CONNECT CHURCH

CONNECTING WITH JESUS & EACH OTHER

Connect Church Safeguarding Children, Young People and Adults at Risk Policy

June 2026

"The biggest barrier to diagnosis is the existence of emotional blocks in the minds of professionals. These can be so powerful that they prevent diagnosis even being considered in quite obvious cases. All those working with children should be warned that their overwhelming impulse on confronting their first case is to cover it up." **– British Medical Journal (1989)**

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1 INTRODUCTION

As a Leadership of Connect Church we recognise the need to provide a safe and caring environment for children, young people and adults at risk. We acknowledge that any vulnerable person can be abused regardless of age, gender, race, social/cultural background, faith or ability. They have a right to be protected from "*all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child.*"

We recognise that safeguarding vulnerable people is everybody's responsibility and that we all need to be able to recognise and respond to concerns about children in our care.

As a Leadership we have therefore adopted the procedures set out in this safeguarding policy in accordance with statutory guidance.

In developing this policy we have, with permission, drawn heavily on the material

provided by Hertfordshire's Child Protection Schools Liaison Team and Churches' Child Protection Advisory Service – CCPAS. We gratefully acknowledge their work.

2 WHAT IS ABUSE AND NEGLECT?

Abuse and neglect are forms of maltreatment - a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Vulnerable people may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. Very often the abuser is known or in a trusted relationship with the child. They may be abused by an adult or adults, or another child or children.

In order to safeguard those in our place of worship and organisation we adhere to the UN Convention on the Rights of the Child and have as our starting point as a definition of abuse, Article 19 which states:

1*. Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

3 RECOGNISING ABUSE AND NEGLECT

In order to be able to respond to concerns about abuse we need to be able to recognise the signs and symptoms of abuse. We have therefore included detailed definitions, and signs and symptoms of abuse. Some of the descriptions are necessarily explicit.

Generally, in an abusive relationship the child may:

• Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home

• Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups)

• Display insufficient sense of 'boundaries' or lack stranger danger awareness

• Appear wary of adults and display 'frozen watchfulness'

There are four broad categories of abuse:

- Physical
- Emotional

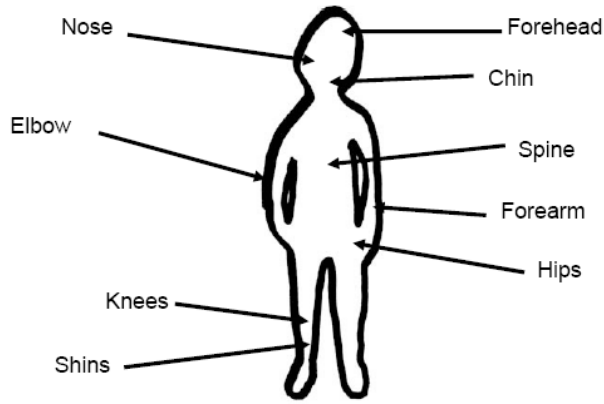
- Neglect
- Sexual abuse

3.1 PHYSICAL ABUSE

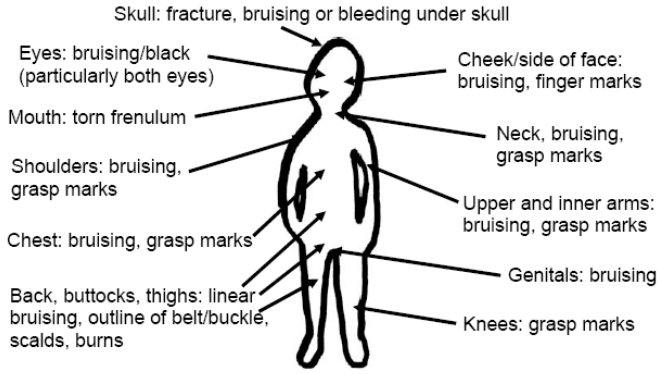
Definition:

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

Common Sites of Accidental Injuries:



Common Sites of Abusive Injuries:



Indicators:

- Injuries not typical of accidental injury
- Frequent injuries even with apparently reasonable explanations
- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help / parents not seeking medical help

• Aggression towards others
• Frequently absent from school
• An explanation which is inconsistent with an injury
• Several different explanations provided for an injury
• Unexplained delay in seeking treatment
• Parents / carers disinterested or undisturbed by accident or injury
• Parents absent without good reason when their child is presented for treatment
• Repeated presentation of minor injuries
• Repeated use of different doctors, A&E departments and other forms of direct health provision
• Reluctance to give information or mention previous injuries
• Any bruising or other soft tissue injury to a pre-crawling or pre-walking infant or non-mobile disabled child
• Bruising around the face and in / around the mouth, particularly in small babies / disabled children where it may indicate force feeding
• Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)

• Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally e.g. the back, abdomen, hands, arms, buttocks, ears
• The outline of an object used e.g. belt marks, hand prints or a hair brush (a pinch causes small double bruises, a punch or kick causes an irregular bruise with a paler centre, gripping causes ovals from fingertips or lines between fingers)
• Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting or slapping
• Broken teeth and mouth injuries
• Grasp marks on small children
• Clusters of bruises (can be defensive injuries: on the upper arm, outside of the thigh, or bruises on the trunk and adjacent limb)
• Multiple bruises of uniform shape
• Bite marks. Human bite marks are oval or crescent shaped. Those over three centimetres in diameter are more likely to have been caused by an adult or older child.
• Circular burns (can be cigarette burns, which are characteristically punched out lesions 0.6 - 0.7 cm in diameter and healing usually leaves a scar)

• Friction burns (can be the result of being dragged)
• Linear burns (can be from hot metal rods or electrical fire elements)
• Burns of uniform depth over a large area
• Scalds with a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks)
• Scalds of hands and/or feet, particularly if symmetrical
• Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation
• Multiple fractures or old fractures (in the absence of major trauma, birth injury or underlying bone disease)
• Medical attention sought after a period of delay
• Large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

3.2 EMOTIONAL ABUSE

Definition:

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to a child that s/he is worthless, unloved, inadequate, or valued only insofar as s/he meets the needs of another person
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- Imposing developmentally inappropriate expectations e.g. interactions beyond the child's developmental capability, overprotection, limitation of exploration and learning, preventing the child from participation in normal social interaction
- Causing a child to feel frightened or in danger e.g. witnessing domestic violence, seeing or hearing the ill treatment of another, exploitation or corruption of a child.

Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone.

Practice point:
Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. Manifestations and indicators of emotional abuse may also indicate the presence of other kinds of abuse. Recognition of emotional abuse is usually based on observations over time.

Indicators:
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal

• Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
• Frozen watchfulness, particularly in pre-school children
• Low self esteem, lack of confidence, fearful, distressed, anxious
• Poor peer relationships including withdrawn or isolated behaviour
• Dysfunctional family relationships including domestic violence
• Parental problems that may lead to lack of awareness of child's needs e.g. mental illness, substance misuse, learning disabilities
• Parent or carer emotionally or psychologically distant from child

3.3 NEGLECT

Definition:

Neglect involves a persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of her/his health and development. It may occur during pregnancy e.g. failure to seek antenatal care, medical treatment, maternal substance

misuse or exposure to domestic violence. Once the child is born, neglect may involve:

- Failure to provide adequate food, clothing or shelter (including exclusion from home or abandonment).
- Failure to protect from physical and emotional harm or danger.
- Failure to meet or respond to basic emotional needs.
- Failure to ensure adequate supervision including the use of adequate caretakers.
- Failure to ensure access to appropriate medical care or treatment.
- Failure to ensure that her/his educational needs are met.
- Failure to ensure her / his opportunities for intellectual stimulation are met.

Practice point:

Evidence of neglect is built up over a period of time and can cover different aspects of parenting e.g. neglect of the child's physical needs; neglect of the child's developmental emotional needs which may contribute to cognitive delay; neglect of the child's emotional needs resulting in behavioural markers.

Indicators:

- Inappropriate clothing, clothing in a poor state of repair
- Frequent lateness or non-attendance at school
- Poor social relationships
- Compulsive stealing
- Constant tiredness
- Under weight
- Destructive tendencies
- Chronic running away
- Non – organic failure to thrive / faltering growth
- Delay in achieving developmental, cognitive and / or other educational milestones
- A child who is unkempt or inadequately clothed or dirty or smells
- A child who is perceived to be hungry frequently
- Behavioural signs may include a child seen to be listless, apathetic and unresponsive with no apparent medical cause, anxious attachment; aggression; indiscriminate friendliness
- Failure of child to grow or develop within normal expected pattern with accompanying weight loss or speech / language delay

• Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies
• Unmanaged / untreated health / medical conditions including poor dental health
• Frequent accidents or injuries
• Child frequently absent or late at school
• Poor self esteem
• Child thrives away from home environment
• Failure by parents / carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
• Failure by parents / carers to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
• A dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
• Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

• Lack of opportunities for child to play and learn
• Child left with adults who are intoxicated or violent
• Child abandoned or left alone for excessive periods

3.4 SEXUAL ABUSE

Definition:

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. Activities may involve physical contact, including penetrative and non-penetrative acts. 'Penetrative acts' include 'rape' (intentionally penetrating vagina, anus or mouth with a penis) and 'assault by penetration' (sexual penetration of vagina or anus of a child with a part of the body or anything else). Non-penetrative acts include masturbation, kissing, rubbing and touching outside of clothing.

Sexual activities may also include non-contact activities, e.g. involving children in looking at / production of abusive images, watching sexual activities, encouraging

children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). This may include use of photographs, pictures, cartoons, literature or sound recordings e.g. the internet, books, magazines, audio cassettes, tapes, CD's. Children under sixteen years of age cannot lawfully consent to sexual intercourse. A child under thirteen years of age is considered incapable of providing consent.

Practice point:

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. The child may fear s/he will not be believed and/or repercussions consequent upon threats made. Recognition of sexual abuse can be difficult as there may be no physical signs and the indications of sexual abuse are most likely to be emotional / behavioural. Adult males do not solely perpetrate sexual abuse. Women, other children and young adults can also commit acts of sexual abuse.

Indicators:

- Demonstrate sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Wetting or other regressive behaviours e.g. thumb sucking
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Draw sexually explicit pictures
- Urinary infections, bleeding or soreness in the genital or anal areas
- Seem old beyond their years
- Develop eating disorders, such as anorexia or bulimia
- Depression, suicidal thoughts
- Poor self-image, self-harm, self-hatred
- Pregnancy
- Poor attention / concentration (in a world of their own)
- Frequent running away
- Have a 'friend who has a problem' and then tell about the abuse of the friend
- Sudden changes in habits, become truant
- Withdrawal, isolation or excessive worrying
- Unexplained sums of money / gifts
- Act in a sexually inappropriate/harmful or seductive way towards others
- Inappropriate sexualised conduct

- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes for sports events (but this may be related to cultural norms or physical difficulties)
- Sexually transmitted diseases
- Vaginal soreness or bleeding
- Pregnancy

4 PARTICULARLY VULNERABLE CHILDREN

The following groups of children may be more vulnerable to abuse:

- Disabled children
- Minority ethnic children
- Children living away from home
- Asylum seeker children
- Children of parents with additional needs e.g. mental health, substance misuse, learning disability
- Children marginalised due to social exclusion

Disabled children

UK evidence suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. The disabled child may be especially vulnerable due to:

- A need for practical assistance in daily living, including intimate care from what may be a number of carers
- Carers and staff lacking the ability to communicate adequately with her/him

• A lack of continuity in care leading to an increased risk that behavioural change may go unnoticed
• Carers working with the child in isolation
• Physical dependency with consequent reduction in ability to be able to resist abuse
• An increased likelihood that the child is socially isolated
• Lack of access to 'keep safe' strategies available to others
• Communication or learning difficulties preventing disclosure
• Parents'/ carers' own needs and ways of coping may conflict with the needs of the child
• Bullying and intimidation
• Abuse by peers
• Fear of complaining in case services withdrawn
• Targeting by some sex offenders who believe that sexual abuse of disabled children is less likely to be detected

In addition to the universal indicators of abuse / neglect, the following abusive behaviours must be considered:
• Force feeding
• Unjustified or excessive physical restraint

• Rough handling
• Extreme behaviour modification including the deprivation of liquid, medication, food or clothing
• Misuse of medication, sedation, heavy tranquillisation
• Invasive procedures against the child's will
• Deliberate failure to follow medically recommended regimes
• Misapplication of programmes or regimes
• Ill fitting equipment e.g. callipers which may cause injury or pain, inappropriate splinting

Disabled children must receive the same level of protection from harm as other children. Safeguards for disabled children are essentially the same as for non-disabled children and should include enabling them to:
• Make their wishes and feelings known
• Raise concerns
• Have access to more than one adult with whom they can communicate

If a disabled child has communication impairments or learning disabilities, special attention should be paid to those needs. When a child is unable to tell someone of

her/his abuse s/he may convey anxiety or distress in some other way, e.g. behaviour or symptoms and volunteers must be alert to this.

5 RESPONDING TO SUSPICIONS OR ALLEGATIONS OF ABUSE

Any person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to Safeguarding Co-ordinator who is nominated by the Church Leadership to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter on to the statutory authorities. The contact details for the current Safeguarding Co-ordinator and the Deputy are given on the back cover of this policy.

In the absence of the Safeguarding Co-ordinator or, if the suspicions in any way involve the Safeguarding Co-ordinator, then the report should be made to Deputy Safeguarding Co-ordinator. If the suspicions implicate both the Safeguarding Co-ordinator and the Deputy, then the report should be made in the first instance to the Churches' Child Protection Advisory Service (CCPAS) PO Box 133, Swanley, Kent, BR8 7UQ. Telephone 0303 003 11 11. Alternatively contact Hertfordshire Children's Services on

0300 123 4043 or the police at Herts SARC (Sexual Assault Referral Centre) 0808 178 4448.

The Safeguarding Co-ordinator should contact Children's Social Services, the police or take advice from CCPAS as above.

Where required the Safeguarding Co-ordinator should then immediately inform the insurance company and other strategic personnel within the church structure.

- Suspicions must not be discussed with anyone other than those nominated above. A written record of the concerns should be made in accordance with these procedures and kept in a secure place.

- Whilst allegations or suspicions of abuse will normally be reported to the Safeguarding Co-ordinator, the absence of the Safeguarding Co-ordinator or Deputy should not delay referral to Social Services, the Police or taking advice from CCPAS.

- The Leadership will support the Safeguarding Co-ordinator / Deputy in their role, and accept that any information they may have in their possession will be shared in a strictly limited way on a need to know basis.

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

6 THE ROLE OF CHURCH VOLUNTEERS

In principle the role of the volunteer is very simple; they are vigilant for signs of abuse based on the preceding section and if they have any concerns they should immediately alert the Safeguarding Co-ordinator. Under no circumstances should a volunteer worker carry out their own investigation into an allegation or suspicion of abuse.

Recognise - YES

Volunteers need to recognise when they are concerned about a child. In order to be able to recognise concerns, they need to be familiar with the indicators of abuse – see preceding section.

Respond - YES

Volunteers must respond to a concern about a child by passing the information to the Safeguarding Co-ordinator or Deputy Safeguarding Co-ordinator without delay. Volunteers must then make a written record of their concern as soon as possible and pass this to the Safeguarding Co-ordinator. They

should fill out the Record of Concern Form found at the end of this policy.

Investigate - NO

Volunteers are not responsible for investigating concerns about a child. Investigating includes in depth questioning of a child, colleagues, parents, physically examining children, taking photographs of injuries. Investigating does not mean that a volunteer cannot talk to a child, colleagues or parents, but it is important that this is done in a non-leading way that would not compromise any formal investigation – see below.

Attempt to resolve - NO

Volunteers should not attempt to resolve the situation themselves e.g. make and act upon decisions about how they think the matter should be dealt with. This kind of action fails to take account of any other information that may be held about the child e.g. other concerns of which the Safeguarding Co-ordinator is aware.

Talking with Children

Church volunteers are well placed to receive information from children. Where a child is able (and willing) to give a free-flowing account of an abusive event, it is not necessary to ask questions, other than for clarification. However children, and especially very young children, often may only give volunteers little snippets of information making the asking of questions unavoidable. In fact children often need the help of an adult to steer them through a process of telling, even when they are telling about enjoyable non-abusive events.

Principles:

Volunteers should:

- Be approachable
- Listen carefully, uncritically and at the child's pace
- Take what is said seriously
- Clarify essential information
- Reassure
- Tell the child what will happen next
- Tell the Safeguarding Co-ordinator without delay
- Record the information and give this to the Safeguarding Co-ordinator

Volunteers should not:
- Investigate
- Try to resolve
- Promise confidentiality
- Make assumptions or refer to stereotypes

Questions:
Ask questions to clarify essential information and establish the situation from the child's perspective.

Closed questions such as "Did this happen yesterday?" do not allow answers which give a lot of detail or description. Open questions such as "What day did this happen?" encourage the child to provide more information.

Other open questions that can be used are how, who, when, where? Also useful are completely open questions following the mnemonic acronym TED:
- **T**ell me what happened, tell me who was there?
- **E**xplain what you mean when you say…?
- **D**escribe the place to me.

7 THE ROLE OF THE SAFEGUARDING CO-ORDINATOR

The Safeguarding Co-ordinator/ Deputy is required to respond to safeguarding concerns. The action the Safeguarding Co-ordinator/ Deputy takes can depend upon what other information is available. Possible Safeguarding Co-ordinator/ Deputy responses are:

- Consultation with the CCPAS
- Monitoring of concerns
- Discussion with parents / carers
- Referral to Children's Social Services Department

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

In the event of allegations or suspicions of sexual abuse, the Safeguarding Co-ordinator / Deputy will:

- Contact the Children's Social Services Department Duty Social Worker for children and families or Police Child Protection Team direct. They will NOT speak to the parent/carer or anyone else.
- Seek and follow the advice given by CCPAS if, for any reason they are unsure whether or not to contact Children's Social Services/Police. CCPAS will confirm its advice in writing for future reference.

If a child has a physical injury, a symptom of neglect or where there are concerns about emotional abuse, the Safeguarding Co-ordinator / Deputy will:

- Contact Children's Social Services (or CCPAS) for advice in cases of deliberate injury, if concerned about a child's safety or if a child is afraid to return home.
- Not tell the parents or carers unless advised to do so, having contacted Children's Social Services.
- Seek medical help if needed urgently, informing the doctor of any suspicions.

- For lesser concerns, (e.g. poor parenting), encourage parent/carer to seek help, but not if this places the child at risk of significant harm.
- Where the parent/carer is unwilling to seek help, offer to accompany them. In cases of real concern, if they still fail to act, contact Children's Social Services direct for advice.
- Seek and follow advice given by CCPAS (who will confirm their advice in writing) if unsure whether or not to refer a case to Children's Social Services.

If an accusation is made against a worker (whether a volunteer or paid member of staff), the Safeguarding Co-ordinator, in accordance with Local Safeguarding Children Board (LSCB) procedures will need to liaise with Children's Social Services in regards to the suspension of the worker, also making a referral to Multi Agency Safeguarding Hubs (MASH)/Local Authority Designated Officer (LADO) at Herts Children's Services on 0300 123 4043.

8 PREVENTION

For all volunteers and paid workers involved with the children's work at church:

- A criminal records disclosure will have been completed (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information)
- Volunteers will have been given a copy of the organisation's safeguarding policy and know how to report concerns. They will also have been made aware of potential signs of abuse via the safeguarding policy. They will sign a declaration to this effect.

As a Leadership we are committed to supporting all workers and ensuring they receive support and supervision. The Leadership undertakes to follow the principles found within the "Abuse Of Trust" guidance issued by the Home Office and it is therefore unacceptable for those in a position of trust to engage in any behaviour which might allow a sexual relationship to develop for as long as the relationship of trust

continues. The Sexual Offences Act 2003 provides that it is an offence for a person aged 18 or over intentionally to behave in certain sexual ways in relation to a child aged under 18, where the adult is in a position of trust in respect of the child.

Certain sexual ways is defined as:

- sexual activity with a child
- causing or inciting a child to engage in sexual activity
- sexual activity in the presence of a child
- causing a child to watch a sexual act

Sexual Grooming – The Grooming Process:

An abuser could and does:

- Select vulnerable children and families
- Build up trust with victims
- Make a child feel special or favourite
- Create secrecy
- Alienate children from peers and family members
- Violate boundaries
- Use threats
- Employ the use of the internet and mobile phones

• Groom adults (across all categories of abuse)

Safe Working Practice

All volunteers should clearly understand the need to maintain appropriate boundaries in their dealings with children and young people. An ongoing culture of vigilance should be maintained within the church so that poor or unsafe practice is identified at the earliest opportunity.

Particular areas of volunteer vulnerability are:

- Physical contact
- Control and physical intervention
- Communication with a child via email and phone
- Intimate/personal care
- One to one situations
- Relationships

Volunteers should therefore:

- be responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions

- work, and be seen to work, in an open and transparent way
- discuss and / or take advice promptly from Safeguarding Co-ordinator or Church Leader about any incident which may give rise to concern
- continually monitor and review their practice and ensure they follow current guidance

9 PASTORAL CARE

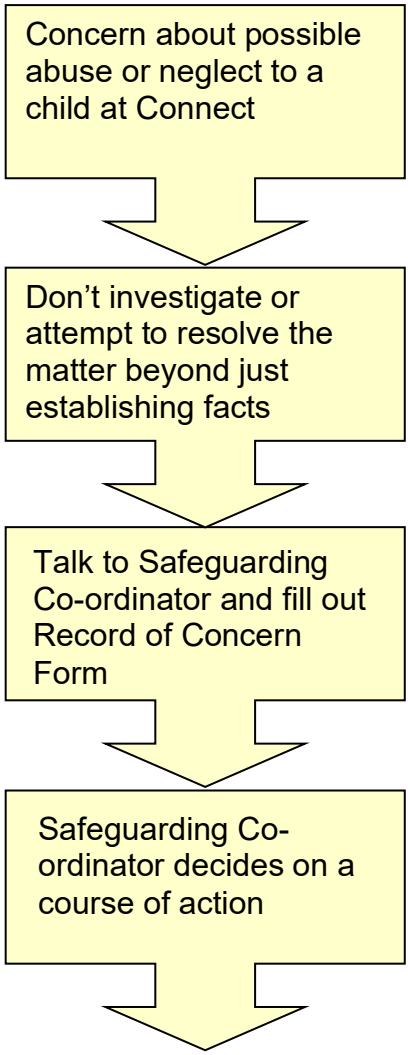
Supporting those affected by abuse

The Leadership is committed to offering pastoral care and support to all those who have been affected by abuse who have contact with Connect Church.

Working with offenders

If the Leadership becomes aware that someone attending Connect Church is known to have abused children, or is known to be a risk to vulnerable adults the Leadership will supervise the individual concerned and offer pastoral care. However, in its safeguarding commitment to the protection of children and vulnerable adults, they will set boundaries for that person which they will be expected to keep. It is highly likely that they will be asked to abide by a signed contract giving details of the boundaries and conduct expected of them.

Reporting Concerns



RECORD OF CONCERN

Please contact the Safeguarding Co-ordinator for a copy of this form.

Name of Vulnerable Person:
Date and Time of Concern:
Your account of the Concern: (what was said, seen, reported and by whom)
Additional Information (your opinion and the context)
Your response (what did you do/say following the Concern)
Your Name:
Your Signature:
Date and time Report Completed:
Report received by Safeguarding Co-ordinator:

CONTACTS

Safeguarding Co-ordinator:
Kathe Clark
Mobile: 07734 513605

Deputy Safeguarding Co-ordinator:
Lise Davies
Mobile: 07528 178551

'thirtyone:eight' (formerly CCPAS)
Churches' Child Protection Advisory Service
PO Box 133
Swanley
Kent
BR8 7UQ
Helpline: 0303 003 1111
Email: info@thirtyoneeight.org

Hertfordshire Adult & Children's Services
Telephone: 0300 123 4043

Herts SARC (Sexual Assault Referral Centre).
Telephone: 0808 178 4448.

Child Line
Telephone: 0800 1111

NOTES