



# Safeguarding Policy Supplement

Youth (aged 11-18)

**GRACE CHURCH GREENWICH**

**First Published: May 2023**  
**Date for review: May 2024**

# Contents

<b>Contents</b>	<b>1</b>
<b>Safeguarding policy aims</b>	<b>1</b>
<b>SECTION A</b>	<b>4</b>
<b>Guidelines for recognising and responding to potential child abuse</b>	<b>4</b>
<b>1. Definitions</b>	<b>4</b>
Who is a child?	4
What is abuse?	4
Bullying and cyberbullying	4
<b>2. Recognising signs of abuse</b>	<b>4</b>
Physical abuse	5
Sexual abuse	5
Neglect	5
Emotional abuse	6
<b>3. Guidelines for when a child tells us they have been abused</b>	<b>6</b>
General points:	6
Helpful things you might say or convey:	6
Concluding:	7
<b>4. Responding to concerns of abuse</b>	<b>7</b>
<b>5. Procedures for responding to abuse – outcomes</b>	<b>7</b>
Guidelines for responding to a disclosure of historic abuse	8
General points:	8
Action you must then take:	8
<b>SECTION B</b>	<b>9</b>
<b>Supplementary information for specific ministry areas</b>	<b>9</b>
Safeguarding young people whilst they are in our care	9
Discipline	10
Appropriate contact and conversation	10
Acceptable touch	10
Can I play rough and tumble games with young people?	11
Can I ever physically restrain a young person?	11
If there are only two caregivers present, must one of them be female?	11
What should I do if there are only two caregivers in a room with young people and the other one has to leave in an emergency?	11
Can I take a picture of a child in my care?	11
Risk management / illness / accidents	11
Safeguarding young people with special education needs and disabilities	12
General Principles	13

## Safeguarding policy aims

As a church, we desire to bring glory to God by knowing Jesus and making him known.

To that end, the aims of our safeguarding policy are:

- To uphold the honour of God's name.
- To keep the gospel from disrepute.

We do this by:

- Protecting the children, young people, and vulnerable adults in our care.
- Protecting the caregivers who serve in this ministry.

Safeguarding is an important part of our service in the gospel and one which we take seriously, aiming for a standard of excellence as we implement this policy.

This policy is designed to be read together with the Church of England's House of Bishops, Parish safeguarding handbook 'Promoting a safer church' available here:

<https://www.churchofengland.org/sites/default/files/2019-10/ParishSafeGuardingHandBookAugust2019Web.pdf>

## Key safeguarding roles

### Church Safeguarding Officer (CSO)

The CSO is appointed by the Grace Church Greenwich Trustees

Given the size of our church and the diversity of our ministries, it is necessary for the CSO to delegate their responsibilities to ministry area leaders. The CSO will assist and advise the ministry area leaders if a safeguarding issue or risk arises and needs to be addressed.

The CSO will also be included in decisions about whether to permit someone to be involved in ministry with children where their Disclosure and Barring Service (DBS) certificate is blemished or information is provided about them on their DBS certificate.

### Ministry area leaders

The ministry area leaders are responsible for safeguarding within their ministry area. This includes:

- Ensuring all caregivers within their area are recruited in accordance with this safeguarding policy.
- Acting as safeguarding officer for any disclosures of abuse within their ministry area.

### Caregivers

A caregiver is anyone serving in any role within church which involves any oversight of children, young people or vulnerable adults.

All caregivers share a particular responsibility for:

- Loving the person as Christ loves them
- Setting an example of proper Christian conduct
- Praying for those in their care and pointing them to God's Word

Every applicant who wishes to serve in any ministry area involving children or young people must complete a screening process prior to serving. Full information on the screening process can be found in the full policy.

If an existing caregiver moves to serve in a different ministry area they must read the relevant safeguarding supplement for the new area before commencing their role.

All caregivers are required to complete safeguarding training annually.

### Important:

- All caregivers must read **Section A** of this policy
- They must then read any additional information from **Section B** that is relevant to the area of ministry they are serving in

- A list of key **contact details** can be found on the last two pages of this policy

# SECTION A

## Guidelines for recognising and responding to potential child abuse

Child abuse is serious. All caregivers need to know how to respond to signs of abuse or allegations of abuse. The following guidelines are in place to meet that need.

### 1. Definitions

#### Who is a child?

Any person under the age of 18 years.

#### What is abuse?

'Working together to safeguard children'<sup>1</sup> states that 'somebody may abuse or neglect a child by inflicting harm, or 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.' It recognises four areas of potential abuse for children: physical, sexual, emotional and neglect. Abuse can be described under any one of these four categories or a combination of categories, and can be carried out by an adult or another child.

**Physical abuse:** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

**Emotional abuse:** including conveying to a child that they are inadequate, humiliation, blaming, controlling, intimidation, verbal abuse, isolation, seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying).

**Sexual abuse:** involvement of children or adolescents in sexual activity that they do not fully comprehend, or to which they are unable to give informed consent, or which violate the social taboos of family roles.

**Neglect:** including failure to meet the basic essential needs of a child, to protect a child from physical and emotional harm or danger, to provide adequate supervision and / or access to appropriate medical care or treatment.

### Bullying and cyberbullying

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It is usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there is no escape because it can happen wherever they are, at any time of day or night.

### 2. Recognising signs of abuse

Warning signs: these are not necessarily proof of abuse, but they should signal a warning.

---

<sup>1</sup> Published by HM Government, 2013, quoted in Policy for safeguarding in the Diocese of London, 2015.

Physical abuse	
Physical signs	Behavioural signs
<p>Bruises, black eyes, broken bones</p> <p>Injuries that the child cannot explain or explains unconvincingly</p> <p>Untreated or inadequately treated injuries</p> <p>Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen</p> <p>Bruising which looks like hand or finger marks</p> <p>Cigarette burns, human bites, scalds and burns</p>	<p>Becoming sad, withdrawn or depressed</p> <p>Having trouble sleeping</p> <p>Behaving aggressively or being disruptive</p> <p>Showing fear of certain adults</p> <p>Showing lack of confidence and low self-esteem</p> <p>Using drugs or alcohol</p>

Sexual abuse	
Physical signs	Behavioural signs
<p>Pain, itching, bruising or bleeding in the genital or anal areas</p> <p>Genital discharge or urinary tract infections</p> <p>Stomach pains or discomfort walking or sitting</p> <p>Sexually transmitted infections</p>	<p>A marked change in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically</p> <p>A young person may refuse to attend school or starts to have difficulty concentrating so their school work is affected</p> <p>They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities</p> <p>They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age</p> <p>The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person</p>

Neglect	
Physical signs	Behavioural signs

Abandonment Unattended medical needs Consistent lack of supervision Consistent hunger, inappropriate dress, poor hygiene Lice, distended stomach, emaciated Inadequate nutrition	Regularly displays fatigue or listlessness, falls asleep during activities Steals food, begs from classmates Reports that there is no carer at home Frequently absent or late Self-destructive School dropout (adolescents) Extreme loneliness and need for affection
---	---

Emotional abuse	
Physical signs	Behavioural signs
Speech disorders Delayed physical development Substance abuse Ulcers, severe allergies	Habit disorder (sucking, rocking, biting) antisocial, disruptive Neurotic traits (sleep disorders, inhibition of play) Passive and aggressive – behavioural extremes Delinquent behaviour (especially adolescents) Developmentally delayed

Many symptoms of distress in a child can point to abuse, but there are other explanations too. This has sometimes been the reason for falsely accusing parents of abuse.

It is important that the above signs are not taken as indicating that abuse has taken place, but that the possibility should be seriously considered. They should make us stop and think - not jump to conclusions inappropriately.

### 3. Guidelines for when a child tells us they have been abused

It is not easy to give precise guidance but the following may be of help:

#### General points:

- Above all else, listen, listen, and listen!
- Keep calm, and show acceptance of what the child says, however unlikely it seems.
- Let them know you will need to tell someone else - don't promise confidentiality.
- Be aware the child may have been threatened.
- Never push for information. If the child decides not to tell you after all, then accept that and let the child know that you are always ready to listen.
- Avoid leading the child and ask only what is necessary to ensure a clear understanding of what has been said - you might put something into their mind that was not there. If the case were to end up in court, the case could be thrown out if it is thought that the child had been led.

#### Helpful things you might say or convey:

- I am glad you have told me
- It's not your fault

- I will help you

## Concluding:

- Reassure the child that they were right to tell you and that you believe them.
- Let the child know what you are going to do next and that you will let them know what happens (you might have to consider referring to Social Services or the Police to prevent the child returning home if you consider them to be seriously at risk of further abuse).
- Make notes as soon as possible (preferably within one hour of the child talking to you, but always within 24 hours), writing down exactly what the child said and when they said it, what you said in reply and what was happening immediately beforehand (eg a description of the activity). Record dates and times, including when you made the record. Keep all hand-written notes even if subsequently typed. Such records should be kept for an indefinite period in a secure place. A copy of these notes must be passed onto the relevant ministry area leader.

## 4. Responding to concerns of abuse

If you suspect or witness abuse, or someone discloses information about a safeguarding concern or allegation:

- If a child is in immediate danger or emergency medical attention is necessary then this should, of course, be sought immediately, informing the doctors of any suspicions you may have.
- You must contact the ministry area leader or CSO immediately. Please refer to page 19 for email addresses. If the allegation is against your ministry area leader, please contact the CSO.
- At all stages in the reporting process, you retain the right to report serious matters directly to Social Services or the police. Even so, as soon as possible (and within 24 hours), you must also contact the CSO.
- Under no circumstances should a church volunteer or employee investigate concerns of abuse themselves. Our responsibility is (in consultation with the Diocesan safeguarding adviser) to refer concerns to statutory authorities who will do the investigating required.
- Apart from telling your ministry area leader/CSO, this information must be treated as confidential. Do not inform/confront any alleged perpetrator under any circumstances.
- You should also consider your own feelings and ask your ministry area leader for pastoral support if needed.

Even if you may feel the child's story is unlikely, this must not prevent appropriate action being taken. For example, a child may say that they have been abused by a younger person. In reality, the perpetrator could be a parent or a close relative, but naming another person may be the only way in which this child can seek help.

## 5. Procedures for responding to abuse – outcomes

When a safeguarding concern is reported to the Diocesan Safeguarding Adviser (DSA) by a ministry area leader/CSO:

If the DSA advises further action, the ministry area leader/CSO must act upon all directions given by the Diocese in the timescale given.

If the DSA advises no further action required, this is not the end of the process. The CSO or the relevant ministry area leader must arrange a further meeting in the parish to discuss whether alternative action should be taken or whether to accept that no further action is required.

This meeting should include the CSO and the Senior Ministers and can involve others as necessary, including the GCG Trustees or relevant ministry area leader.

## Guidelines for responding to a disclosure of historic abuse

In the course of their work ministers and those offering pastoral support may hear disclosure from adults regarding abuse that happened to them when they were children, or from children regarding abuse that happened to them when they were younger. Historical abuse must be treated as seriously as recent abuse, and each individual must be treated with great pastoral sensitivity.

The Church is required to take advice from the Diocese and may need to report allegations or disclosures of criminal acts to the Police.

When someone tells you they have been abused, or have committed abuse, whether recently or many years ago:

### General points:

- Above all else, listen.
- Keep calm, and show understanding/acceptance of what is said, however unlikely it seems. Reassure the individual that they were right to tell you.
- Never push for information. Avoid leading questions and ask only what is necessary to ensure a clear understanding of what has been said.
- Let the individual know what you are going to do next and that you will keep them informed. Let them know that you will need to tell someone else - don't promise confidentiality.

### Action you must then take:

- You must contact your ministry area leader and tell them what you know (you do not need to disclose any names at this stage unless told otherwise). If the allegation is against your ministry area leader, contact the CSO.
- You retain the right to report serious matters directly to Social Services or the police. Even so, as soon as possible (and within 24 hours), you must also contact either your ministry area leader or the CSO.
- Apart from telling your ministry area leader/CSO, the information must be treated as confidential and not shared with co-leaders, Grace Group leaders or other church members.
- Under no circumstances should you investigate concerns of abuse yourself.
- The contact details for your ministry area leader and the CSO can be found on the back page of this document
- Make notes as soon as possible (preferably within one hour, but always within 24 hours), writing down exactly what was said and when, what you said in reply and what was happening immediately beforehand (eg a description of the activity/situation). Record dates and times of these events and when you made the record. Keep all hand-written notes, even if subsequently typed. Such records should be kept for an indefinite period in a secure place. A copy of these notes must be passed onto your ministry area leader.
- Consider your own feelings and ask your ministry area leader for pastoral support if needed, and consider with your ministry area leader what pastoral support is needed for the individual involved.

## SECTION B

### Supplementary information for specific ministry areas

The youth ministry at GCG consists of various regular meetings on Sundays for those aged 11 to 18. There are also additional occasional formal and informal events throughout the year, such as a weekend away.

'Young people ' or 'Young person ' in this document refers to all those aged 11 to 17 on 1 September of the current academic year

### Safeguarding young people whilst they are in our care

#### Caregiver Ratios

We have adopted the Church of England's **minimum** requirements which are:

Age of children	Number of Adults	Number of Children
9-12	1	8
13-18	1	10

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

Caregiver ratios for all groups should always be based on a risk assessment. For example, staffing numbers would need to be increased for outdoor activities and more so if that activity is considered higher risk, potentially dangerous or when children with disabilities or special needs are involved.

If not enough caregivers turn up on the day, the caregivers must either:

- Find another DBS-screened individual to help, or
- meet in the same venue as other screened caregivers, in full view of those caregivers.

For all groups and activities: -

- Undertake a health and safety risk assessment.
- A First Aid kit must be available on any premises that are used by children.

- An accident and incident logbook must be available, and all accidents recorded. The logbook should be stored in a secure place. Any significant incidents must be recorded (eg a fight between children).

In addition, when taking children offsite:

- The ministry area leader must be informed and agree to the activity.
- Details of the activity and any itinerary must be given in advance to parent/s and consent forms received in advance of the activity taking place.
- Details of the activity and a list of contacts must be left with someone in the church.
- Details of the activity and arrangements must be given to the incumbent and/or CSO.
- A risk assessment must be undertaken, and confirmation obtained that the activity is covered by PCC insurance.
- A leader must be designated to take responsibility for First Aid.

## Discipline

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

Caregivers should never hit a young person. If a young person becomes uncontrollable and their behaviour is a danger either to themselves or those around them, appropriate and proportional physical restraint may be used. Caregivers should never yell at a young person except in circumstances where the young person is in danger or is at risk of causing danger to others.

## Appropriate contact and conversation

Caregivers need to be above reproach in all that they do, and wisdom is often required to know what that looks like in different situations. Two good questions to ask in any situation are 'What is the worst that could happen?' and 'What is the worst way this could be perceived?' Team members should monitor one another in the area of physical contact. They should feel free to help each other by pointing out anything that could be misconstrued. Concerns about abuse should always be reported

Sympathetic attention, humour, encouragement and appropriate physical contact are needed by children and young people as part of their coming to understand human relationships. However, there are reports of some people who have decided to avoid having anything to do with children or young people and who avoid all occasion of touching or encouraging them. This is an understandable but regrettable response. It also conveys unhelpful messages to them. Caregivers should follow the following guidelines:

- Always avoid being alone in a room with a young person. Keep everything in public.
- Conversations should be appropriate for the age of the young person.
- Avoid unnecessary physical contact with young people. Touch should be age-appropriate and generally initiated by the young person rather than the caregiver.
- Avoid any physical activity that is, or may be thought to be, sexually stimulating to the adult or the young person.

## Acceptable touch

Sympathetic attention, humour, encouragement and appropriate physical contact are needed by children and adults. Some physical contact with children, particularly younger children, is wholly appropriate. The following guidelines regarding touching are suggested:

- Always ask permission.
- Be mindful of your body position.
- Keep everything public. A hug in the context of a group is very different from a hug behind closed doors.
- Touch should be in response to a child's needs and not related to the caregiver's needs. It should be age appropriate, welcome and generally initiated by the child, not the caregiver.
- Avoid any physical contact that is or could be construed as sexual and/or abusive/offensive.

- Allow the child to determine the degree of physical contact with others except in exceptional circumstances (eg when they need medical attention).

In addition:

- You can allow people you support to give you brief hugs if you feel comfortable with this.
- You can allow people you support to hold hands or link arms with you to help with travel and stability.
- You should avoid using touch if the person you support is very distressed and is unlikely to tolerate it.

## Can I play rough and tumble games with young people?

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

## Can I ever physically restrain a young person?

Yes. If a young person is being a danger to themselves or to another person restraint, used in proportion to the situation, may be necessary. Outside these scenarios physical restraint should be required rarely.

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

No

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

In an emergency setting the emergency takes priority over the ratios. However, young people should not be left unattended in a room. At other times with some planning this scenario need not occur.

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

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

## Risk management / illness / accidents

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

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

Caregivers should consider the health and safety of all children and caregivers when organising activities or planning games.

A basic first aid kit must be readily available at all times. All caregivers should be familiar with its location. In the event of a life-threatening illness or injury, emergency medical services will be called first and the parents will be located and informed immediately. Caregivers will report all injuries, whether major or minor to the CSO.

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

## Safeguarding young people with special education needs and disabilities

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

However, research suggests that young people with SEND may be generally more vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect than other children. Young people with SEND can be abused and neglected in ways that other children cannot, and the early indicators suggestive of abuse and neglect can be more complicated than. They face an increased risk of abuse and neglect, including bullying, for a variety of reasons including:

- Greater dependency on parents/ carers for practical assistance in their day to day lives, such as feeding or personal care;
- Impaired capacity to recognise, resist or avoid abuse, or feeling too scared to report abuse/ bullying;
- Speech, language and communication needs/ barriers which can make it more difficult to tell other adults what is happening and get them to understand;
- Increased likelihood of social isolation, with fewer outside contacts than non-disabled young people, resulting in less access to someone they trust to disclose abuse to;
- An embedded cultural/ societal assumption that abuse and neglect does not happen to disabled young people, leading to a lack of vigilance, spotting of the signs of abuse and reporting of concerns;
- Empathy on the part of professionals/ practitioners with parents/ carers, who are felt to be under considerable stress, leading to certain behaviour/ treatment being accepted by other adults rather than concerns being raised;
- Behavioural/ physical indicators, such as (self-)injury or withdrawal, can be interpreted as part of the young person's disability or condition rather than as the result of abuse/ neglect (or vice versa), and therefore abuse/ neglect can be missed and go unreported;
- Being perceived as physically or behaviourally different from others, and therefore more likely to be the victim of bullying or intimidation.

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

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

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

Even subtle changes in behaviour may be a young person communicating that something is wrong and/ or that they are being abused.

It is vital caregivers for young people with SEND are aware of changing patterns of behaviour and potential causes.

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

## General Principles

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

## Contact names and details

### CHURCH SAFEGUARDING CONTACTS

#### Senior Minister

Revd Dr Andrew Latimer

[andrew.latimer@gracechurchgreenwich.org.uk](mailto:andrew.latimer@gracechurchgreenwich.org.uk)

#### Senior Minister

Revd Dr Andrew Sach

[andrew.sach@gracechurchgreenwich.org.uk](mailto:andrew.sach@gracechurchgreenwich.org.uk)

#### Church Safeguarding Officer (CSO)

**Sarah Wilde**

[safeguarding@greenwich.church](mailto:safeguarding@greenwich.church)

#### Children's and Youth Worker

Clare Stevenson

[clare.stevenson@gracechurchgreenwich.org.uk](mailto:clare.stevenson@gracechurchgreenwich.org.uk)

### DIOCESE OF SOUTHWARK SAFEGUARDING ADVISER (DSA)

Pamela Chisholm or the Assistant Safeguarding Advisers Marie Daly or Louise Vernon

Tel: 020 7939 9423

## NATIONAL CONTACTS

### NSPCC

Freepost 1111, London N1 0BR

Tel. 0800 1111 (for children)      0808 800 5000 (for adults)

(full number is just these 8 digits)

**Family Lives** (previously Parentline) 0808 800 222

**Domestic Violence Helpline (for females)** 0808 2000 247

**Mankind (for males)** 01823 334244

## FURTHER RESOURCES

‘ Protecting all God’s children: The Child Protection Policy of the Church of England ’ , 2010

‘ Policy for Safeguarding in the Diocese of London ’ , 2015

‘ The Church of England, House of Bishops, Parish safeguarding handbook – ‘ promoting a safer church, October 2018

‘ The Care Act 2014, and the Care and Support Statutory Guidance 2016 ’ (Chapter 14)

London Multi Agency Safeguarding Adults Policy and Procedures 2015

[www.london.anglican.org/support/safeguarding](http://www.london.anglican.org/support/safeguarding)

Safeguarding Disabled Children: Practice Guidance (2009) <https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance>

Safeguarding children with special needs: <https://learning.nspcc.org.uk/safeguarding-child-protection-schools/safeguarding-children-with-special-educational-needs-and-disabilities-send>