suspected or actual abuse of a child in accordance with these procedures. For the majority of attendees this responsibility will be simply to report any concerns to the appropriate people. For those in positions of responsibility for working with children the responsibilities may at times be more significant.

It is good practice to be as open and honest as possible with parents/carers about any concerns. However, you must not discuss your concern with parents/carers in the following circumstances:

- where sexual abuse by the parent/carer is suspected
- where organized or multiple abuse involving the parent/carer is suspected
- where fictitious illness by proxy (also known as Munchausen's Syndrome by proxy) is suspected
- where contacting parents/carers would place a child, yourself or others at immediate risk.

What to do if children talk to you about abuse or neglect

It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations you must:

- Listen carefully to the child. DO NOT directly question the child.
- Give the child time and attention.
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
- Make an accurate record of the information you have been given taking care to record the timing, setting and people present, the child's presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- Use the child's own words where possible.
- Explain that you cannot promise not to speak to others about the information they have shared.
- Reassure the child that:
 - you are glad they have told you;
 - they have not done anything wrong;
 - what you are going to do next.
- Explain that you will need to get help to keep the child safe.
- Do NOT ask the child to repeat his or her account of events to anyone.

Consulting about your concern

The purpose of consultation is to discuss your concerns in relation to a child and decide what action is necessary.

You may become concerned about a child who has not spoken to you, because of your observations of, or information about that child. It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

If you are concerned about a child you must share your concerns. Initially you should talk to one of the people designated as responsible for child protection at camp. The designated people are **Sarah Gillingham and Emma Palmer**. If one of those people is implicated in the concerns you should discuss your concerns with the other person or directly with Social Services.

You should consult externally with the local Social Services Department in the following circumstances:

- when you remain unsure after internal consultation as to whether child protection concerns exist
- when there is disagreement as to whether child protection concerns exist
- when you are unable to consult promptly or at all with your designated contacts for child protection and the situation appears to present an immediate or serious risk to a child

- Consultation is not the same as making a referral (see following section) but should enable a decision to be made as to whether a referral to Social Services or the Police should progress.

Making a referral

A referral involves giving Social Services or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

In certain cases the level of concern will lead straight to a referral without external consultation being necessary.

Parents/carers should be informed if a referral is being made except in the circumstances outlined on previously.

However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Social Services about how and when the parents should be approached and by whom.

IF YOUR CONCERN IS ABOUT ABUSE OR RISK OF ABUSE FROM SOMEONE NOT KNOWN TO THE CHILD OR CHILD'S FAMILY, YOU SHOULD MAKE A TELEPHONE REFERRAL DIRECTLY TO THE POLICE AND CONSULT WITH THE PARENTS/CARERS.

If your concern is about abuse or risk of abuse from a family member or someone known to the children, you should make a telephone referral to the local Social Services Office (see list at the end of this document).

Information required

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral.

- Your name, telephone number, position and request the same of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language, any special needs.
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals' known to be involved with the child/family e.g.: GP, Health Visitor, School,
- The nature of the concern; and foundation for them.
- An opinion on whether the child may need urgent action to make them safe.
- Your view of what appears to be the needs of the child and family.
- Whether the consent of a parent/carer with parental responsibility has been given to the referral being made.

Action to be taken following the referral

- Ensure that you keep an accurate record of your concern(s) made at the time.
- Put your concerns in writing to Social Services following the referral (within 48 hours).
- Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

Confidentiality

The named individuals should ensure that any records made in relation to a referral should be kept confidentially and in a secure place. Where appropriate, the Whit Camp Committee should be informed.

Information in relation to child protection concerns should be shared on a "need to know" basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child's need for protection.

To Conclude

If in doubt, consult.

USEFUL TELEPHONE NUMBERS

For referrals 8.30 am to 4.30 pm Mon -Fri:
CHARNWOOD BOROUGH COMMUNITY ADVICE TEAM 0116 305 5500
CHARNWOOD BOROUGH CHILD PROTECTION LINE 0116 305 0005

For non emergency referrals in relation to stranger abuse:
POLICE 101

For EMERGENCY POLICE ACTION 999

Safeguarding Policy			
Version	Date	Revised By	Comments
1	February 2016	-	
2	February 2018	SPG	Updated for 2018 camp
3	March 2019	SPG	Updated for 2019 camp

Safe Care Policy

The following guidelines cover general activities run at Whit Camp and should be followed as closely as possible in the interests of child safety. Leaders should treat all children, young person and vulnerable adult with dignity and respect in attitude, language and actions.

Expectations of leaders; - DBS (Disclosure and Barring Service), Experience.

- The main leaders of children's activities should be attendees of Whit Camp who have experience of working with children or young people. Helpers in activities should be known and trusted in working with children, appropriate support should be offered to new leaders/helpers.
- There should be an overall person who is responsible for the activity who has experience and is supported in their role by the Whit Camp committee.
- There should be at least one person in each leadership group who is DBS checked. If you are undertaking activities where you are teaching/leading a group on your own for significant periods of time e.g. Sunday school class, then you should be DBS checked.
- The responsibility of checking that DBS checks have been obtained will be the Whit Camp committee. Leaders will be asked to bring their copy of the most recent DBS check to camp so that it can be verified by one of the committee and recorded.
- Each organising group should discuss the implications of this policy for the activities they undertake and include its implementation..
- If there are concerns over a leaders practice you should in the first instance discuss this with the individual, if concerns continue then discuss these with a named person.
- In any situation where actual abuse by a leader is alleged by a child, the safeguarding policy outlined would be followed.
- If a known offender/perpetrator joins the camp then the committee and named child protection people will discuss and agree boundaries for the individual within camp and its activities.
- Leaders have a responsibility to protect children from each other and will be proactive in discouraging bullying. Any inappropriate or potentially abusive acts between children or young people will be addressed, with action taken to prevent reoccurrence.

Discipline

Discipline is about education, nurturing, instruction, chastisement, verbal rebuke, teaching, encouragement and safety. It should be evidence of love and God's heart. (Hebrews 12: 5-12 and Proverbs 22:6).

- NEVER smack or hit a child.
- Avoid shouting at a child or vulnerable adult- change voice tone if necessary.
- Discipline out of love not anger.
- Be consistent in what you say and how you enforce discipline within the church activities, individually and as a group of leaders. Inform all other leaders of your actions.

- Lay down ground rules appropriate for the activity/club, make sure the children understand the consequences of their actions.
- Be a good role model, setting a good example.
- Maintain an appropriate distance when speaking/disciplining a child, try and discuss the situation at the child's level, e.g. sit down opposite each other this will also help to diffuse the potential situation.
- Take the child aside and talk to them without humiliating them in front of their peers, but be aware of putting yourself in a difficult position if chastising out of sight of other leaders.
- Do ask for assistance if you feel that you may be losing control, this should be seen as a positive not a negative.

Physical Contact

- Keep everything in public. A hug in the context of a group is very different from a hug behind closed doors.
- Touch should be related to the child's needs, not the leaders.
- Avoid any physical activity which is, or could be construed as, sexually stimulating to either the adult or the child.
- Extra care and vigilance should be taken if taking children swimming, avoid prolonged physical contact such as hugs/touching, ensure that other leaders are present at all times.
- The level of personal care, e.g. toileting, must be appropriate and related to the age and needs of the child.
- The child is entitled to determine the degree of contact except in exceptional circumstances e.g. when needing medical attention.
- Leaders should take responsibility for monitoring each other, and should be able to constructively challenge each other if necessary.

Child supervision and Health and Safety

Recommended ratios: Adults to children;

0 to 2 years 1:3

3 to 4 years 1:4

5 to 8 years 1:8

- It is expected that there should normally be a mixed gender ratio of leaders for activities, with a minimum of at least one female leader. In some circumstances it may be appropriate for this expectation to be relaxed, for example a single gender activity or a small group activity with older children.
- No person under 16 years of age should be left in charge of any child of any age.
- Leaders should be present before children arrive and remain after they leave, ensuring that they are not left alone with children and heeding to the above minimum supervision ratios.
- A register of children/young people attending the club/activity should be kept.
- A programme detailing activities should be available for children and parents/carers, to inform them of your whereabouts.
- Changes to programmes should be made available to parents/carers.

- Keep a record of medical conditions of children who attend including emergency contact numbers.
- Keep a record of any accidents, unusual events, fights detailing what action was taken, this should be signed by more than one leader and kept confidential. Inform parents/carers of any incidents.
- Make sure that the camp insurance and liability covers the activities you are undertaking.
- The camp should have assigned first aiders at all times.

Safe care guidelines			
Version	Date	Revised By	Comments
1	February 2016	-	