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## ZOCF Safeguarding Policy V2.1

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## Section 1

### 1. Introduction and General Purpose Statement

- The Zambia Overseas Christian Fellowship (ZOCF) seeks to provide a safe and secure environment while working with vulnerable groups (children and adults) who participate in our programs and activities. By implementing the practices described below, our goal is to ensure that all those we have contact with can feel, and be, safe.
- We value the children and adults in our care by protecting them from incidents of misconduct or inappropriate behaviour while also protecting our members and volunteers (workers) from false accusations. Thereby enabling us to identify and appropriately challenge when things are not done in line with these expectations.
- It is a legal requirement and is in line with our insurance policy

### 2. Definitions

For the purpose of this policy ZOCF has adopted the definitions of the various terms as defined in the Care Act 2014.

**a. Children and young people** are defined as those persons aged under 18 years old. This policy will apply to all staff, contractors and volunteers and will be used to support their work.

“Safeguarding and promoting the welfare of children” is defined in Working Together 2018 as:

- Protecting children from maltreatment
- Preventing impairment of children’s health and development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

#### **b. Adult at risk of abuse or neglect**

For the purposes of this policy, adult at risk refers to someone over 18 years old who, according to paragraph 14.2 of the Care Act 2015:

- Has care and support needs
- Is experiencing, or is at risk of, abuse or neglect
- As a result of their care and support needs is unable to protect himself or herself against the abuse or neglect or the risk of it.



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- If someone has care and support needs but is not currently receiving care or support from a health or care service they may still be an adult at risk

### **3. Persons affected**

- All members, paid and unpaid, this includes volunteers
- All users
- All visitors and contractors

### **4. Safeguarding policy**

The ZOCF organisation has a zero tolerance approach to abuse. We recognise that under the Care Act 2014 all members have a duty for the care and protection of adults and children who are at risk of abuse. We also recognise our responsibilities for the safety and care of children under the Children Act 1989 and 2004.

ZOCF is committed to promoting wellbeing, harm prevention and to responding effectively if concerns are raised. Adults will be included in swift and personalised safeguarding responses.

ZOCF is also committed to inter agency collaboration on the development and implementation of procedures for the protection of adults vulnerable from abuse. Therefore, It has a duty and responsibility for making arrangements to ensure all its functions are discharged having regard to safeguarding and promoting the adults at risk of abuse. The policy is about stopping abuse where it is happening and preventing abuse where there is a risk that it may occur.

There can be no excuses for not taking all reasonable action to protect adults at risk of abuse, exploitation, radicalisation and mistreatment. All citizens of the United Kingdom have their rights enshrined within the Human Rights Act 1998. People who are eligible to receive health and community care services may be additionally vulnerable to the violation of these rights by reason of disability, impairment, age or illness.



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## **Section 2**

Organisation: Zambia Overseas Christian Fellowship

Address: 98 BALDWIN ROAD

BIRMINGHAM

B30 3LE

Website: [www.zocf.co.uk](http://www.zocf.co.uk)

General Email address: ZOCF@zocf.co.uk

Senior Leader Name: Pastor Joan Musukwa

Senior Leader Contact Telephone / Email: joanmusukwa@gmail.com/07434926409

Safeguarding Coordinator and Lead: Mrs J Luwaya

Safeguarding Coordinator Contact Telephone / Email: jluwaya@aol.com

Membership of Denomination/Organisation: Charitable Organisation

Organisation Safeguarding Officer: Pastor Joan Musukwa

Contact Details for Denomination / Organisation Safeguarding Officer: ZOCF@zocf.co.uk

Charity Number: 1177269

Trustees: Dr Samuel N'gambji; Mr L Musumadi, Dr V Chilekwa, Mr L Mwambazi, Dr P Mwanza and Mrs S Mwiinga

Insurance Company: Ansvar Insurance



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The following is a brief description of our organisation and the type of event or activities we undertake with children and adults who have care and support needs in the UK:

1. Those open to adults and children of all ages such as during national events where children, with parental consent have supervised play under adult supervision.
2. Those for children accompanied by a 'parent' and
3. Those for unaccompanied children, which sometimes run alongside other events/activities.
4. With regards to projects overseas, these predominantly involve sponsored educational needs for the orphans and care of the elderly.

### **Our commitment**

As a Leadership we recognise the need to provide a safe and caring environment for children, young people and all adults. We acknowledge that children, young people and vulnerable adults can be the victims of physical, sexual and emotional abuse, and neglect. We accept the UN Universal Declaration of Human Rights and the International Covenant of Human Rights, which states that everyone is entitled to "all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status". We also concur with the Convention on the Rights of the Child which states that children should be able to develop their full potential, free from hunger and want, neglect and abuse. They have a right to be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child." As a Leadership we have therefore adopted the procedures set out in this safeguarding policy in accordance with statutory guidance. We are committed to build constructive links with statutory and voluntary agencies involved in safeguarding.

The policy and any attached practice guidelines are based on the ten **Safe and Secure** safeguarding standards published by thirtyone:eight.

The Leadership undertakes to:

- Endorse and follow all national and local safeguarding legislation and procedures, in addition to the international conventions outlined above.
- Provide on-going safeguarding training for all its workers and will regularly review the operational guidelines attached.



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- Ensure that the premises used for our events meet the requirements of the Equality Act 2010 and all other relevant legislation, and that it is welcoming and inclusive.
- Support the Safeguarding Coordinators in their work and in any action they may need to take in order to protect children and vulnerable adults with care and support needs.
- The Leadership agrees not to allow the document to be copied by other organisations.



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### Section 3

#### Prevention

##### Understanding abuse and neglect

Defining child abuse or abuse against an adult is a difficult and complex issue. A person may abuse by inflicting harm or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult. For purposes of this policy, the terms “child” or “children” includes all persons under the age of 18 years.

In order to safeguard those in our 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:

*1. States 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 our volunteers or workers.*

*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.*

Also for adults the UN Universal Declaration of Human Rights with particular reference to Article 5:

*No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.*

Detailed definitions, and signs and indicators of abuse, as well as how to respond to a disclosure of abuse, are included here in our policy (**Appendix A**)

##### **Safer recruitment: selection of workers**

The term “worker” includes both paid and volunteer persons who work with children.





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All persons who desire to work with the children participating in our programs and activities will be screened.

The Leadership will ensure all workers will be appointed, trained, supported and supervised in accordance with government guidance on safe recruitment. The guidance includes ensuring that:

- There is a written job description / person specification for the post
- Those applying have completed an application form and a self-declaration form: All persons seeking to work with children must complete and sign a written application in a form to be supplied by us. The application will request basic information from the applicant and will inquire into previous experience with children, previous church affiliation, reference and employment information, as well as disclosure of any previous criminal convictions. The application form will be maintained in confidence on file at ZOCF.
- Those short listed have been interviewed: Upon completion of the application, a face-to-face interview may be scheduled with the applicant to discuss his/her suitability for which the individual is applying.
- Safeguarding has been discussed at interview
- Written references have been obtained, and followed up where appropriate: Before an applicant is permitted to work with children, at least two of the applicant's references will be checked. These references should be of an institutional nature as opposed to personal or family references, preferably from organizations where the applicant has worked with children in the past. Documentation of the reference checks will be maintained in confidence on file at ZOCF

A disclosure and barring check has been completed where necessary (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information): A national criminal background check is required for all employees (regardless of position) and for the following categories of volunteers:

1. Those who will be involved in our school/preschool/day care centre, if any;
2. Those who will be involved in overnight activities with children;
3. Those counselling children;
4. Those involved in one-on-one mentorship of children; and,



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5. Those having occasional one-on-one contact with children (such as during sponsored events or vehicle drivers).
  - Before a background check is run, prospective workers will be asked to sign an authorization form allowing ZOCF to run the check. If an individual declines to sign the authorization form, she/he will be unable to work with children (**Appendix C and E**)

With regards to any work abroad, the following is considered;

- Where the country of nationality for the prospective employee provides a system of credible background checks or access to police checks for the purposes of employment – helping to demonstrate a person’s safety and suitability to work with children or vulnerable adults - these will be obtained. For example, for UK nationals working overseas with contact with children it is possible to ask them to apply for an International Child Protection Certificate. For local staff, references should be available from local police agencies and any consideration should be given to what such records may or may not show##
- Qualifications where relevant have been verified. If qualifications are in a language other than English, an official translation will also be provided
- A suitable training programme is provided for the successful applicant
- The applicant has completed a probationary period, a “Six Month Rule”: No applicant will be considered for any position involving contact with children until she/he has been involved with ZOCF for a minimum of 6 months. This time of interaction between our leadership and the applicant allows for better evaluation and suitability of the applicant for working with children. Due to Covid 19, it has not been possible to meet regularly face to face, therefore 12 months may be considered as a minimum for this year onwards.

What constitutes a disqualifying offense that will keep an individual from working with children will be determined by the Safeguarding Team on a case-by-case basis in light of all the surrounding circumstances. Should a Disclosure Check reveal an offence or offences then a risk assessment will be carried out to assess the suitability of the person for the role for which they have applied.

Generally, convictions for an offence involving children and/or for offences involving violence, dishonesty, illegal substances, indecency and any conduct contrary to our mission will preclude



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someone from being permitted to work with children. Failure to disclose a criminal conviction on the application form will also be a disqualifying event.

The background check authorization form and results will be maintained in confidence on ZOCF file. If the applicant has received their DBS certificate and there was nothing declared on the self-declaration or on the DBS then the declaration has fulfilled its purpose and after a period of, for example, six months, can be shredded.

If, however, the applicant discloses something and/or the DBS is blemished then we suggest that this forms part of your risk assessment and should be kept whilst the person is volunteering with us.

- The applicant has been given a copy of the organisation's safeguarding policy and knows how to report concerns.

### **Safeguarding on overseas trips and field visits**

Field experience includes all types of trips which involves travel to an overseas office or project which includes face-to-face interaction with project participants, children and adults. This activity increases risk of potential harm. This includes all short-term visits.

Participants in all trips are subject to satisfactory completion of all vetting processes that will be undertaken. Such requirements include:

- A background check is undertaken and evidenced.
- Signed code of conduct
- Two references
- Briefing/ training on safeguarding expectations and processes that includes cultural considerations
- Briefing will include policy on the use of photographic material

### **Safeguarding training**

The Leadership is committed to on-going safeguarding training and development opportunities for all workers, developing a culture of awareness of safeguarding issues to help protect everyone. All our workers will receive induction training and undertake recognised safeguarding training on a regular basis.



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The Leadership will also ensure that children and adults with care and support needs are provided with information on where to get help and advice in relation to abuse, discrimination, bullying or any other matter where they have a concern.

### **Management of Workers – Codes of Conduct**

As a Leadership we are committed to supporting all workers and ensuring they receive support and supervision. All workers have been issued with a code of conduct (**Appendix B**) towards children, young people and adults with care and support needs.



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## Section 4

### Practice Guidelines

As an organisation working with children, young people and adults with care and support needs we wish to operate and promote good working practice. This will enable workers to run activities safely, develop good relationships and minimise the risk of false or unfounded accusation.

As well as a general code of conduct for workers we also undertake to specifically consider how all of our activities might impact on children and on adults at risk in the community in which we are based. For example, if we are running an activity for children, we will carefully risk assess its impact on them in the context of their family and community needs and expectations – considering whether their families agree with their participation, whether the children are needed at home and what impact their participation might have on them.

Our practice guidelines reflect the nature of the activities we offer. General practice guidelines apply across all areas of our work. These may be found in the appendices at the end of the policy. There are also specific guidelines that apply to individual activities such as children's work, health care projects (list your specific activities here).

For some activities you will need specific forms, e.g. consent forms, risk assessments etc. The relevant forms can be found in appendix #.

### Working in Partnership

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

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

We therefore have clear guidelines in regards to our expectations of those with whom we work in partnership, whether in the UK or international context. We will discuss with all partners our safeguarding expectations and have a partnership agreement for safeguarding. This could include some of the following considerations:

#### 1. Policy stipulations



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2. Safe recruitment of staff/volunteers within the partnering organisation (<https://thirtyoneeight.org/get-help/resources/practice-guides/practice-guides-text/recruiting-safely/>)
3. Trained and supported at suitable levels given their roles and responsibilities within the organisation
4. Appropriate safe working arrangements (are few examples include risk assessment for activities, appropriate online and offline contact/interactions etc)
5. Reporting protocols on safeguarding concerns/incidents both at a local level where appropriate and also with commissioning organisations (and to regulatory bodies in relevant countries especially if beneficiaries have suffered harm)

In keeping with regulatory guidelines it is our goal that a minimum of two unrelated adult workers will be in attendance at all times with each group then taking into consideration the following ratios; (<https://thirtyoneeight.org/get-help/resources/help-guides/help/working-safely-with-children/>) when children are being supervised during our programs and activities.



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## Section 5

### Responding to allegations of abuse.

In the event that an incident of abuse or neglect is alleged to have occurred at ZOCF premises or during our sponsored programs or activities, the procedure below shall be followed.

Under no circumstances should a volunteer or worker carry out their own investigation into an allegation or suspicion of abuse. Follow procedures as below:

- Documenting a concern

The worker or volunteer should make a report of the concern in the following way:

- The person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to:

**Name: Mrs Jillian Luwaya** (Hereafter the "Lead Safeguarding Co-ordinator")

**Tel:** +447413424846

**Email:** [jluwaya@aol.com](mailto:jluwaya@aol.com)

The above is nominated by the Leadership to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter on to the statutory authorities.

- In the absence of the Safeguarding Co-ordinator or, if the suspicions in any way involve the Safeguarding Co-ordinator, then the report should be made to:

**Name: Pastor Joan Musukwa** (hereafter the "Deputy")

**Tel:** +447434926409

**Email:** [joanmusukwa@gmail.com](mailto:joanmusukwa@gmail.com)

If the suspicions implicate both the Safeguarding Co-ordinator and the Deputy, then the report should be made in the first instance to:

**Thirtyone:eight**

PO Box 133, Swanley, Kent. BR8 7UQ.

Helpline: 0303 003 1111.

Email: [info@thirtyoneeight.org](mailto:info@thirtyoneeight.org)

Alternatively contact Social Services or the police.



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- The Safeguarding Co-ordinator should contact the appropriate agency or they may first ring the thirtyone:eight helpline for advice. They should then contact social services in the area the child or adult lives.

**Website Address:**

**Adult Social Services (This varies for each region)**

**Tel:**

**Out of hours Tel: 0808 800 2222**

**Website Address:**

**Police Protection Team Tel: 999 or 101**

### **Other useful information**

- NSPCC, Weston House, 42 Curtain Road, London EC2A 3NH  
Help for children/young people: 0800 1111  
Help for adults: 0808 800 5000
- ChildLine – free and confidential number: 0800 1111
- DBS helpline – 0300 123 1111
- Charity Commission – 0300 066 9197 or email directly from their website [www.charity-commission.gov.uk](http://www.charity-commission.gov.uk)
- Care Quality Commission,  
CQC National Correspondence,  
Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA  
Telephone: 03000 616161
- OFSTED have a whistleblower hotline.  
There may be times when council employees and those working with young children will want to report to them concerns about practices and procedures for the safeguarding of children and young people.  
Telephone: 0300 123 3155 (Monday to Friday from 8.00am to 6.00pm).  
Email: [whistleblowing@ofsted.gov.uk](mailto:whistleblowing@ofsted.gov.uk).  
WBHL, Ofsted, Piccadilly Gate, Store Street, Manchester, M1 2WD  
<http://www.ofsted.gov.uk/>





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- The Safeguarding Co-ordinator may need to inform others depending on the circumstances and/or nature of the concern
  - Chair or trustee responsible for safeguarding who may need to liaise with the insurance company or the charity commission to report a serious incident.
  - Designated officer or LADO (Local Authority Designated Officer) if the allegation concerns a worker or volunteer working with someone under 18.
  
- 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 thirtyone:eight.
  
- The Leadership will support the Safeguarding Co-ordinator/Deputy in their role and accept that any information they may have in their possession will be shared in a strictly limited way on a need-to-know basis.
  - It is, of course, the right of any individual as a citizen to make a direct referral to the safeguarding agencies or seek advice from thirtyone:eight (<https://thirtyoneeight.org/get-help/resources/help-guides/>), although the Leadership hopes that ZOCF members will use this procedure. If, however, the individual with the concern feels that the Safeguarding Co-ordinator/Deputy has not responded appropriately, or where they have a disagreement with the Safeguarding Co-ordinator(s) as to the appropriateness of a referral they are free to contact an outside agency direct. We hope by making this statement that the Leadership demonstrate its commitment to effective safeguarding and the protection of all those who are vulnerable.

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.



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**Detailed procedures where there is a concern about a child:**

**Allegations of physical injury, neglect or emotional abuse.**

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 thirtyone:eight) 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 thirtyone:eight (who will confirm their advice in writing) if unsure whether or not to refer a case to Children's Social Services.

**Allegations of sexual abuse**

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.



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- Seek and follow the advice given by thirtyone:eight if for any reason they are unsure whether or not to contact Children's Social Services/Police. Thirtyone:eight will confirm its advice in writing for future reference.

**Detailed procedures where there is a concern that an adult is in need of protection:**

**Suspicious or allegations of abuse or harm including; physical, sexual, organisational, financial, and discriminatory, neglect, self-neglect, forced marriage, modern slavery, and domestic abuse.**

If there is concern about any of the above, Safeguarding Co-ordinator/Deputy will:

- Contact the Adult Social Care Team who have responsibility under the Care Act 2014 to investigate allegations of abuse. Alternatively thirtyone:eight can be contacted for advice.
- If the adult is in immediate danger or has sustained a serious injury contact the Emergency Services, informing them of any suspicions.

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

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

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

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

- Liaise with Children's Social Services in regard to the suspension pending an investigation and instructed to remain away from the premises during the investigation. ZOCF will comply with the state's requirements regarding mandatory reporting of abuse as the law then exists. ZOCF will fully cooperate with the investigation of the incident by civil authorities.



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- Make a referral to a designated officer formerly called a Local Authority Designated Officer (LADO) whose function is to handle all allegations against adults who work with children and young people whether in a paid or voluntary capacity.
- Make a referral to Disclosure and Barring Service for consideration of the person being placed on the barred list for working with children or adults with additional care and support needs. This decision should be informed by the LADO if they are involved.
- The Clerk of Session, {Safeguarding lead person endorsed by the Trustees} will be the spokesperson for ZOCF to the media concerning incidents of abuse or neglect, unless he or she is alleged to be involved. We will seek the advice of legal counsel before responding to media inquiries or releasing information to the congregation. All other representatives of ZOCF must refrain from speaking to the media.
- A pastoral visit will be arranged for those who desire it.
- Any person who is not found innocent of the alleged abuse or misconduct will be removed from their position working with children or youth.

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

The safeguarding co-ordinator will:

- Liaise with Adult Social Services in regards the suspension of the volunteer.
- Make a referral to the DBS following the advice of Adult Social Services

The Care Act places the duty upon Adult Services to investigate situations of harm to adults with care and support needs. This may result in a range of options including action against the person or organisation causing the harm, increasing the support for the carers or no further action if the 'victim' chooses for no further action and they have the capacity to communicate their decision. However, this is a decision for Adult Services to decide and not ZOCF organisation.

[https://thirtyoneight.org/media/2704/model-international-safeguarding-policy-template\\_sept-2020-final.docx](https://thirtyoneight.org/media/2704/model-international-safeguarding-policy-template_sept-2020-final.docx)

#### **Tick list - Allegation of abuse**

- Advised the Safeguarding Coordinator in my organisation?
- Have they: Spoken to the statutory agencies as appropriate: Police? Children's Social Care? Adult Social Services?



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- Or taken advice from thirtyone:eight
- Conformation sent in writing to the relevant agency?
- Have they contacted someone from the organisational structure (e.g. NEC, SFG Adviser) where appropriate?
- Have they contacted our insurance company?
- Where concerns involved a worker (paid or voluntary):
  - Does the matter suggest the DBS 'harm test' has been met and following an internal inquiry the person has been suspended or removed from regulated activity?
  - Has a referral been made to the DBS?
- Has the Local Authority Designated Officer (LADO) been informed?
- Where our activities are regulated and inspected by agencies such as OFSTED, Care Quality Commission etc, have they been informed?
- Where there is a serious incident (such as child abuse) has the charity informed the Charity Commission?
- Despite the number of agencies that may need to be informed, has everything been kept on a need to know basis, maintaining confidentiality?



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## Section 6

### Pastoral Care - Practice guidelines

#### 1. Supporting those affected by abuse

The Leadership is committed to offering pastoral care, working with statutory agencies as appropriate, and support to all those who have been affected by abuse who have contact with or are part of the place of worship/organisation.

#### 2. Working with offenders and those who may pose a risk

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

#### 3. Child sponsorship

Like many NGOs and mission organisations who run child sponsorship programmes some of which have been operating successfully for many years, similarly, ZOCF supports child sponsorship within the UK and internationally. The benefit for this is that we see very practically how we are helping to make a difference in the life of the child or children we support. Very often the sponsored charities send letters and photographs, and friendships develop.

Although sponsorship programmes are focused on child welfare and poverty reduction, the underlying priority must always be to safeguard the children involved particularly as the children can be a target for people wanting to abuse children. In order to ensure harmful relationships aren't allowed to develop the following safeguards are put in place and we are prepared to decline sponsorship for any reason including safeguarding concerns. For safe child sponsorship programmes:

- A sound safeguarding policy will serve as a basis for safeguarding the children involved in any child sponsorship programmes and have a formal procedure for all direct contact with the sponsored child.
- Consult with external bodies, including the police if there are serious doubts about an individual sponsor - for example, if they are in prison.



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- Ensure any correspondence between the sponsor and the person sponsored should be sent via the organisation to ensure it does not contain the sponsor's contact details and check for inappropriate written or visual material that might raise safeguarding concerns, or contains political/religious comment that may cause offence or be illegal
- Ensure there is an agreement not to share any information about the person being sponsored over the internet enabling ZOCF to remain in contact after the sponsorship has ended facilitated by the organisation and only if the sponsored person and/or their parents/carers agree.

#### 4. Useful Contacts:

- **Global Connections**
- **World Vision UK**
- **Compassion UK**
- **Baptist Missionary Society**

#### 5. Open Door Policy

Classroom doors must remain open unless there is a window in the door or a window beside the door that affords a good view of the space. Doors are never to be locked while the room is occupied.

#### 6. Teenage Workers

We recognize that there may be times when it is necessary or desirable for babysitters (paid or volunteer) who are themselves under age 18 to assist in caring for children during programs or activities. The following guidelines apply to teenage workers:

- Must be at least age 14 ([https://thirtyoneeight.org/media/2170/form\\_junior-helper-form.docx](https://thirtyoneeight.org/media/2170/form_junior-helper-form.docx))
- Must be screened as specified previously.
- Must be under the supervision of an adult and must never be left alone with children (**Appendix C**).



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### 7. Check-in/Check-out Procedure

For children below Third grade, a security check-in/check-out procedure will be followed. The child will be signed in by a parent or guardian, who will receive a “child check” for the child similar to a claim check. The parent or guardian must present the “child check” in order to sign the child out from our care. In the event that a parent or guardian is unable to present the “child check,” the Youth coordinator in charge of the group will be contacted. The Youth coordinator in charge will be responsible for releasing the child to the care of a parent or guardian after discussing the surrounding circumstances with the parent or guardian.

### 8. Sick Child Policy

It is our desire to provide a healthy and safe environment for all the children at ZOCF. Parents are encouraged to be considerate of other children when deciding whether to place a child under our care. In general, children with the following symptoms should NOT be dropped off:

- Fever, diarrhoea, or vomiting within the last 48 hours
- Green or yellow runny nose
- Eye or skin infections
- Covid-19 and other symptoms of communicable or infectious disease

Children who are observed by our workers to be ill will be separated from other children and the parent or guardian will be contacted and requested to pick up the child for the day (**Appendix G**).

### 9. Medications Policy

It is the policy of ZOCF NOT to administer either prescription or non-prescription medications to the children under our care. Medications should be administered by a parent at home. Parents are reminded of our sick child policy.

Exceptions to the medications policy may be granted to parents of children with potentially life-threatening conditions (such as asthma or severe allergic reactions). Parents of such children should address their situation with the Youth coordinator in charge to develop a plan of action.





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## 10. Discipline Policy

While your children are in our care, we will not use disciplinary measures that are abusive in nature to correct wrong behaviour. There will be no spanking, grabbing, hitting, or other physical discipline of children that are in our care. We will not compare a child, young person or adult with another in the group; rather encourage and affirm and, if possible, give them responsibility for appropriate tasks (**Appendix I**). Including;

- Building healthy relationships and be a good role model by setting an example. You can't expect others to observe the ground rules if you break them yourself.
- Taking care to give the quieter and/or well behaved attention and resist allowing the demanding individuals to take all the workers' time and energy.
- Being consistent in what we say and ensure that other team members know what you have said. This avoids manipulation.
- If children and young people in particular are bored they often misbehave, so we will review our programmes regularly.
- NEVER smack or hit anyone and don't shout. Change voice tone if necessary.
- Call on support from other leaders if you feel so angry as you may deal with the situation unwisely.
- Lay down ground rules e.g. no swearing, racism or calling each other names, respect for property, and make sure everyone understands what action will be taken if not adhered to.
- Every person is unique and will respond in different ways to different forms of discipline. It follows therefore each child should be dealt with on an individual basis.

For those who are continuously disruptive:

- Have them sit right in front of you or get a helper to sit next to them.
- Encourage helpers to be pro-active rather than waiting to be told to deal with a situation.
- Challenge them to change their behaviour whilst encouraging their strengths.



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- Warn them you may speak to their parents/carers about their behaviour, they may be sent outside the room (under supervision), or be excluded from attending the group for a period of time.
- Workers should consult with the local Safeguarding officers or Coordinator or Deputy if assistance is needed with behavioural issues.

### **11. Restroom Guidelines**

Children aged five years and younger should use a classroom restroom if one is available. If a classroom restroom is not available, workers should escort a group of children to the hallway restroom. They should always go in a group, never taking a child to the restroom alone. The workers should check the restroom first to make sure that it is unoccupied, and then allow the children inside. The workers should then remain outside the restroom door and escort the children back to the classroom. If a child is taking longer than seems necessary, a worker should open the restroom door and call the child's name. If a child requires assistance, workers should prop open the restroom door and leave the stall door open as they assist the child.

For children over age five, at least one adult male should take boys to the restroom and at least one adult female should take girls. The worker should check the restroom first to make sure that it is unoccupied; then, allow the children inside. The worker should remain outside the restroom door and escort the children back to the classroom.

For the protection of all, workers should never be alone with a child in a restroom with the door closed and never be in a closed restroom stall with a child. Parents are strongly encouraged to have their children visit the restroom prior to each class.

### **12. Accidental Injuries to Children**

In the event that a child or youth is injured while under ZOCF's care, provision will be made for an appropriately qualified first aider to be available at all activities together with an adequate First Aid kit. In addition, the steps below will be followed:

1. For minor injuries, scrapes, and bruises, workers will provide First Aid (Band-Aids, etc) as appropriate and will notify the child's parent or guardian of the injury at the time the child is picked up from our care.
2. For injuries requiring medical treatment beyond simple first aid, the parent and/or guardian will immediately be summoned in addition to the worker's supervisor. If warranted by circumstances, an ambulance will be called.
3. Once the child has received appropriate medical attention, an incident report will be completed in the case of injuries requiring treatment by a medical professional.



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## **TRAINING**

ZOCF will provide training on this safeguarding policy to all new workers or anyone who comes into contact with children and will strive to provide opportunities for additional training classes or events on an annual basis. All workers are strongly encouraged to attend these training events.

### **Employee/Worker Acknowledgment:**

I have read this safeguarding policy and understand its content.

---

Employee/Volunteer's Name

---

Date



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### Adoption of the policy

This policy was agreed by the leadership and will be reviewed annually on:

Signed by: \_\_\_\_\_ Position: \_\_\_\_\_

Signed by: \_\_\_\_\_ Position \_\_\_\_\_

Date: \_\_\_\_\_

A copy of this policy is also lodged with: ZOCF Shared drive/ZOCF policies

### Change Record

Date of Change	Version	Changed by	Comments
09-10-2021	2.0	Safeguarding Team	Policy approved by the Trustees
05-01-2022	2.1	Safeguarding Team after Review	



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## APPENDIX A

### DEFINITIONS

#### **1a. Definitions of Abuse - Adults**

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

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

The Safeguarding duties apply to an adult who;

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

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

**Link:** The Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

**Link:** Care and Support Statutory Guidance under the Care Act 2014

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

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

- A single act or repeated acts;



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- An opportunistic act, or serial abusing where the perpetrator seeks out and 'grooms' individuals;
- Unintentional and lapses in care provided.

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

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

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

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

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

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

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

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



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

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

**Further examples of abuse:**

Female Genital Mutilation, Honour Based Violence, Forced Marriage, Susceptibility to exploitation (Terrorism), Criminal exploitation (county lines/cuckooing), and Hate crimes (this is an evolving list)

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## **b. Signs of Abuse (Adults)**

### **Physical abuse**

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

### **Domestic violence**

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

### **Sexual abuse**

Pregnancy in a woman who lacks mental capacity or is unable to consent to sexual intercourse  
Unexplained change in behaviour or sexually explicit behaviour  
Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting  
Infections or sexually transmitted diseases  
Full or partial disclosures or hints of sexual abuse:  
Self-harming  
Emotional distress  
Mood changes  
Disturbed sleep patterns  
Psychological abuse  
Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful  
Intimidated or subdued in the presence of a carer  
Fearful, flinching or frightened of making choices or expressing wishes  
Unexplained paranoia  
Changes in mood, attitude and behaviour, excessive fear or anxiety



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Changes in sleep pattern or persistent tiredness  
Loss of appetite  
Helplessness or passivity  
Confusion or disorientation  
Implausible stories and attention seeking behaviour  
Low self-esteem

## **Financial or material abuse**

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

## **Modern slavery**

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

## **Discriminatory abuse**

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

## **Institutional Abuse**

Low self-esteem  
Withdrawn  
Anger  
Person puts themselves down in terms of their gender or sexuality  
Abuse may be observed in conversations or reports by the person of how they perceive themselves

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No confidence in complaints procedures for staff or service users.  
Neglectful or poor professional practice.

## **Neglect and acts of omission**

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

## **Self-neglect**

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

## **2a. Statutory Definitions of Abuse (Children)**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children. Child protection legislation throughout the UK is based on the United Nations Convention on the Rights of the Child. Each nation within the UK has incorporated the convention within its legislation and guidance.

## **England**

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

## **What is abuse and neglect?**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

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

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

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

**Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

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

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

**Extremism** 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.

## **b. Signs of Possible Abuse (children & young people)**

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

### **Physical**

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

### **Sexual**

- Any allegations made concerning sexual abuse - exploitation
- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
- Age-inappropriate sexual activity through words, play or drawing

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- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia\*

## **Female Genital Mutilation (FGM)**

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

Working Together (2010) stated that:

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

- FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.
- A mandatory reporting duty for FGM requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police. The FGM duty came into force on 31 October 2015.

## **Emotional**

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

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

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

In 2016 the HM Government published a Violence Against Women and Girls (VAWG) Strategy which can be accessed here: <https://www.gov.uk/crime-justice-and-law/violence-against-women-and-girls>

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

## **Neglect**

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

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

Others are;

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

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

Extremism

Spiritual abuse

Domestic Violence

Psychological and Financial

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## APPENDIX B

### Code of Conduct

**Zambia Overseas Christian Fellowship behaviour code for working with children, young people and adults at risk of harm**

#### **Purpose**

This behaviour code outlines the conduct expected of all workers (staff and volunteers). The code of conduct aims to help protect adults at risk of harm, children and young people from abuse and inappropriate behaviour from those in positions of trust, and to reduce the risk of unfounded allegations of abuse being made.

#### **The role of workers (members and volunteers)**

When working with children and young people or adults at risk of harm, you are acting in a position of trust for [name of group/organisation]. You will be seen as a role model and must act appropriately.

#### **Good practice**

- Treat everyone with dignity, respect and fairness, and have proper regard for individuals' interests, rights, safety and welfare
- Work in a responsible, transparent and accountable way
- Be prepared to challenge unacceptable behaviour or to be challenged
- Listen carefully to those you are supporting
- Avoid any behaviour that could be perceived as bullying, emotional abuse, harassment, physical abuse, spiritual abuse or sexual abuse (including inappropriate physical contact such as rough play and inappropriate language or gestures)
- Seek advice from someone with greater experience when necessary
- Work in an open environment – avoid private or unobserved situations
- Follow policies, procedures and guidelines and report all disclosures, concerns, allegations, and suspicions to the safeguarding co-ordinator
- Don't make inappropriate promises particularly in relation to confidentiality
- Do explain to the individual what you intend to do and don't delay taking action

#### **Unacceptable behaviour**

ZOCF UK - Safeguarding Policy Version 2.1 Dated 05-01-2022  
Registered Charity Number 1177269 (UK)



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- Not reporting concerns or delaying reporting concerns
- Taking unnecessary risks
- Any behaviour that is or may be perceived as threatening or abusive in any way
- Passing on your personal and/or social media contact details and any contact that breaches [name of group/organisation] social media policy
- Developing inappropriate relationships
- Smoking and consuming alcohol or illegal substances
- Favouritism/exclusion – all people should be equally supported and encouraged

## Breaching the Code of Conduct

If you have behaved inappropriately you will be subject to disciplinary procedures (particularly in the case of paid staff where the line manager will consult the safeguarding coordinator as appropriate). Depending on the seriousness of the situation, you may be asked to leave [name of group/organisation]. We may also make a referral to statutory agencies such as the police and/or the local authority children's or adult's social care departments or DBS. If you become aware of a breach of this code, you should escalate your concerns to the safeguarding coordinator or line manager (in the case of a paid staff member).

## Declaration

I agree to abide by the expectations outlined in this document and confirm that I have read the relevant policies that assist my work with vulnerable groups.

Name:

Signature:

Date:

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## APPENDIX C

### CONSIDERATIONS CHECKLIST

#### Safeguarding Policy

Standard 1		Done	To do	N/A	In progress	Comments
1.1	The Safeguarding Policy complies with and endorses the law, government regulation and best practice and is endorsed by the Leadership.					
1.2	The Policy Statement includes the organisation's commitment to safeguarding, including contact information, and is displayed prominently.					
1.3	There is a Safeguarding Co-ordinator who has implemented the safeguarding policy and is promoting the safeguarding agenda within the organisation.					
1.4	The Leadership is familiar with the safeguarding policy and actively supporting the Safeguarding Co-ordinator.					
1.5	The organisation has incorporated the relevant laws and government expectations into all the safeguarding standards in this manual.					
1.6	The organisation has appropriate insurance including legal protection and public liability cover.					

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## Training and Awareness

Standard 2		Done	To do	N/A	In progress	Comments
2.1	There is an ethos and culture that promotes safeguarding as everyone's responsibility.					
2.2	There is a commitment to safeguarding training.					
2.3	There is a commitment to developing a culture of awareness demonstrated in all leaders and workers having had appropriate safeguarding training.					
2.4	The leadership facilitates a safer culture and promotes good practice and training.					
2.5	The Safeguarding Co-ordinator(s) make themselves known to everyone, and organise training and manage the safeguarding policy and procedures.					
2.6	Workers have received safeguarding training, this has been included in the new workers induction programme and further relevant training opportunities are available to update skills and knowledge. Workers are aware of who the Safeguarding Co-ordinator(s) are in their organisation.					
2.7	There is a commitment across the whole church / organisation to follow the policy and procedures issued by the leadership.					
2.8	Relevant role specific training is available for all workers.					
2.9	Children and adults, who may be at risk of harm, are aware of who					

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	to contact should they have a concern, and given advice and support on keeping themselves safe. Posters and other methods display the details of the Safeguarding Co-ordinator(s).					
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## APPENDIX D

### Declaration of Suitability

Only to be used by applicants to roles not eligible for an Enhanced Disclosure check.

**N.B.** This declaration can be used in all four nations of the United Kingdom.

There are certain roles in a variety of settings working with vulnerable groups where an Enhanced Disclosure Check is not possible, but it might be desirable/necessary for the person to support the expectations of the church/organisation. This document can be processed by the Lead Recruiter for anyone undertaking a Basic Disclosure Check. Whilst not mandatory, there are some roles in a church/organisation where it is important to know that the person who has a level of responsibility and/or is regarded as being in a position of trust is suitable and supports the expectations of the organisation in relation to safe conduct.

This form needs to be used with care and should not be used as a 'phishing' exercise.

If the applicant is eligible for an Enhanced Disclosure Check, this form must not be used. Please speak to your Lead recruiter/Safeguarding Coordinator for clarification.

### STRICTLY CONFIDENTIAL

As an organisation, we undertake to meet the requirements of the General Data Protection Regulations which became effective on May 25<sup>th</sup> 2018, and all other relevant legislation, and comply with the expectations of the Information Commissioners Office relating to the privacy and management of data about individuals.

You are asked to complete this form, and return it, **to the Lead Recruiter detailed below, in a separate sealed envelope**

**To:** \_\_\_\_\_

(Name of Recruiter/responsible person in place of worship/organisation requesting the Basic Disclosure Check)

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Position/Role**

**applied**

**for:**

\_\_\_\_\_

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The expectations of this role are that you; have no relevant unspent convictions, are not currently the subject of any criminal investigation or pending prosecution, and that there is no cause for concern regarding your conduct with children, young people or adults at risk in the context in the role for which you are applying.

It is also expected that if you become the subject of a criminal investigation, or a social services investigation, you will inform the relevant person in the organisation. You should also be in agreement with any Code of Conduct applied to your role and agree to abide by it. If you have any concerns regarding your suitability for the post that you have applied for, you should discuss this with an appropriate person and NOT sign this form

**Declaration**

**I (full name),** \_\_\_\_\_

**of (address)** \_\_\_\_\_

\_\_\_\_\_

Understand the expectations of this church/organisation (as detailed above), agree to uphold them and will inform the relevant person if this situation changes.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## APPENDIX E

### AUTHORISATION FORM

#### STANDARD APPLICATION WITH SELF-DECLARATION FORM BACKGROUND INFORMATION CONSENT FORM

CONFIDENTIAL

**Office Use Only**

Department: \_\_\_\_\_ Overseeing Leader \_\_\_\_\_

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It is being used to help the ZOCF provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

**Legal Name:** \_\_\_\_\_

Last First Middle

**Maiden Name or other names used:**

\_\_\_\_\_

Present Address: \_\_\_\_\_

Town: \_\_\_\_\_ County: \_\_\_\_\_ Post code: \_\_\_\_\_

How long at present address? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? • YES • NO

If yes, please explain (attach a separate page if necessary):

\_\_\_\_\_

Have you ever been convicted of a criminal offense? • YES • NO If yes, please explain (Attach a separate page if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## PERSONAL REFERENCES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town, County & Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town, County & Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town, County & Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

## BACKGROUND INFORMATION CONSENT FORM

### APPLICANT AUTHORIZATION AND RELEASE FORM

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information including opinions that they may have regarding my character and fitness for children/youth work. In consideration of the receipt and evaluation of this application by ZOCF.

I hereby release any individual, church, youth organization, charity, employer, reference, or any other organization, both collectively and individually, from any liability for damages of whatever kind or nature which may at any time result to me, on account of compliance or any attempts to comply, with this authorization.

Should my application be accepted, I agree to be bound by the country's governing laws and policies of ZOCF.

**I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.**

I also hereby authorize ZOCF to obtain above mentioned background information to enable DBS checks.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any criminal background.

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The preparation of the background information check hereby authorized.

**Printed Name in Full**-----

**Applicant's Signature Date**-----

**Witness's Signature Date**-----

## Checklist for safer recruitment

- There's a written job description/role profile and person specification for the position
- The position is advertised
- Those applying have completed a standard application form and a self-declaration form
- Written references have been obtained, and followed up where appropriate
- Short-listed candidates have been interviewed, Safeguarding has been discussed at interview and Qualifications have been verified
- A Disclosure and Barring Service application form has been completed
- A suitable induction training programme is provided for the successful applicant
- The applicant has been given a copy of the organisation's safeguarding policy and knows how to report concerns.
- The applicant has completed a probationary period

***Applicants should not start work until the recruitment process has been fully completed. This will prevent children from being exposed to potential risk as well as embarrassment. It also means the church or organisation will reduce the risk of unwittingly employing anyone who is barred from working with children or vulnerable adults.***

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## APPENDIX F

### **General Information and Consent Form (For children and young people)**

Place of activity/gathering (Organisation):

\_\_\_\_\_

\_\_\_\_\_

Group:

\_\_\_\_\_

Full name of child/young person

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of GP: \_\_\_\_\_

Tel No: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NHS No: \_\_\_\_\_

Date of last anti-tetanus injection: \_\_\_\_\_

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or additional needs/impairment which may affect activity:

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Name of parent/carer: \_\_\_\_\_

Tel no: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Mobile: \_\_\_\_\_

Additional contact (grandparent etc or other holding parental responsibility)

Name \_\_\_\_\_

Tel no: \_\_\_\_\_

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc) please give details of those with parental responsibility

Name(s): \_\_\_\_\_ Tel no: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give permission for \_\_\_\_\_ to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the group. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the place of worship/organisation leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'.

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However, the parent/carer should be contacted and advised of the situation as soon as possible. It is important, however that those caring for children and young people on day trips, outings and residential activities obtain in advance, the following from the parent/carer:

1. All necessary information concerning the child/young person's health, allergies, medication etc.
2. Written agreement as follows:

I understand:

- My child will receive medication as instructed before or during the event.
- Every effort will be made to contact me as soon as possible should my child become ill or have an accident.
- My child will be given medical/dental treatment as necessary.

### **Communicating with children & young people**

Children and young people communicate via telephone, mobile, email and the internet. Do you give permission for children/youth workers to communicate via these methods to your child? E.g, contact via email with changes to the youth meeting times:    \_Yes   \_No

I give permission for my child and the youth/children's workers to communicate using

\_Telephone   \_mobile   \_email   \_internet

for the purpose of arranging children/youth activities.

*(Please delete forms of communication you don't want your child contacted by)*

Signed: (parent/adult with parental responsibility)

\_\_\_\_\_  
Date: \_\_\_\_\_

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB: This may not include a foster carer). If you would like to withdraw consent or have any further questions about the information we hold about you, please contact \_\_\_\_\_ [name and designation] on \_\_\_\_\_ [contact email] or \_\_\_\_\_ [phone number].

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## APPENDIX G

### SICK CHILD PLAN

#### **AIMS:**

1. To ensure sick children are identified
2. To ensure sick children are cared for appropriately
3. To protect children and adults from preventable infection
4. To enable volunteers & parents to be clear about requirements and procedures when children are unwell
5. To deal effectively and efficiently with emergencies that may arise while children are in our care

#### On Arrival

- Screening to be done to ensure no child is allowed in if suffering from sickness and diarrhoea.
- No child should be allowed in if already suffering from a cough or fever, Covid-19 symptoms etc.
- On noticing that a child is not feeling well, allocated staff are to contact parents and request them to come and pick up the child.
- Allocated staff to keep the child comfortable and reassured.
- If unable to contact parents, other provided emergency contacts to be contacted.
- In case of an emergency and the child's health is at risk an ambulance will be called and a nominated adult to accompany the child. Parents to be contacted as soon as possible.

#### Children on medication

- For children who are on regular medication (prescribed) volunteering staff to inform parents that it is their responsibility to administer the medicine.
- Staff are not authorised to administer medication that children bring in.
  - An appointed first aider can administer only lifesaving medication e.g. an allergic reaction, Asthma.
- In the event of minor injuries such as cuts, bruises, skin tears a designated first aider to attend and give necessary support.

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- Parents to be contacted as soon as possible.

- **Major Accident**

- Emergency ambulance to be called - 999
- Parent to be contacted immediately.
- First aid to be administered by the designated first aider if capable.
- Keep the child comfortable and reassured.

\_\_\_\_\_  
Volunteer/Worker's Name

\_\_\_\_\_  
Date



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## APPENDIX I

### Behaviour Risk Assessment

<b>Church / Organisation</b>			
<b>Subject of Risk Assessment</b> (if child, include age)		<b>Location</b>	
<b>Date of Risk Assessment</b>		<b>Date for Review</b>	
<b>Responsible Leader</b>		<b>Review Frequency</b>	
<b>Professionals/others involved</b> (if applicable)			
<b>Reason for risk assessment</b> (including a view on the individual's awareness and acknowledgement of the concerns)			

<b>What are the concerns?</b>	<b>Given this, what are the possible risks? Who is at risk?</b>	<b>Can the risk be managed? What measures can be adopted to safeguard in this situation?</b>	<b>Action by whom?</b>	<b>Action by when?</b>	<b>Date Completed</b>

#### Guidance notes

1. This document will primarily be overseen (and possibly even completed) by the safeguarding coordinator within the organisation. It may be filled-in, in conjunction

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with a worker or volunteer or leader who knows the situation or individual (adult/child) well.

2. It is important to remember that a tool like this will be useful for dealing with:
  - a. risks that are known and substantiated or
  - b. those that are unsubstantiated but still warranting some form of safeguarding arrangements or
  - c. on receipt of a blemished disclosure during the recruitment process (read InFocus on Dealing with Blemished Disclosures for how to do this well)

Therefore, communication is key when seeking to put an assessment in place.

Encourage your workers to raise/share concerns appropriately so you can make an informed decision about the nature and detail of the risk assessment.

3. Information about risks an individual may pose maybe received from anyone of these following services: Social Services or Police or Probation or Health services. Seek to contact them to clarify information and where possible seek to gather their view on your risk assessment. Other organisations such as schools, churches or voluntary organisations may be able to indicate the presence of a safeguarding concern in relation to a child or adult though not the details of the relevant concerns.
4. Possible measures (as stated in Column 3) could range from a stringent contract/covenant of care to informal supervision/monitoring arrangements. Depending on the nature of the risk and the potential groups that may be vulnerable through coming into contact with the individual, consider realistic ways of managing and also supporting the individual concerned.
5. Read our InFocus on Handling and Storage of disclosure information for advice on storage and retention of these records (Standard 3.23)
6. Read Standard 9 within our online safeguarding manual for further information on working with those who may pose a risk and clauses to consider in a contract.
7. If your risk assessment indicates that your church is unable to manage the risk the individual poses (either due to the scale of your work with vulnerable groups or lack of resources to offer accountability arrangements and/or pastoral support), you are able to advise the individual that your church may not be the appropriate place for them to attend. You can support them to seek to explore an alternate church and encourage them to share the concerns with the relevant safeguarding lead and/or minister.
8. It is important to remember that when working with individuals and vulnerable groups, risk cannot be completely eliminated but can definitely be mitigated and managed safely.

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## APPENDIX J

### **Request for a Reference for Applicants for Positions with Children, Young People or Adults with care and support needs (Paid and Unpaid)**

Dear

**Re: Reference Request for [Name of Applicant]**

The above-named person has applied to be a worker with the children/young people/adults with care and support needs at [name of place of worship/organisation]

As I am sure you are aware, before we can accept anyone to work with children/ adults with care and support needs\*, whether on a voluntary or paid basis, we must be sure that they are suitable. This applicant has given your name as a referee.

I would be grateful if you could give your opinion of the person's suitability for the post by completing the enclosed form and return it in the pre-paid envelope as soon as possible. A copy of the job description/person specification/volunteer role profile\* is enclosed.

Please note that this position is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions Order as applicable in the UK). It is not, therefore, in any way contrary to the Act to reveal any information you may have concerning convictions which would otherwise be considered "spent". Except for those old or minor cautions and convictions which have now been filtered.

Any information you are able to give will be kept in strictest confidence and used only in consideration of the suitability of the applicant for this position.

Should you require any further information do not hesitate to contact [name] on telephone number [xxxxxxxxxxxxxx].

May I take this opportunity to thank you for your help in this matter.

Yours sincerely,

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## APPENDIX K

### Reference Forms

(Paid and Volunteer Workers with Children/ Adults)

Private and Confidential.

REFERENCE FOR (name):

---

---

POSITION APPLIED FOR:

---

---

Your name:

---

---

Occupation:

---

---

How long have you known this person?

---

In what capacity do you know this person?

---

**Do you have any reason to be concerned about this person being in close contact with or having responsibility for children/young people/adults with care and support needs\*?**

Yes     No

If you have answered yes, we will contact you for further details

**What, in your view makes them suitable for this role/post (Job Description attached)?**

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Is there anything about them that would make them less suitable for some aspects of this role?

How would you describe their personality and motivation for working with children/young people/adults with care and support needs\*?

Please rate the person on the following:

	Poor	Average	Good	Very Good	Excellent
Responsibility					
Reliability					
Self-Control					
Commitment					
Trustworthiness					
Understanding/Empathy					
Awareness of Risk					
Practicality					
Patience					

*You may wish to add further relevant criteria*

Signed:

Date:

Name :

Address :

Contact phone number:

Thank you for providing this information. We may need to contact you to confirm that you have written this reference.

\* Children/young people/adults with care and support needs - delete as appropriate

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## APPENDIX L

### Activity Risk Assessment

<b>Church / Organisation</b>			
<b>Activity</b>		<b>Location</b>	
<b>Date of Risk Assessment</b>		<b>Frequency</b>	
<b>Responsible Leader</b>			

What are the hazards?	Who might be harmed and how?	What are you doing already?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Date Completed

Risk Assessment guideline;

<https://www.hse.gov.uk/pubns/books/174.htm>

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## APPENDIX M

### **Consent For Transporting Children**

This place of worship/organisation is able to provide transport for children to and from their homes and/or for specific activities. This transport will be in a minibus/car/other (state all modes of transport) and the following principles will be adhered to:

All drivers will be safely recruited following national government guidelines and our safeguarding policy.

Transport will be provided in vehicles that are roadworthy i.e. MOT and appropriate insurance.

All mini bus drivers are over \_\_\_\_\_ years of age and have held a full driving licence for at least \_\_\_\_\_ years.

Seat belts will be worn at all times by all occupants of the vehicle.

Escort support [if appropriate and agreed by parents]

I give permission for my child(ren) to be transported to and from the activity/I understand that my child(ren) will be transported to/from the address on this form (delete where appropriate).

I have been advised whom I need to contact to report any concerns.

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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## APPENDIX N

### Using Images of Children

#### Consent form for

\_\_\_\_\_  
(Name of church/organisation commissioning photography)

To: \_\_\_\_\_  
Name of parent/carer\* (\*person with parental responsibility)

Name and age of child: \_\_\_\_\_

Church /Organisation/ Club child attends:  
\_\_\_\_\_

Location of photograph:  
\_\_\_\_\_

Church/Organisation (name) \_\_\_\_\_ would like to take  
photograph(s)/make a video/webcam recording of  
\_\_\_\_\_ (name of child/ren)

These images may appear in our printed publications, on our website, or both. (Delete/add as appropriate).

To comply with the Data Protection Act 1998, permission must be granted by the parent/carer before any images of your child/children are taken and used. Please answer questions 1, 2 and 3 below, then sign and date the form where shown. Please return the completed form to:

\_\_\_\_\_  
\_\_\_\_\_

(Insert the name of the worker commissioning the photography and the return address.)

#### To the parent (Delete as appropriate)

1. May we take images of your child during activities of the group or at the event?

YES/NO



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2. May we use your child's image in our printed promotional publications? YES/NO
3. May we use your child's image on our website?  
YES/NO

Signed: (parent/adult with parental responsibility)

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Youth/Children's Worker**

I have checked which parents are happy for their child(ren)'s images to be used in the (churches/organisation's) \_\_\_\_\_ printed publications or on its website or both. YES/NO

Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies.

I have read and understood the conditions for using these images as detailed below.

Signed (Youth/Children's worker) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name: \_\_\_\_\_

**THANK YOU AND HAPPY EVENTS!**