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Guidelines for Care in Working with
Children and Youth in the Anglican
Diocese of Newcastle

Bernie Parker

SAFETY AND CARE



Guidelines for Care in
Working with Children and Youth in
the Anglican Diocese of Newcastle

O God, increase our hope,
Give us
The hope which has seen things at their worst,
and which refuses to despair;
The hope that is able to fail, and yet to try
again;
The hope which can accept disappointment,
and yet not abandon hope.

O God, send to your Church teachers
Whose minds are wise with wisdom;
Whose hearts are warm with love;
Whose lips are eloquent with truth.

Send to your Church teachers
Whose desire is to build and not to destroy;
Who are adventurous with the wise, and yet
gentle with the simple;
Who strenuously exercise the intellect,
and who yet remember that the heart
has reasons of its own.

Give to your Church preachers and teachers
who can make known the Lord Christ to others
because they know him themselves; and give
to your Church hearers, who, being freed
from prejudice, will follow truth as blind
men long for light. This we ask through
Jesus Christ our Lord. Amen.
(Prayers from *Prayers for the Christian
Year*, William Barclay, SCM 6s.).

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PREFACE

One need for this material is straightforward. As an organisation we acknowledge an ongoing need to pursue excellence in the safety and care of people who participate in our programs. This material gives further expression to that pursuit of excellence.

The other reason is sad. As reports of incidence of child abuse increase in our society, organisations that include children and youth in their clientele need to lift their game. Recruitment, training, and program delivery will be affected. The principles and guidelines in this material respond to this need as well.

We pray that your ministry will be enhanced by what is inside!

This document is based largely on that produced by Scripture Union Australia. We thank them for permission to adapt the document to the needs of our Diocese. As a result, the document's terminology refers mainly to camping/mission activities with children and youth. All the principles, however, can be applied to Sunday Schools, Kids Clubs, uniformed groups, Youth groups, Emmaus groups, Ichthus Camps or any other youth or children's ministry activities.

Thankyou to all who assisted with the production of the document especially those who offered legal advice and assisted with graphics, layout and printing. The children and young people of our Diocese are indebted to you for your time and care.



INTRODUCTION

THE 'SAFETY & CARE' MANUAL

Someone has described being a leader or a team member like being a part of an early evening soapie. Life can be incredibly intense. It's possible that in the period of the program several significant life issues are encountered. Friendships are made and may be broken. Emotions can run high. There are the temptations to offer quick fix solutions to long term problems.

The children and young people we encounter are ours to care for. That care is not just helping them discover Jesus and their place in God's world, significant as this is. True care will be anticipatory, pro-active and personal.

Care which is anticipatory thinks ahead and reflects on its responsibility. It analyses situations and prepares so that people experience the best we can offer. To not prepare is not to care.

For children and young people to experience pro-active care, their concerns must be our concerns. We are interested not just in their spiritual development. They are developing, dependent people with fears, hopes and rights. Our commitment needs to be to their overall benefit.

Our care needs to be personal because, in the end, the most important thing is not the program; it's the person.

This manual aims to help you think about various aspects of care and to alert and train others about safety and care. It is not exhaustive. It cannot be definitive in the areas it touches. Others, who have professional expertise in specific areas, are available when you need to know more.

This manual was written in the knowledge that leaders are busy people who give their time voluntarily. They don't need heavy reading on top of responsibility for creative programming. But they do need to be trained to care. That is why at various points in this manual there are questions, exercises and handouts. These will best be done by committed team members working in a group.

WHO IS IN MIND?

Throughout this manual 'kids' is the term used for those under sixteen years of age. This is the upper limit but there is no lower limit. We realise this is an arbitrary cut-off point. It is not a legal definition, nor does it suggest people over that age can be ignored. We had to land somewhere!

The term 'kids' refers to people who in our culture are called children and young teenagers. Their description is not meant to deny the developmental differences or the differing capacity for responsibility that are characteristic of the under 16's.

Our laws reflect this broad understanding in that under 16's are treated differently. As well there is widespread community expectation about safety and care on organisations and individuals who have responsibility for under 16's.

Terms used repeatedly in this manual are

kids ... any person under 16 years of age

program ... the plan of all activities and events that make a unit for which a team of people comes together e.g., a family mission, a vacation camp, a Kids Club, children's or youth group, etc.

activity ... a part of the program that supports and develops the desired outcomes of the program e.g. a bush dance

team member ... a volunteer over seventeen years old who has responsibility in an activity and is accountable initially to the team leader.

team leader ... an experienced leader who has responsibility for the overall program and is accountable to the Priest in Charge of a Parish or the Diocese.

Responsible body ... the people who are ultimately responsible for the activity or program and whom the team leader is responsible to. In some cases this will be the parish Priest and in other cases it will be the relevant Diocesan Organisation.

CARING

CARING IS NOT AN OPTION.

A well planned program takes into account the need to care. Every event and activity needs to reflect that care.

Caring is not easily defined. It varies between children and young people of different ages and circumstances. Even kids of a similar age involved in the same activity may need different types of caring behaviour.

Think for a moment about your relationship with God. The Bible describes this relationship in terms of us being like children. We know God cares for us but we never feel demeaned or manipulated. The challenge to us is to do the same for the children and young people in our care. The fundamental challenge is to be like Jesus, to treat people like God treats us.

**STOP
AND
THINK!**

HANDOUT 1 in the back of this manual should be referred to at this stage. The exercise may be attempted as part of team training. The care of kids begins with the attitude of leaders to a variety of issues that affect the kids in our care. It is not only what we do but the way we do it that demonstrates our care.

WHAT IS CARING BEHAVIOUR?

Caring includes:

- listening actively to all they say
- having patience while they learn
- putting up with foolishness
- praying with them and for them
- using language they can understand
- treating them as responsible
- showing affection where it is appropriate
- loving them even when they don't deserve it
- acting consistently
- consoling them when they are hurting
- defending their rights
- protecting their whole being
- creating a safe environment
- teaching them about Jesus
- modelling the values of God's kingdom

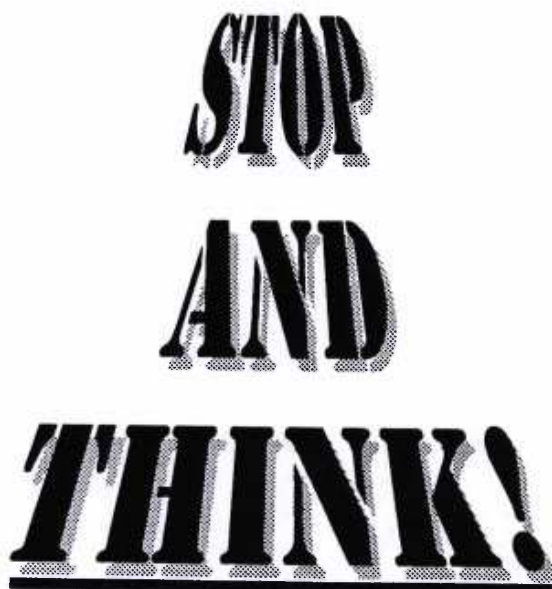
This book discusses some of these aspects of caring. It cannot hope to cover all of them. It will have served its purpose if it awakens in you a growing understanding of what is responsible care for kids.

A CODE OF PRACTICE

The care of kids begin with the attitude of leaders to a variety of issues that effect the kids in our care. It is not only what we do but the way we do it that demonstrates our care.

The following code of practice touches on many issues that are significant within our society today. It assumes that people within teams appreciate the issues and the consequences of neglecting them.

The code is to be used in team training to introduce the sort of issues that are of concern to those who care for children and young people.



HANDOUT 2 in the back of this manual summarises the code of practice.

1. Behaviour and Language

Children and young people learn as much from what leaders do as from what they say. So during an activity, behaviour, attitudes and language are often as important as what is taught.

The way leaders communicate with children needs to reflect the conviction that Jesus welcomed children (Mark 10:13-16). That means language and ways of relating that affirm worth, dignity and significance.

There needs to be no behaviour which gives the impression of favouritism or encourages 'special' relationships with individual children or young people. It is too easy to 'love the lovable'. The kids who are not easy to love often need more love from us.

It is also important to remember that the way leaders communicate with one another is observed. Nick names, 'put downs', and sexist language only reinforce behaviour that kids may already see all too often.

Where parents or members of the wider community observe leaders at work they need to see a caring style that demonstrates the credibility of Christianity.

2. Qualifications and Experience

All team members must be over seventeen years of age. Only experienced people are given the responsibility of team leadership.

All team members need to complete an application form. (See the section on screening leaders later in the manual.)

Where activities are coeducational, female and male group leaders need to be present.

3. Emergency Procedures

Every team needs to consider safety issues as a part of preparation of the program. (See the section on safety later in the manual.)

4. First Aid

Teams should try to include someone trained in first aid. Such training is readily available from the St. John's Ambulance Association or Red Cross. Generally first aid should be gender specific: ie a male should give first aid to a male, a female should be available to give first aid to females. All accidents should be reported to the responsible body and detailed records kept. A sample of an accident reporting form can be found in the Appendix.

5. Activities and Games

The site of activities and the nature of what happens need to be carefully considered to minimise the risks.

Activities or games which require kids to act alone or in pairs, independent of leaders, need to be very carefully considered. If, during an activity, it is possible for kids to come into contact with strangers, then great care must be exercised. If in doubt, cancel the activity.

Any activity needs to have defined boundaries that are easily observed or patrolled. Leaders need to avoid situations where it is possible to become physically isolated.

Games or activities which may exploit gender, physical or intellectual differences must be assessed as to whether or not they are appropriate.

Consideration needs to be given to the 'message' given to kids by activities and events that are organised. That is, the way things are done 'speaks' loudly.

These requirements are not meant to be restrictive or prescriptive, but descriptive and protective of the children and young people in our care.

It is essential that in providing fun and enjoyment for children and young people we do not create situations which, with hindsight, will be deemed as negligent or irresponsible.



6. Physical contact

Many kids enjoy physical contact with adults and will actively seek opportunities for this through simple expressions of affection and confidence and in play. Indeed, there may be occasions where physical contact is necessary. However, some kids do not seek or enjoy physical contact. Children are entitled to determine the degree of physical contact they have with others except in exceptional circumstances i.e., when needing medical attention.

It is therefore inappropriate in the normal course of events to initiate close physical contact ... this should come from the child. As a general rule, open displays of affection initiated by children in the presence of others are acceptable. Physical contact between adults and children may be misconstrued.

Any physical activity which is or may be construed as sexually stimulating to the adult or child is inappropriate and must be avoided. Children may or may not be aware of creating such situations. But it is the duty of the adult to be alert to such circumstances and to act accordingly.

There will be occasions where displays of affection are natural and children must not be shunned if they initiate and demonstrate their need for comfort, bearing in mind the age of the child and the circumstances. Care needs to be exercised that such situations don't occur in private.

Leaders need to be aware that consistent contact with the same person may give the impression of favouritism and may result in others competing for their attention or feeling left out.

Situations offering privacy or secrecy need to be avoided. Where private conversations are necessary, the leader and kid(s) should remain visible to other leaders.

On no account must any form of corporal punishment be administered, even in fun. The only form of physical restraint appropriate is to protect kids from harm, eg., reasonable restraint to stop a fight; to stop bullying; to avoid an accident.

7. Concluding an activity

Activities need to finish promptly at the advertised time.

Care must be exercised in dismissing or handing over kids. It is not recommended that kids be passed to adults who are not known to the leaders or the child. Special care may be needed with very young children.

There may be occasions when leaders need to return kids to their accommodation.

8. Indemnity and Permission forms

Some activities need parental indemnity and permission forms. Leaders need to decide if their activity requires parental consent and acknowledgment of the risks involved. Leaders should consider getting signed forms for any activity away from the main venue of the program. A sample form is included in the appendices.

9. Involvement of adults from the local community

Help from parents and other adults known to leaders in running activities is normally welcomed. However parents and other adults who help casually must not be put in a position of having sole responsibility for children other than their own.

10. Multiculturalism

Leaders need to be sensitive to cultures and family traditions different from their own. These cultures and traditions may affect the degree of participation of kids in activities and games. No pressure should be applied to kids from other cultures and traditions to encourage participation. Leaders need to show respect for authority structures in other cultures and traditions. Kids ought not to hear statements about other religions and cultures which reflect ignorance, bias or ridicule.

11. Types of Families and Care givers

Leaders need to be sensitive to words they use which make assumptions about any kid's background, family status and principal care givers. The family has many forms in today's society and leaders must respect the support structures of the kids who come to their activities.

12. Recreational drugs

Alcohol consumption is an endemic problem in many families and amongst kid's peers. All activities with kids in this Diocese will be alcohol free. Smoking is increasingly being excluded from public places. This exclusion will apply to all activities involving kids in this Diocese. No leader may smoke in the presence or vicinity of kids.

13. 'Medi alert' bracelets and team medications

Kids wearing 'Medi-alert' bracelets need to be treated with care in any activity, particularly a strenuous one. Team members prescription medications need to be kept in a safe place. Responsibility for administration of these medications needs to be allocated to one first aid trained leader only. This avoids duplication of administration of medication.

**STOP
AND
THINK!**

HANDOUT 3 in the back of this manual should be referred to at this stage. The exercise in Handout 3 may be attempted as part of team training.

SAFETY

SAFETY DURING ACTIVITIES

Our programs use a variety of activities. Leaders put an enormous amount of energy and creativity into preparing and running these activities. However safety practices are sometimes not considered in planning or running an activity. If we care for kids this needs to be addressed as a matter of importance.

It is impossible to cover safety issues for every activity in this sort of manual. Fortunately many safety practices are generic to the majority of activities with children and youth. This section summarises and gives an approach to these practices and outlines key safety concepts.

We are indebted to the Association for Experiential Education's 'Safety Practices in Adventure Programming' for the structure and the key safety concepts developed in this section.



KEY SAFETY CONCEPTS

Safety is an attitude which is consciously adopted and becomes, with time, unconsciously a practice.

Before going any further we need to define some words:

risk ... potential to lose something of value where the loss can be physical, social or financial

accident ... an undesired or unexpected event which results in injury or loss

incident ... an undeserved or unexpected event which does not result in injury or loss

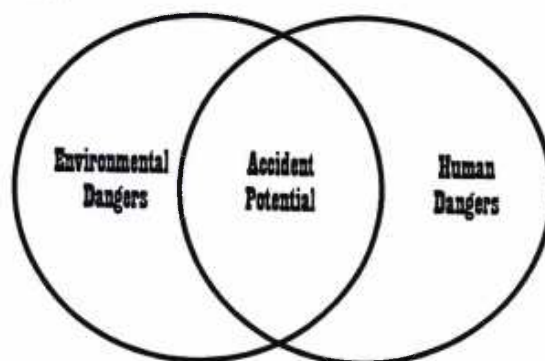
peril ... sources of potential injury or the potential cause of loss

hazard ... conditions that accentuate or effect the possibility of injury or loss occurring

environmental ... perils and hazards which arise out of the local surroundings and are dangers outside human control

human dangers ... perils and hazards which arise from adult team members and participants and within human control

The potential for an accident rises when environmental and human dangers are present and combine at the same time. This can be diagrammatically represented by two overlapping circles.



The overlap is the potential for an accident to occur. An accident usually can be avoided by recognising the potential and responding to the dangers within your control.

This diagram is easily explained with an example. A group from a program decides to go swimming at an unpatrolled section of a surf beach. The environmental dangers are the hazards of a large surf, the change in tide and the peril of a rip which suddenly develops. The human dangers are the hazards of a lack of surf life-savers, some poor swimmers in the group and the peril of fatigue. A large surf and some poor swimmers are dangerous factors but there is little potential for an accident unless they combine. The first key to safety is to avoid environmental and human dangers combining at the critical moment.

The example also illustrates another feature of dangers and the potential for accidents. Hazards and perils add up to give total dangers. In the example there is a total of six dangers: a large surf; the change in tide; a rip; no surf patrol; some poor swimmers and eventual fatigue. However hazards and perils also multiply to give the potential for an accident. This means with three environmental dangers and three human dangers there is nine times the potential for an accident. So the second key to safety is to note when dangers are adding up. Major accidents are often the result of individual dangers which stack up almost without notice.

**STOP
AND
THINK!**

HANDOUT 4 in the back of this manual should be referred to at this stage. The exercise may be attempted as part of team training.

GENERAL SAFETY PRACTICES

The following general safety practices are broken into three criteria:

Essential ... if the practice is legally required or is consistent with expected safety practice then it must be followed.

Recommended ... it should be considered unless extenuating circumstances are present.

Suggested ... if neglect of the practice could lead to an accident then it ought to be applied.

For instance, whenever you fly across water in Australia, the flight attendants are required by aviation law to demonstrate the minimum safety procedures which includes identifying exits, and instructing passengers in the use of oxygen masks and life jackets. It is *essential* that they do this.

They also *recommend* that you read the safety card in the pocket in front of you and that you locate the nearest emergency exit in the event of a crash landing. You should do these but no one forces you to.

At the end of their instruction they also mention that, while the seat belt sign is switched off, it is *suggested* you leave your seat belts on. You ought to do this if you are a careful traveller.

1. General safety practices for the program

Essential ... All programs to run training for leaders that covers general safety practices.

Recommended ... All leaders be familiar with the program's general safety practices.

Suggested ... The program's general safety practices be written down in the team handbook.

2. Safety practices for an activity

Essential ... All activities to have individual safety practices, as well as follow the general safety program practices.

Recommended ... All leaders know the safety practices of an activity.

Suggested ... That leaders regularly review safety practices for an activity and conduct training in them.

3. Emergency Information Form (EIF) for the program (see page 37)

Essential ... Every group needs an EIF for their main site and for any other site where activities may be held. This EIF needs to be accessible to team leaders and copies must be sent to the responsible body.

Recommended ... All team leaders have a copy of the EIF.

Suggested ... Activity leaders have a copy of the EIF if they are away from the main site.

4. Emergency procedures for an activity

Essential ... For every activity away from the main site, leaders to leave information on the expected duration, specific movements, places where contact can be made and a list of the children or young people involved.

Recommended ... Team leaders have details of an emergency plan for every type of activity away from the main site.

Suggested ... Planning for an emergency be a routine part of preparing for an activity away from the main site.

5. Emergency Communications

Essential ... On any activity, rapid communication with police and emergency services to be possible.

Recommended ... only team leaders or their appointees be involved in any communication with police and emergency services.

Suggested ... Any contact with the police or emergency services be reported to Responsible Body as soon as possible.

6. Transportation.

Essential ... Seat belts to be worn by all leaders, children and young people where they are available. Drivers to have the appropriate licence to suit the vehicle/boat and the number of people being carried. Vehicles/boats to contain the correct safety equipment required by local laws. There should be no drivers who have only provisional licences.

Recommended ... Team leaders should sight drivers' licences. Drivers of any sort need to be familiar and experienced with driving vehicles/boats or towing trailers under road and weather conditions. There needs to be supervision of children in seating and at scheduled breaks or non scheduled stops.

Suggested ... Drivers avoid driving for long periods without rest. For example, a ten minute break be taken every two hours with no more than four hours in a row at the wheel. Any driver showing signs of fatigue be replaced. On long trips, two qualified drivers to be in each vehicle.

7. Equipment

Essential ... Prior to use, any equipment to be inspected to ensure that it is functional and safe for children and young people to use in activities.

Recommended ... Equipment be properly repaired and preventively maintained as a part of a regular schedule.

Suggested ... Equipment be chosen on the basis of its safety, not just its cost. If a team member's personal equipment does not meet acceptable safety standards, the program needs to supply alternative equipment or cancel the activity.

8. Communication with parents/care givers

Essential ... Leaders to inform parents/guardians of the specific nature of the activity.

Recommended ... Parents/guardians complete and return an appropriate indemnity and permission form (see appendices). Leaders establish the medical needs of kids with 'Medi-alert' bracelets.

Suggested ... Parents/guardians complete an activity specific medical disclosure form (see appendices).

9. First Aid Care

Essential ... There must be an adequate first aid kit at the main site of the program. In the event of an accident an Accident Report Form must be completed and given to the Responsible Body when convenient.

Recommended ... Some leaders have recognised first aid training. The first aid kit be checked and replenished regularly.

Suggested ... Some leaders have cardiac pulmonary resuscitation (CPR) training. First aid training to be a part of leader training.

10. Illegal drugs and alcohol

Essential ... Team members must not consume illegal drugs or alcohol at any time during an activity.

Recommended ... Team members found with illegal drugs during the program be restricted or sent home.

Suggested ... Team leaders to provide training to team members on detecting use of illegal drugs and substance abuse.

11. Kids with behavioural problems

Essential ... Extra care to be taken about involvement of children and young people with known behavioural problems.

Recommended ... Team leaders consider the number and kinds of kids with problems activities can safely handle.

Suggested ... Leaders be trained in basic skills for coping with kids with behavioural problems.

12 The purpose of activities

Essential ... Planned activities be considered in the light of prevailing conditions and their place in the program.

Recommended ... Activities be reconsidered if any of the leaders think there is a significant accident potential.

Suggested ... Activities be specifically related to the aims and expected outcomes of the program as well as be fun for kids.

13. Participation

Essential ... Leaders ensure that children and young people only participate voluntarily in any activity.

Recommended ... Leaders only allow participation in an activity for which there has been instruction about safety practices and likely dangers.

Suggested ... Leaders design activities that allow maximum participation by kids.

14. Site

Essential ... Leaders ensure that any site used for an activity is safe.

Recommended ... Leaders consider the environmental and human dangers associated with the use of any site.

Suggested ... Leaders regularly review the safety of any site used for an activity.

15. Contact with the Media

Essential ... In the event of an accident, team leaders to deny access by any representative of the media to kids participating in the activity.

Recommended ... Leaders appoint one person from their number to be the media spokesperson.

Suggested ... Responsible Body be contacted, preferably before there is any contact with the media.

16. Involvement of adults from the community in activities

Essential ... Adults from the local community to be used only to supplement the leadership of an activity, or involved for their own enjoyment.

Recommended ... Adults from the local community, involved casually in the program, to have no significant responsibilities.

Suggested ... Adults from the local community not to be left alone with kids other than their own.

17. Our duty of care and external service providers

Essential ... Leaders not to transfer their duty of caring for kids to any outside service provider e.g., a local bus contractor. Responsibility can be shared, but it cannot be totally delegated.

Recommended ... External service providers have at least the same safety practices as set down in this book.

Suggested ... Team leaders regularly review the safety practices of external service providers.

18. Facilities at the primary site of the program

Essential ... Site accommodation, food preparation and sanitation to meet minimum state and local laws and regulations.

Recommended ... Team leaders maintain adequate fire safety equipment and observe fire protection measures.

Suggested ... Team leaders keep up to date with state and local laws about safety.

19. Number of leaders on an activity

Essential ... Each group of kids in an activity must have a designated adult leader even if they are doing something that requires no supervision or direction.

Recommended ... The minimum number of leaders per activity be two.

Suggested ... Team leaders review the number of leaders required by their activities.

20. Minimum and maximum group size

Essential ... Leaders to consider the safe size for a group involved in any given activity.

Recommended ... The minimum group size in an activity be four.

Suggested ... The maximum group size in an activity be between eight and twelve.

21. Recommended leader/participant ratio

Recommended ... 1:8 for activities on the main program site.

1:6 for water based activities away from the main program site.

1:4 for adventure based activities away from main program site.

22. Screening of Team Members

Essential ... Team leaders to screen all applicants before inviting them to participate in the program.

Recommended ... Team leaders insist on application forms being completed by all applicants. Referees' comments be sought before people are invited onto the team.

Suggested ... New application forms be completed if someone leaves a team for any period, including one year.

STOP

AND

THINK!

HANDOUT 5 in the back of this manual should be referred to at this stage. The exercise may be attempted as part of team training.

ACCIDENT & EMERGENCY PROCEDURES

No matter how good planning is, and often despite the amount of care shown, accidents do occur. It is an important part of caring for kids to be clear on the basic procedures to be followed in the event of an accident.

Team leaders should complete an Emergency Information Form (EIF) similar to that found in the appendices. This requires team leaders to research the information which is necessary in the event of an accident. In an emergency leaders of activities will save valuable time and be better prepared if they have a copy of the form.

The form also enables around the clock contact to be made with the Responsible Body and the families of team members.

As soon as possible following an accident an Accident Report Form should be completed and passed on to the Responsible Body.

Completion of the EIF should be a part of team training. The more leaders who are familiar with its contents and the logic behind it the better our total care will be.

PROCEDURE IN THE EVENT OF AN ACCIDENT OR EMERGENCY

In an emergency an orderly procedure can be as important as time. Leaders need to remember an emergency procedure and that is why the individual letters in **TEAMWORK** can be used to trigger the memory.

**STOP
AND
THINK!**

HANDOUT 6 in the back of this manual should be referred to at this stage.

*Remember ... in an emergency
TEAMWORK may make a difference.*

T *Tell ...* Tell team leaders immediately so they can advise and co-ordinate.

E *Emergency services ...* Emergency services (police, ambulance, fire and rescue) require an accurate and adequate description of your exact location and the nature of the accident. Consider carefully who you will send to communicate the information.

A *Account ...* Account for all members of your activity, group or event.

M *Media ...* Media representatives should be firmly directed to an appointed person from the team and away from the leaders and kids.

W *Witnesses ...* Witnesses could be important so collect their names and addresses.

O *Organise ...* Organise an orderly evacuation from the accident site.

R *Respond ...* Respond to inquiries from parents, guardians and the community in a helpful, factual way without apportioning blame or admitting responsibility.

K *Kids ...* Kids and leaders who were not involved in the accident will need on-going care as they may experience trauma and shock.

RESPONSIBILITY OF TEAM LEADERS IN AN EMERGENCY

In the event of an emergency or serious accident the team leaders have an additional role to play. They will become the focus of communication and possibly direct the giving of care for everyone involved ... at least until professionals arrive. In particular the team leaders need to:

1. Co-ordinate response to the accident.
2. Make sure any injured kids are accompanied to hospital (preferably by an adult they know)
3. Be the point of communication between accident victims and their families, or clearly delegate this task.
4. Contact Responsible Body, regardless of the time, using the information on the EIF form.
5. Brief the appointed media liaison person.
6. Ensure that information on injured kids and leaders is not released until details have been cleared by the Police or emergency services.
7. Control access to telephones by team members until the above steps have been taken.
8. Begin collecting information so that a thorough report of the accident can be made as quickly as possible.
9. Brief all the team on the accident, the current situation and their responsibilities.
10. Prepare to cope with shock or trauma amongst the kids and team who were not injured or involved.



**STOP
AND
THINK!**

HANDOUT 7 in the back of this manual should be referred to at this stage. The exercise may be attempted as part of team training.

ACTIVITY SAFETY CHECKLIST

Use this checklist as a help in considering the safety issues for an activity.

Have you thought about ...

- what are the possible environmental dangers?
- what are the possible human dangers?
- what general safety practices apply to your activities?
- what specific safety practices apply to your activities?
- do you need indemnity and permission forms?
- what special medical needs are present?
- what minimum leader/child ratio is safe?
- do you have your EIF with you?
- have you discussed the planned activity with the team leaders?
- who will go for help in an emergency?



Have you checked ...

- the equipment you are using?
- the skills of your team?
- the expected weather conditions?
- the contents of the first aid kit?
- children who have 'Medi-alert' bracelets?
- that other responsible people know your plans?

Have you communicated ...

- how long you will be gone?
- who is in charge?
- where you will be?
- how you can be contacted?
- which children or young people will be with you?

**STOP
AND
THINK!**

HANDOUT 8 in the back of this manual should be referred to at this stage. The exercise may be attempted as part of team training.

RECRUITING & SCREENING LEADERS

INTRODUCTION

Recruiting volunteers to work with kids is a major responsibility.

In the past it was possible, though not wise, to unquestioningly accept well intentioned people from a church background. This is no longer sufficient or adequate.

Team leaders must recognise that some people are not suitable to work with kids. The reasons for this may be simple or complex. In the end, team leaders must exercise great care inviting volunteers to be a part of their program.

Generally, people who are under accusation, suspicion or convicted of sexual offences, violence, and using drugs are not suitable leaders.

Team leaders should be cautious about accepting people with a history of emotional or mental illness. The dynamics of working with a team of people for long hours under the constant scrutiny of the public does produce stress. Any condition that is aggravated by people-pressure and stress could flare up in a program.

In today's society people can challenge exclusion from participation on equal opportunity grounds. So the important step in recruiting volunteers is to specify clearly the sort of person you are looking for and what their responsibility will be.

**STOP
AND
THINK!**

HANDOUT 9 in the back of this manual should be referred to at this stage. The exercise may be attempted as part of team training.

SCREENING

In the end there is no substitute for adequate screening which ensures, as far as is reasonably possible, that people who are invited on to the team are satisfactory.

Adequate screening also protects the volunteer's self esteem and the reputation and effectiveness of the whole team.

In the appendices a sample application form is provided which should be filled in by everyone, even the established team members. (The team leaders' application forms are to be processed by the Responsible Body.)

The application form gives opportunity for nominating two referees. Any application is not fully processed until those referees have been contacted and their comments noted on the form.

Generally it is not wise to accept people as leaders if referees are at all hesitant.

No system of screening is foolproof. The team leaders of a program should not accept volunteers if they have any reason to doubt their suitability. If there are ongoing concerns about a volunteer, the Responsible Body needs to be contacted for advice.

It is likely that people who apply to join a team at the last moment will not be adequately screened. Unless exceptional circumstances apply they will not be accepted.

If our commitment is to care for kids then recruiting team members is very important.

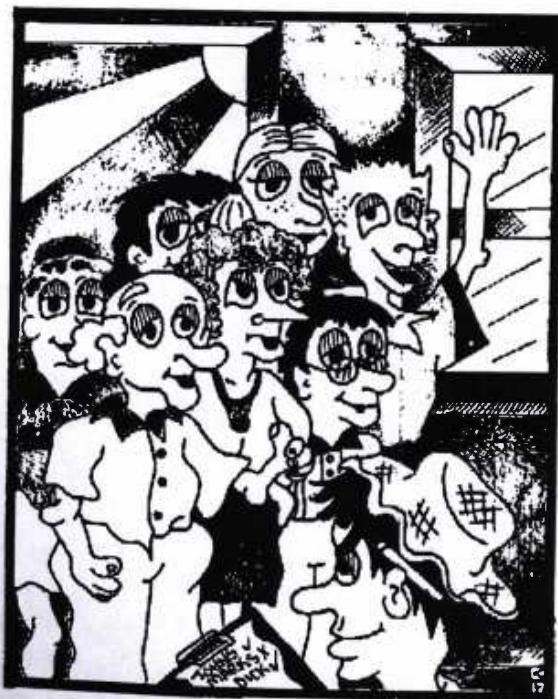
RECRUITING

The tendency is to recruit almost anyone so long as they are known and well intentioned. However, good intentions are rarely enough to sustain ministry to today's kids. If we care for kids we want to have the best people we can recruit. The best may not be the most confident, or the most educated.

The best place to start is in your own network of contacts. Consider who already cares for kids and has the potential to be effective in ministry with them. If possible give them a copy of the proposed program and the 'Statement of Aims, Beliefs and Working Principles' of your group. If they appear interested describe the selection process and invite them to complete the application form. The formality outlined here is the last step. Joining a team is becoming part of a group of people, not passing an exam.

THE APPLICATION PROCESS

There are good reasons to follow an established process as you screen applications from potential team members. If everyone, regardless of reputation or experience, goes through the same process it is clearly demonstrated that, in this respect, we care for kids. It also means we don't discriminate, for or against, anyone.



RECOMMENDED SCREENING PROCESS:

1. Potential team members apply, using the application form.
2. Team leaders process their application and contact referees particularly asking for an opinion about the person's appropriateness for work with children and young people.
3. Team leaders meet and consider the application and the comments of the referees. If necessary an interview may be conducted.
4. Applicants are contacted and given an idea of what their role might be and asked to respond.
5. If their response is positive then the successful applicant is invited to their first team meeting.

The team leaders could agree that this is the process they will follow for all potential team members.

Team leaders must view the completed applications as confidential. They should be stored somewhere secure and archived when people cease involvement in the team, so the next leaders gain the benefit of them.

All leaders need to know this process and agree to abide by it.

The structure of the section on general safety practices is helpful in considering the screening of leaders.

SCREENING APPLICANTS

Essential ... Team leaders must attempt to recruit the highest quality team members available.

Recommended ... Team leaders follow a screening process and insist on potential team members completing an application form.

Suggested ... After 3 or 4 years on a team, team members should complete a new application form.

THE SKILLS OF A GROUP LEADER

Recruiting new group leaders who will care for kids is a good time to consider the sort of skills that are needed.

In the past, teaching and public speaking skills were very highly valued. They are still important. However, now that society is increasingly post-Christian and families are growingly fragmented different communication skills are also needed.

One way of considering the skills needed of a leader who cares for today's kids is to break them into three types: Soft, hard and transfer.

SOFT SKILLS

These are skills which are difficult to train or develop in the context of the short time spent preparing for and engaged in a program. Several are 'lifestyle' skills, associated with the personality of the person. All of them are open to being developed. Many of them are interpersonal skills that enable a person to relate to any age. Amongst them are:

1. being personally organised
2. interpersonal communication skills
3. group membership skills
4. relationship building skills



HARD SKILLS

These are skills which can be trained and developed and which are easier to assess. Amongst them are:

1. being able to communicate Christian beliefs.
2. a thought-out view of God's relationship to people, including children and young people.
3. understanding the developmental stages of children and young people.
4. commitment to the ethos of your group.
5. conflict resolution skills.
6. developing activities that support the expected outcomes of programs.
7. being a part of a team.

TRANSFER SKILLS

These are skills that link the soft skills to the hard skills and make for an effective ministry with people. They are difficult to assess and acquired rather than taught. Amongst them are:

1. capable of communicating feelings
2. being able to operate under stress/pressure
3. sensing when to be flexible in leadership style
4. being able to distinguish between fun and risk
5. common sense
6. showing initiative
7. showing balanced zeal
8. teachability
9. reflective about oneself

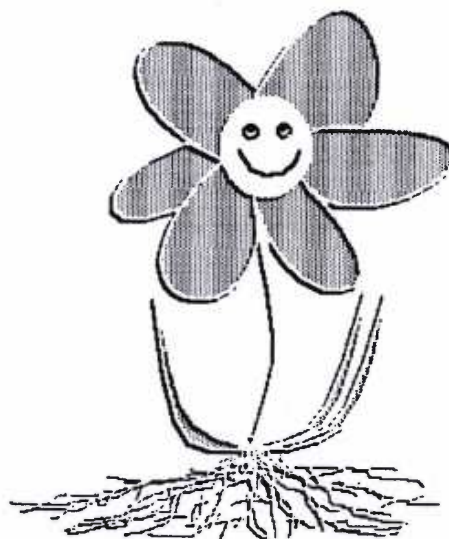
It used to be that people were recruited largely because of their hard skills. However, increasingly the soft skills and transfer skills are being recognised as important. People who really care for kids more often have well developed soft skills and transfer skills.

THE SKILL GROUPS ARE LIKE A FLOWER.

From its roots it gets stability and essential moisture. You don't see them and they develop regardless of whether there is a flower. The soft skills are like the roots.

The actual flower is what is seen and admired. It is the beginning of the cycle of reproduction. It has a brief life by comparison with the growth cycle of the plant. So it is with the hard skills. We see them and admire their results.

The stem in a simplified flower provides strength for the flower and transfers moisture and food. So it is with the transfer skills. They connect the soft skills with the hard skills.



**STOP
AND
THINK!**

HANDOUT 10 in the back of this manual should be referred to at this stage.

PROTECTION

INTRODUCTION

The reality is that, when you are committed to caring, you will encounter kids with problems beyond your level of expertise or experience.

One of these problems is child abuse. This section of the manual is written to prepare and guide you should a suspicion or allegation of child abuse arise.

Child abuse is a very emotive and involved issue. Inevitably individual reputations are at stake and discussion of an unproven incident of abuse needs to be handled very carefully. This is why in this section abuse is consistently qualified as only a suspicion or allegation.

It is not our role to prove abuse.

**STOP
AND
THINK!**

HANDOUT 11 in the back of this manual should be referred to at this stage. The exercise may be attempted as part of team training.

NORMAL CARE THAT FAILS

You may encounter kids and their families where regular patterns of caring just don't seem to work. You see/sense that something is wrong with the way you are caring, with the child or young person, or both.

You should not ignore what you see/sense. Your involvement with the kid(s) may be very significant. There may be simple or complex explanations for what you see/sense. So where normal ways of showing care don't appear to the working or

produce unexpected or disturbing results there may be good reason for concern.

WHAT SHOULD YOU DO?

Start by considering if what you are seeing/sensing is due to

- physiological reasons e.g., the child might be on medications, have an intolerance to certain foods/additives, lack sleep, have diagnosed or undiagnosed learning difficulties.
- your own behaviour e.g., the child might be responding to your behaviour, language, teaching style, what is perceived as discrimination, favouritism, lack of preparation, or cultural insensitivity etc.
- external factors e.g. a windy day, peer pressure, intimidation, lack of self esteem, loneliness, grief etc.
- a form of abuse e.g., physical, sexual, emotional or neglect.

Whether one or several of these factors are operating on the kid(s) is often difficult to determine. However, remember you are never alone and within the team are people with whom you can share what you see/sense. They can help by observing you and the child and discussing with you your concerns.

So share with a couple of other mature people what you are seeing/sensing, in strict confidence. It's best not to involve the whole team. One of those that you share with would normally be a team leader, or team parents.

Together you can tackle the problem. If they confirm your observations then a new level of caring is required. Together you can devise a caring strategy and put it into effect.

Sometimes, when you see/sense a kid has a problem, showing that you have time and are available just to talk may be the place to start.

There may be opportunity to ask if anything is wrong; but do not pressure the child or young person. In language they can understand assure them that you are available, that you care, that you can be trusted and that friendship requires two way communication.

What happens then cannot be predicted. But remember the child or young person has the right to remain silent and you must respect that.

FORMS OF ABUSE

1. **Physical** ... is any non-accidental physical injury inflicted on a child or young person.

This may include beatings, shaking, burns, fractures and bruises and inappropriate administration of drugs.

2. **Sexual** ... is when a person uses his/her power or authority over the child or young person and takes advantage of their position in the relationship to involve them in sexual activity. These allegations must be reported either to the Parish Clergy or the Responsible Diocesan Body. Don't be put off if it involves other team members.

3. **Emotional** ... is continued rejection and hostility by a care giver towards a child or young person which affects their emotional or physical development.

This may take the form of scapegoating, emotional rejection, isolation or sustained verbal abuse.

4. **Neglect** ... is the failure by a care giver to provide the minimum acceptable standard of care.

This may include failure to supervise, feed, protect or provide health care. What is the minimum acceptable standard may vary due to differences in cultural values, climate or socioeconomic conditions.

Abused children or young people may experience more than one of the forms listed above.

In abuse situations diagnosis is often difficult and beyond the ability of leaders. So this is why suspected or alleged abuse is a matter for experts. When we consider there are reasonable grounds, we will need to notify the appropriate authorities.

STOP AND THINK!

HANDOUT 12 in the back of this manual should be referred to at this stage. The exercise may be attempted as part of team training.

CARING FOR A VICTIM OF SUSPECTED OR ALLEGED ABUSE

Team members who care for kids will encounter suspected or alleged abuse. An adequate response is never easy. Inevitably, any response involves judgements and emotions. Follow up of a suspicion or allegation requires expert handling which is generally beyond the ability of team members.

Sometimes you will have a suspicion that abuse has occurred because of what you see or sense. You have to make a decision on reasonable grounds that, having exhausted other options, you are led to suspect child abuse is happening. But remember it is only a suspicion. As such it requires very sensitive handling. Even suspected abuse has implications for the child, young person, her/his family and the suspected abuser.

Other times something will be said by a child, young person, or their friends that alerts you to a possible abuse situation. Whatever is disclosed you must still handle the situation as only an allegation of abuse. Like suspicion, an allegation requires very sensitive handling.

It's more than likely that a child or young person will not tell you directly about an abuse situation, so you need to be alert to:

Comments that reflect unusual dislike of a person

e.g. "I don't like the baby-sitter because he hurts me".

e.g. "I don't like to be at home alone with daddy."

Remember that a child or young person may not know how to describe what is happening or feels awkward, ashamed, embarrassed or even guilty. It's quite possible that they are really afraid to tell because she/he has been threatened, bribed or made to promise that they would not tell.

Possible Response

You can explore unusual dislike with a child. Direct questions (see the section on types of questions) are not good practice. The child or young person has the right to not disclose what is behind their unusual dislike.

Descriptions that disguise the people involved

e.g. "I know someone who has been touched in a bad way".

e.g. "My friend is being abused by her father".

They might be describing someone they actually know but it could well be they are talking about themselves.

Possible Response

You should take the child or young person seriously and encourage them to talk about the "other child" and the problem. This may lead to the situation that they actually disclose who they are really talking about.

Confidences that are conditional

e.g. "Promise you won't tell anyone what I'm about to tell you".

Most children or young people are only too aware that revealing the secret of abuse will create a difficult situation for them. The person who is abusing them may well have described some terrible consequences if they reveal the secret. e.g., "If you tell your grandmother will die".

Possible Response

Assure them that you want to help. However tell them you cannot keep quiet if what they are about to say is dangerous or hurtful to them. Explain to them that because you care so much someone who has more power to help than you must be told.

RESPONDING TO A CHILD OR YOUNG PERSON WHO DISCLOSES ABUSE

When a child or young person discloses abuse, directly or indirectly, most people experience an emotional reaction. They may feel revulsion, disbelief, confusion and sadness. These feelings may quickly change into anger, fear, shock and a desire to protect.

These reactions are quite natural and reveal that you are human.

If, however, you reveal such feelings to the child or young person it may well be counter productive. They perhaps already feel guilt, powerlessness, confusion and most likely fear. When another adult, like you, reveals their feelings, they may decide it's too risky to say anything more. In other words, your initial response may close the door on helping the abused child or young person. Stay calm, and be unshockable.

You must be aware of your feelings and what they could communicate to the child or young person, and express them to someone else.

When you are in the situation where a child or young person appears ready to talk about abuse it's important to listen very carefully in a way that demonstrates only care and concern.

Remember, first of all, that an investigation is not being conducted. So questions must be open and not closed. At all costs try and avoid leading questions. (See the section on questions.)

Secondly, you should not ask more questions than are needed. You only need to hear enough to satisfy yourself that an allegation of abuse is being made. It is the role of people with appropriate expertise to take up the allegation from then on.

A child or young person who is ready to talk about abuse may be helped if the leader says something like:

"I'm glad that you're able to tell me. It must have been hard to keep this secret".

"Can you tell me more of what happened? It's OK to go slowly! Take your time!"

"I know it's hard for you to talk about it. Do you want to stop now or would you like to tell me some more?"

You need to listen carefully to whatever details they volunteer. However questions should be kept to a minimum and be open questions rather than closed ones. It's important you don't speak for the child or young person or put words in their mouth.

STOP AND THINK!

HANDOUT 13 in the back of this manual should be referred to at this stage.

SOME PRACTICAL RECOMMENDATIONS.

- Do proceed slowly, being an active listener.
 - Don't pressure them to talk.
 - Do respond in a caring and 'matter of fact' way.
 - Don't burden them with your reactions or feelings
 - Do believe what the child or young person says.
 - Don't make a 'big deal' of it.
 - Do listen and accept all the details ... spontaneously.
 - Don't ask for details to satisfy your own interest.
 - Do assure them that whatever happened was not their fault.
 - Don't make promises you can't keep.
 - Do tell them this has happened to other young people.
 - Don't attempt 'therapy' or counselling.
- When you sense that more conversation will only give details of the alleged abuse you should close the part of the conversation that relates to the alleged abuse with something like:
- "I'm glad you have told me. You have done the right thing."
- "We need some help. There are special people who will help us work out what to do."
- "Some secrets are helpful. Some secrets are not helpful. I don't think this is a secret that is helpful."
- If the child or young person has no more to say you must accept that. Let the conversation take a natural course from this point. Whatever the circumstances try to avoid leaving them in a distressed state.
- If a child or young person has disclosed an alleged abuse they are often afraid and worried. They will need assurance, quality time and more care.
- Do assure the child or young person that, whatever the consequences, they have done the right thing.
 - Don't assure them everything will be OK.
 - Do keep contact with them for as long as possible.
 - Do tell someone else in confidence, but not everyone.
 - Don't dismiss the allegation as impossible.
 - Do seek help with your own feelings and reactions.
 - Don't discuss the allegation publicly with other team members.
 - Do make sure any allegation is reported to the Responsible Body.
 - Don't be put off if the allegation involves another team member.

REPORTING SUSPECTED OR ALLEGED SEXUAL ABUSE

You **must** do something about reporting suspected or alleged sexual abuse when:

- a child or young person tells you she/he has been sexually abused.
- someone else (relative, friend, acquaintance or sibling of the child or young person) tells you of an alleged sexual abuse situation.
- a child or young person tells you she/he knows someone who has been sexually abused.
- you see or sense significant evidence that leads you to suspect sexual abuse.

If you have concerns about a child or young person but do not feel confident about your suspicions then you should talk it over in confidence with someone else. Together you may decide the evidence requires consultation with an expert in child abuse. The Diocese can help with a list of expert contacts.

OTHER ISSUES TO TAKE INTO ACCOUNT:

1. Experts in child abuse agree that children very rarely lie about abuse.
2. Recognise that, any investigation, formal or informal, will be unpleasant. We need advice.

Any team member who suspects abuse or receives an allegation of abuse must consult team leaders before taking unilateral action.

If this consultation leads to the conclusion that there seems to be some basis to the suspicion, a decision needs to be made about making an official report. If it is a direct allegation about something that has just happened, the reporting needs to be done quickly. If it is disclosure of past happenings, the way forward can be planned under less specific pressure. The Responsible Body needs to be informed as soon as possible, in both cases.

The Responsible Body, once it is informed, will contact the appropriate government department or agency, unless the alleged abuse has just occurred,

when you may need to act if the Responsible Body cannot be contacted. It is always better to act in tandem, if possible.

Many cases of child abuse are not reported (some estimate 90%).

Leaders should remember that speedy reporting of past events may not be as important as careful, sensitive evaluation of the suspicion or allegation. "Very few cases of suspected or actual abuse, especially sexual abuse, fall into the category of emergency warranting immediate treatment or intervention." [Guidelines for the Clinical Management of Child Abuse and Neglect, (Perth, W.A.: Health Department of Western Australia, n.d.)] Speed, however, is needed if the allegation is that something has just happened. Evidence is important.

The leaders must then fax or mail the Child Abuse Report Form (see the appendices) to the Responsible Body as soon as possible.

SUSPICION OR ALLEGATION OF ABUSE AGAINST A TEAM MEMBER

In our society even team members may be suspected of abuse or have an allegation made against them.

Any suspicion or allegation of child abuse against a team member begins a crisis period for the team, their relationships and their ministry to the local community. It is very important that the following procedures are followed, as far as possible.

Any allegation against a leader must be acted on promptly, including contact with the Responsible Body.

The team leaders should take responsibility to preserve the confidentiality of all concerned. However, where this is not possible, they must preserve the good name and respect due to all those involved, including the person making the allegation, and their family.

The parents/guardian of the child or young person should be informed that an allegation has been made and what action is being taken.

The person under suspicion or accused should be closely supervised. They should be removed from any contact with children or young people. Leaders need to continue to care for the person under suspicion.

Whatever happens it is recommended that a team meeting be called. At this meeting the situation can be explained, unnecessary speculation squashed and other team members reminded of the rights of the person accused or suspected, and of the child or young person making the allegation, and their family.

All inquiries from the media should be directed to the Responsible Body.

On no account should an allegation of child abuse against any team member be dismissed without action being taken. Whatever the circumstances, leaders owe the child or young person and the parents or care givers the right to be heard, and to be taken seriously.

If the Police are involved a team leader, or a specifically delegated person needs to support/accompany the person accused through whatever process is demanded.

It is unlikely that the allegation or suspicion can be resolved 'on site' under the pressure of a continuing program. In which case the person's contribution to the program is severely restricted and may possibly have affected all that the program sets out to do. In

any event, it is recommended that arrangements be made for the person to return home, if possible accompanied by a team member.

The team leaders should communicate clearly with the parents/guardians of the child or young person what steps they have taken. If other authorities have become involved, (e.g. police; school principal) the procedures outlined need to be balanced or adjusted in the light of that involvement.

As with any other report, the Responsible Body is finally responsible to follow up the allegation or suspicion with the appropriate authorities.

After the program has finished the Responsible Body needs to:

- arrange continuing care and counselling for the persons involved, as this is appropriate.
- support the team members by helping them review the process they went through.

KEY CONTACT DETAILS

Children's Ministry Officer

Anglican Diocese of Newcastle
Bishop's Registry
PO Box 817
Newcastle 2300
Ph: (049) 263733

Youth Director

Anglican Diocese of Newcastle
Bishop's Registry
PO Box 817
Newcastle 2300
Ph: (049) 263733

Diocesan SRE Field Officer

Anglican Diocese of Newcastle
Bishop's Registry
PO Box 817
Newcastle 2300
Ph: (049) 263733

APPENDICES

SUMMARY OF REPORTING REQUIREMENTS

AT SEPTEMBER 1993

State/Territory	Legislation	Year Introduced	Type(s) of Abuse	Who Must Report	Who to Report To
Queensland	Health Act	1980	All types	Doctors	Dept. of Family Services 24hr. (07) 365 9999
New South Wales	Children (Carer Protection Act)	1987	All types	Doctors	Child Protection Team (02) 399 4412
			Sexual abuse only	Others	Child Protection Team (02) 399 4412
A.C.T.	Child Services Act (mandatory reporting under investigation)	1986	All types	Voluntary	Community Advocates Office (06) 207 0707 a.h. (018) 622 190
Victoria	Child & Young Person Act (mandatory reporting Acts expected Nov. '93 or in 1994)	1984	All types	Voluntary	Health & Community Services 24hr. (03) 131278
Tasmania	Various	Various	All types	Voluntary	Child Protection Unit 24hr. (002) 332 921
South Australia	Community Welfare Act (Amended 1991)	1987	All types	Voluntary	Child Adolescent & Family Health Services 24hr (08) 236 0444
Western Australia			All types	Voluntary	CIB Child Abuse Unit (09) 227 8111
Northern Territory	Community Welfare Act	1983	All types	Mandatory	Family, Youth & Children's Services (089) 814 733 a.h. (089) 411 644

EMERGENCY INFORMATION FORM

A copy of the form needs to be given to the Parish Priest or Responsible Diocesan Organisation before any program begins. A copy is required for main site of operation as well as for any other sites a group may travel to for a programme.

Please complete the following information:

Name of

program:.....

Dates of program:..... to:

Names of team leaders Contact numbers before program:

1. Hm. Bus. FAX

2. Hm. Bus. FAX

The Responsible Body phone number is.....

After hours The Responsible Body can be contacted through:

1. Phone:.....

2. Phone:.....

Contact point for messages during program:

Name:.....

Address:..... Phone:.....

After hours contact for emergency messages during program:

Name:.....

Address:..... Phone:.....

Police and Emergency Services Contact Details:

Police Address:..... Phone:.....

Ambulance Address:..... Phone:.....

Doctor Address:..... Phone:.....

Hospital Address:..... Phone:.....

Fire Address:..... Phone:.....

Emergency services Phone:.....

Name(s) of First Aid Co-ordinator(s):.....

Leaders with Basic Life Support certification (if applicable)

1.

2.

3.

What are your general safety practices?.....

Name of media liaison person:.....

Signature of team leader:..... Date:.....

ACCIDENT REPORT FORM

This form must be filled in if a child or young person receives an injury of any kind, and returned to the Responsible Body.

Person completing form:..... Date:.....

The Responsible Body is:.....

Name of Program:.....

Name of Child injured:.....

Address:..... Postcode:..... Phone:.....

Date of Birth:.....

Describe the injury.....

Date injury occurred:..... Time injury occurred:.....

Describe the location and circumstances of the accident:.....

(the more that is recorded while the memory is sharp the better. Take as much space as needed.)

Name(s) of witness(es):

Name	Address	Phone
1.
2.
3.
4.

Signature of person completing form:..... Date:.....

For the Responsible Body:

Date report received:.....

Any other comments:.....

Signed:..... Date:.....

TEAM MEMBERS – EMERGENCY CONTACT DETAILS

Please attach a complete list of all team members with emergency contact details.

Name _____

Address

Emergency
contact Ph.

[illegible]

(This is only a Sample. Forms specific for your own group need to be based on this)

INDEMNITY AND PERMISSION FORM

WINTER ESCAPADE

Important: Those without a completed, signed form will not be allowed to take part in the activities described in this form.

I/we understand that although the leaders will take all reasonable care to ensure both the comfort and safety of children, the Diocese of Newcastle and its leaders will not incur any responsibility or liability whatever for any accident or sickness to any camper or any damage to his or her property which may happen through any circumstances other than gross negligence on the part of The Diocese or its agents.

I/we recognise that tubing, abseiling and horse riding are relatively high risk activities. I/we accept full responsibility and give my/our consent for my/our son/daughter to participate in

Tubing: Floating down minor rapids on inflated truck tubes.
(All participants must wear a helmet and buoyancy vest.)

Yes/No (Please circle)

Abseiling: Controlled descent of cliffs using ropes and friction regulated descending devices.

Yes/No (Please circle)

Horse riding: Trail riding in John Forrest National Park under the supervision and instruction of a riding school instructor.

Yes/No (Please circle)

Name of child(ren):

Parent or Guardian's Name:

Emergency contact no:

Signed:
(Parent or Guardian)

Date:

Winter Escapade

is an activity of:

The Anglican Diocese of Newcastle
Bishop's Registry,
Darby Street,
Newcastle. 2300

Camp Director:

Ph:

CONFIDENTIAL

SAMPLE

APPLICATION FOR MINISTRY WITH CHILDREN OR YOUTH IN THE ANGLICAN DIOCESE OF NEWCASTLE

This application must be completed by all applicants for any position in programs involving activities with children or young people.

PERSONAL

Name:

Christian Name(s)

(Family Name)

Which prefix do you prefer? (Circle one) Mr .. Rev .. Miss .. Mrs .. Ms .. Other ..

Address:

Postcode:

Phone: (.....)

Date of Birth:

Gender:

When are you able to be involved in a program?

Are you available for training in children's or youth ministry?

How many years do you expect to be available?

Why do you want to be involved in children's or youth ministry?

.....
.....
.....

CHURCH BACKGROUND

Name of church you regularly attend:

List any other churches you have attended during the past five years:

.....

RELEVANT EXPERIENCE

List previous experience with children's or youth programs.

.....
.....

List personal strengths and qualifications you believe you have for ministry with children or young people.

.....
.....

PERSONAL REFERENCES (not former employers or relatives)

1. Name:..... Address:.....
Phone:.....
2. Name:..... Address:.....
Phone:.....

APPLICANT'S STATEMENT

Have you at any time been convicted of any offence involving children or young people?

If so, please provide details:

.....

.....

.....

The information contained in this application is correct to the best of my knowledge. I authorise you to contact my referees regarding my character and experience.

Applicant's Signature:..... Date:.....

Witness' Signature:..... Name:.....

CONFIDENTIAL REPORT FROM REFEREES**First Referee**

Name of person contacted:.....

Comments: (summarise the referee's remarks concerning the applicant's suitability for children's or youth ministry)

.....

.....

.....

Name of the leader who made the contact:..... Date:.....

Second Referee

Name of person contacted:.....

Comments: (summarise the referee's remarks concerning the applicant's suitability for children's or youth ministry)

.....

.....

.....

Name of the leader who made the contact:..... Date:.....

APPROVAL

Applicant approved to position as:.....

Signature of team leader:..... Date:.....

CONFIDENTIAL

CHILD SEXUAL ABUSE REPORT FORM

This report to be given to the Parish Priest, or one of the Key Contact People (see p.34) as soon as possible after allegation being received or having reasonable grounds for suspicion.

Responsible Body:.....

Person Completing form:.....

Name of Child:..... Age:..... Gender:.....

Address:..... Phone No.:.....

In the case of suspicion of abuse describe your observations and concerns:

.....

In the case of an allegation being made describe:

the physical situation/activity where or when the abuse is alleged to have occurred:

.....

how the allegation was made: to whom, in what circumstances:

.....

what was said:

.....

(The more that is recorded while the memory is sharp the better. Take as much space as needed)

Name of person(s) involved Address Phone

1.

2.

3.

Date the responsible body was contacted:.....

Signature of team leader:..... Date:.....

For the responsible body

Date report form received:.....

Government Department ofinformed Y/N

Regional office at:.....

Person spoken to:..... Date:.....

This report must be kept on file

HANDOUTS

STOP AND THINK ...

HANDOUT 1

SOME CASE STUDIES

1. You are a group leader on a program and one of the kids (remember this means they are under 16) in your group is deaf. With both hearing aids in place the child can just hear if you speak loudly and simply.

You want to make her/him welcome in your group and not exclude them from any activity.

How do you care for this kid throughout the duration of your program?

2. You are a team leader in charge of a program and one afternoon you see the police pull up alongside your accommodation. They ask for the person in charge and proceed to tell you they have a complaint of abuse against one of your team members.

How will you respond and what procedures will you follow?

3. During the running of a program the local community is alarmed by the disappearance of an eight year old girl. The girl had been to your activities once or twice. After three days the girl has not been found and the other kids in her group can talk of nothing else and are beginning to show signs of trauma.

What do you do with the group?

4. Your group is being constantly disrupted by one kid. The person apparently can't, or won't, sit still, is constantly misbehaving and disturbing every attempt at group work. What could you do, in a way that will not damage the group's leadership, or jump to conclusions about the kid?

5. You are playing basket ball with a young man aged 14 and you notice that he shies away from sudden movements. A few days later he tells you that he hates his father. A couple of days later you notice that he has a mark on his face. You overhear him telling another team member that he has got sore ribs from falling off his bike. He does not want to go swimming. What do you do?

6. A young woman tells you that on the way home from the drop-in centre last night she was sexually assaulted. What do you do?

If you and your team can't identify with any of these situations, then have an experienced member of your team describe an occasion when caring for a kid was needed. Discuss with the team what they would/could have done in the same situation.

STOP AND THINK ...

HANDOUT 2

A CODE OF PRACTICE

SOME ASPECTS ...

1. *BEHAVIOUR AND LANGUAGE*

- actions often 'speak' louder than words
- loving the 'unlovable'
- internal team communication

2. *ACTIVITIES AND GAMES*

- check before you go
- 'stranger' contact
- appropriate themes

3. *PHYSICAL CONTACT*

- kids determine the degree
- adult care
- openness the key
- corporal punishment

4. *CONCLUDING AN ACTIVITY*

- on time
- handing over, especially under 5's

5. *MULTICULTURALISM*

- sensitivity
- participation
- bias

6. *SOME PARTICULAR NEEDS*

- family background
- recreational drugs
- medication

STOP AND THINK ...

HANDOUT 3

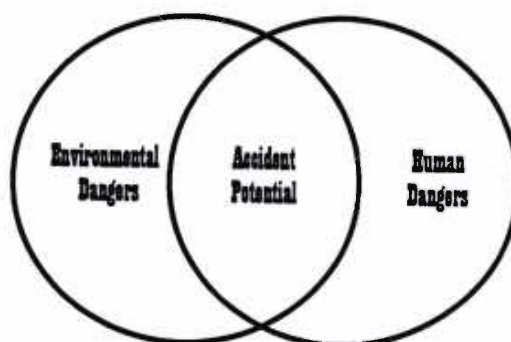
SOME CASE STUDIES

1. As a team leader you have someone on the team who is creating tension through sexist attitudes and language. He is outspoken about the subordinate role of women, only refers to 'mankind', and regularly tells jokes that put down women. What can you do? You are a woman.
2. As a group leader you have Debbie and Jason in your care. Jason is a very cooperative and affectionate 7 year-old. Debbie is shy to the point of being surly, and has rebuffed all your attempts to be friendly. You feel like "going into neutral" towards Debbie. How do you avoid neglecting her, and favouring Jason?
3. You are a male group leader, of a lively bunch of six year-olds. Trudi loves to hug you and be very near you. You know Trudi's family is a broken one. You are beginning to look forward to Trudi's physical nearness, and are a bit worried about that. What can you do?
4. You are a leader on a camp team. A 15 year-old, of the opposite sex, has been increasingly flirtatious with you as the camp has proceeded. On the last evening they approach you and ask for a private conversation, "away from the group", about their life. what do you do?
5. You are section leader for under 5s at a mission. As the program ends, a man unknown to you all arrives to take Tammy home, "because her (single) mum is sick". What do you do?
6. One of your team members is determined that Masoud, a 10 year-old boy in a Muslim family, will join in the mission program. You sense that the team member is 'close to the line' for insensitivity and pushiness. She is asking the team to pray earnestly that Masoud will become a Christian. What do you do?
7. A student leader in your school group has been reading about Christian converts from Judaism and is keen to target Jewish students with a speaker from 'Jews for Christ'. He has handouts ready and wants to give them out today. What do you do?

STOP AND THINK ...

HAND OUT 4

A TEAM EXERCISE



AS A TEAM, CONSIDER AN ADVENTUROUS ACTIVITY YOU DO WHICH INVOLVES A GROUP OF LEADERS AND CHILDREN. DECIDE WHAT ARE THE ENVIRONMENTAL AND HUMAN DANGERS, HAZARDS AND PERILS.

WHAT IS THE POTENTIAL FOR ACCIDENT?

WHAT CAN BE DONE TO REDUCE THE ACCIDENT POTENTIAL?

STOP AND THINK ...

HANDOUT 5

TRAINING EXERCISES IN SAFETY PRACTICES

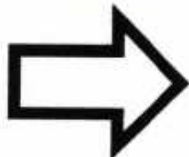
1. Leaders working with 11-14 year olds, when planning their activities, decide on a 'sleep over' at accommodation away from the site of the program.

In small groups discuss what you think these leaders:

must do

should do

would be wise to do



if their planning for
the activity is to be
safety conscious.

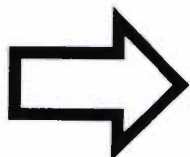
If time allows report back on your conclusions to the whole team.

2. Take an established activity or event from your program and evaluate it in the light of the general safety practices. What:

must you do

should you do

would you be wise to do



if you are
committed to
care?

3. You are a leader on an activity that takes 7-11 year olds to a beach for an afternoon of games and a swim. What are the general safety practices you need to consider?

STOP AND THINK ...

HANDOUT 6

A TEAMWORK RESPONSE TO AN ACCIDENT/EMERGENCY SITUATION

T	<u>Tell</u> ... Tell team leaders immediately so they can advise and coordinate.
E	<u>Emergency services</u> ... Emergency services (police, ambulance, fire and rescue) require an accurate and adequate description of your exact location and the nature of the accident. Consider carefully who you will send to communicate the information.
A	<u>Account</u> ... Account for all members of your activity, group or event.
M	<u>Media</u> ... Media representatives should be firmly directed to an appointed person from the team and away from the leaders and kids.
W	<u>Witnesses</u> ... Witnesses could be important so collect their names and addresses.
O	<u>Organise</u> ... Organise an orderly evacuation from the accident site.
R	<u>Respond</u> ... Respond to inquiries from parents, guardians and the community in a helpful, factual way without apportioning blame or admitting responsibility.
K	<u>Kids</u> ... Kids and leaders who were not involved in the accident will need on-going care as they may experience trauma and shock.

STOP AND THINK ...

HANDOUT 7

TRAINING EXERCISES IN ACCIDENT AND EMERGENCY PROCEDURES

Use the following exercises at a team training day to begin discussion within the team about the procedures to be followed in an emergency

1. Team members are transporting kids to or from an activity and are involved in a car accident. Two kids and one team member require hospitalisation.

What is required of the other team members at the site of the accident, the team leaders, the Parish leaders and the responsible body?

2. Select three experienced team members and ask them to help you in training the team to respond adequately to an emergency. Ask them to leave the room while you describe an emergency situation to the rest of the team. Tell the three that they will be put under pressure to immediately describe their response to a typical emergency when they are asked to return.

Brief the rest of the team on the hypothetical emergency situation. Ask them to evaluate the response of the three in the light of the emergency procedures described in this manual.

After inviting the three back into the room graphically describe the emergency to them, and put them under pressure to describe their response immediately.

Evaluate their response with all the team.

At another team meeting do the same exercise using a different scenario and three different team members.

STOP AND THINK ...

HANDOUT 8

A SAFETY PRACTICES EXERCISE

During one of your training/preparation meetings divide the team into groups of four or five people.

Each group should have at least two people who have experienced the program and the site.

Now each group should create a set of circumstances that:

- involves regular activities with children and young people
- take into account travel, weather and known dangers both human and environmental
- ends in an accident or emergency, to which they respond



It's important to make the story as detailed and realistic as possible. The story should describe the type of people involved, what they were doing before the accident and what happened after the accident

Allow 10-15 minutes for each group to prepare their story and then get together again as a large group. If time allows each group should present their story. At the end of each story discuss these questions:

- How realistic was the story?
- What were the human and environmental dangers?
- What preventative safety practices were/weren't followed?
- What lessons are there for your program and its activities?

STOP AND THINK ...

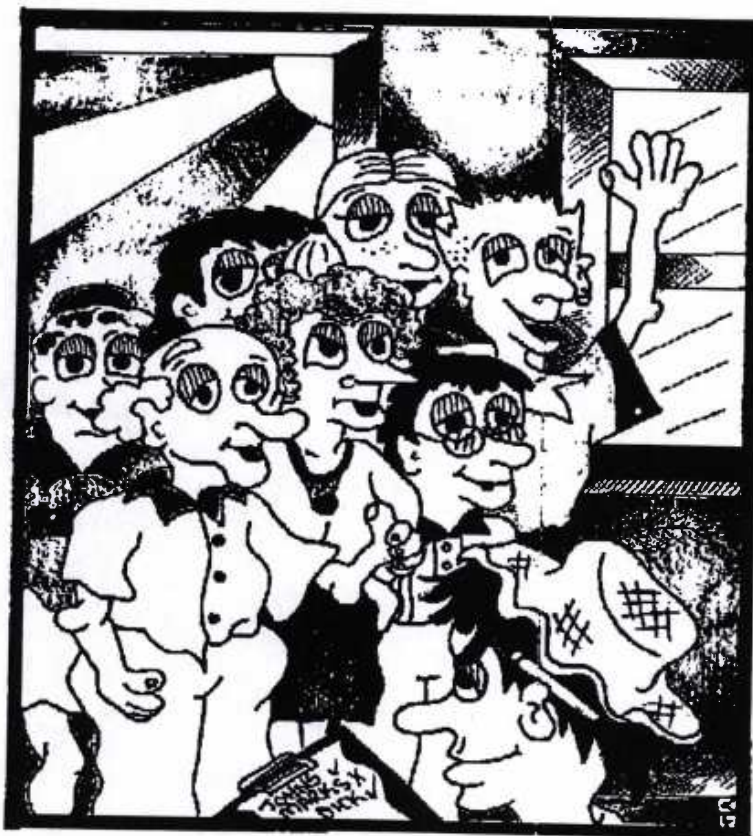
HANDOUT 9

A TEAM SELECTION EXERCISE

1. If you are a team leader, write a specification for the sort of person you want on your team.

Answer the questions:

- what sort of person are you looking for?
- what sort of background will they have?
- what exactly do you want them to do?
- to whom will they be responsible?



2. If you are a team member, get into a small group with others and discuss what you think parents expect of those who look after their kids. Report your conclusions to the larger group and together identify the top ten characteristics of a person who cares for kids.

STOP AND THINK ...

HANDOUT 10

***SOFT SKILLS ARE
LIKE ROOTS ...
UNSEEN BUT
FUNDAMENTAL***

eg: being personally
organised

eg: interpersonal
communication skills

***TRANSFER SKILLS
ARE LIKE STEMS ...
STRENGTH
PROVIDED AND
FOOD
TRANSFERRED***

eg: can communicate
feelings

eg: can operate under
pressure

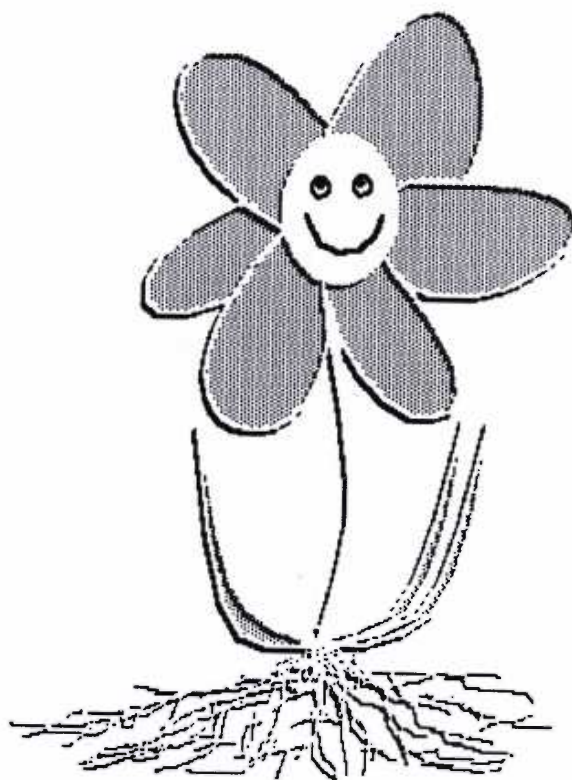
eg: can use common
sense

***HARD SKILLS ARE
LIKE FLOWERS ...
SEEN AND
ADMIRER***

eg: spiritually alert

eg: being a positive team
member

eg: commitment to
others



STOP AND THINK ...

HANDOUT 11

PROTECTION – A TEAM EXERCISE

Do you remember the situations described in Handout 1?

1. Suppose that your care for the profoundly deaf child in the first situation described is good and without your intention, the child begins to attach herself to you. It seems that the child responds to the attention and care.

Late in the week of your program the child begins to be reluctant to leave activities and on one occasion you have to take the child home.

On arriving at her caravan, you explain that the activity is over to the person who appears to be the principal care giver. As you leave you hear the child being belted/smacked and perhaps thrown the length of the caravan.

It makes you sick to think of what the child may regularly experience and that you have been the cause of yet another occasion for possible abuse.

What do you do?

2. Or take the second situation. As the story unfolds it turns out that an allegation of sexual abuse was made by a family, on one of your team, whose child told them they had been abused. They bypassed you and rang the police.

What do you do?

STOP AND THINK ...

HANDOUT 12

CHILD ABUSE

DISCUSS AS A TEAM

“Most of those who sexually assault children are relatives, close family, friends, or people known and trusted by the child. Their position of trust, and the child's powerlessness, make it easy for them to conceal the crime and persuade or frighten the child to keep quiet about it. The fact that most people are reluctant to talk about child sexual assault involving relatives or trusted friends only adds to the fear and isolation of children.” (No Excuses. Never, Ever, Parramatta, N.S.W.: N.S.W. Child Protection Council, n.d.)

Why is there often a conspiracy of silence in a family around child sexual abuse?

Statistics continue to show that 90 percent of child sexual offenders are male and 75 percent of their victims are females.

Why are the percentages so strongly against male offenders and for female victims?

“Attempts at characterising the offender as psychopathic, schizophrenic, or poor and underprivileged have failed. There is only one thing the vast majority have in common: their masculinity”. (‘Report of the NSW Child Sexual Assault Task Force to the Premier, 1985’, in No Excuses Never, Ever).

If you had been asked to describe a typical child abuser prior to this moment what would you have said? Why?

STOP AND THINK ...

HANDOUT 13

CARING FOR THE VICTIM OF SUSPECTED OR ALLEGED ABUSE.

SOME PRACTICAL RECOMMENDATIONS.

- Do proceed slowly, being an active listener.
- Don't pressure them to talk.
- Do respond in a caring and 'matter of fact' way.
- Don't burden them with your reactions or feelings
- Do believe what the child or young person says.
- Don't make a 'big deal' of it.
- Do listen and accept all the details ... spontaneously.
- Don't ask for details to satisfy your own interest.
- Do assure them that whatever happened was not their fault.
- Don't make promises you can't keep.
- Do tell them this has happened to other children.
- Don't attempt 'therapy' or counselling.

When you sense that more conversation will only give details of the alleged abuse you should close the part of the conversation that relates to the alleged abuse with something like:

- "I'm glad you have told me. You have done the right thing."
- "We need some help. There are special people who will help us work out what to do."
- "Some secrets are helpful. Some secrets are not helpful. I don't think this is a secret that is helpful."

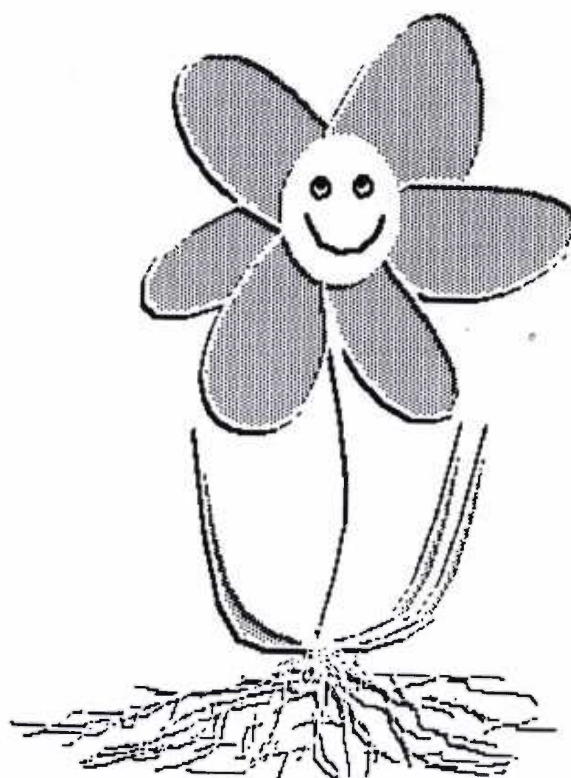
If the child or young person has no more to say you must accept that. Let the conversation take a natural course from this point. Whatever the circumstances try to avoid leaving them in a distressed state.

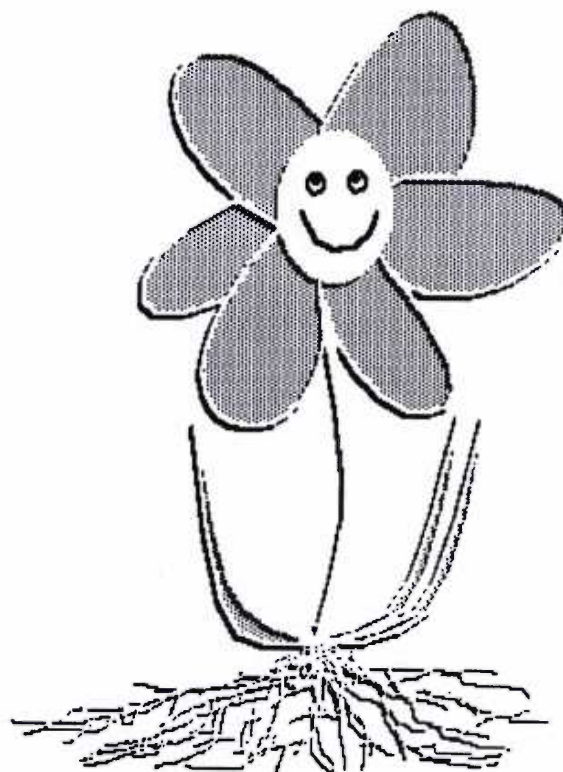
If a child or young person has disclosed an alleged abuse they are often afraid and worried. They will need assurance, quality time and more care.

SOME MORE PRACTICAL RECOMMENDATIONS.

- Do assure the child that, whatever the consequences, they have done the right thing.
- Don't assure them everything will be OK.
- Do keep contact with them for as long as possible.
- Do tell someone else in confidence, but not everyone.
- Don't dismiss the allegation as impossible.
- Do seek help with your own feelings and reactions.
- Don't discuss the allegation publicly with other team members.
- Do make sure any allegation is reported to the Responsible Body.
- Don't be put off if the allegation involves another team member.

NOTES



NOTES

REGISTRATION FORM - To be returned to DCMU Field Officer Anne Saunders
 Bishops Registry 250 Darby St
 Newcastle 2300
 by Friday 4 August 1995

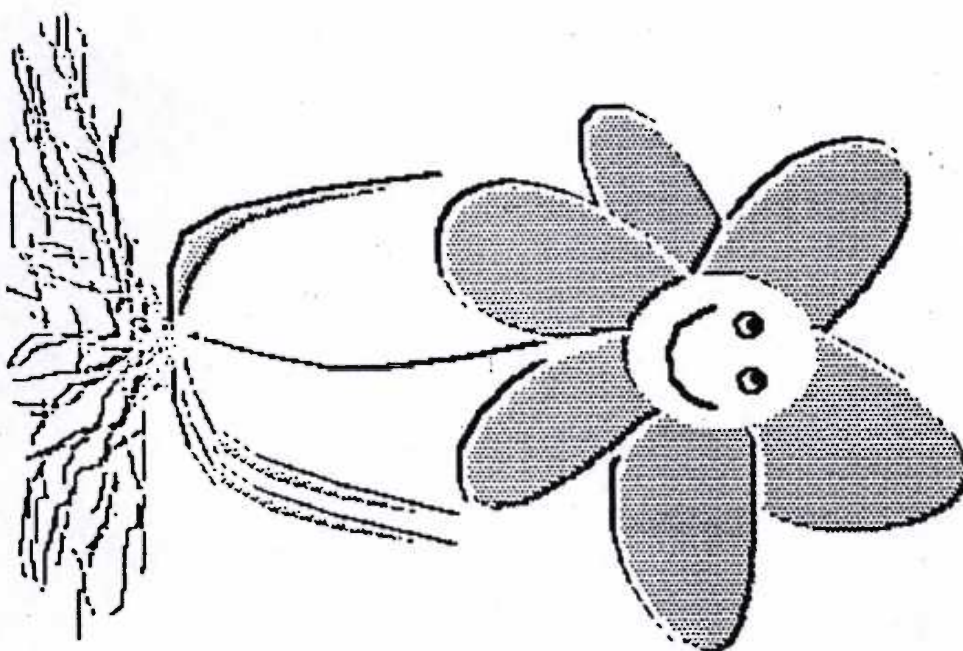
My Child/Children
 will be participating in the DCMU Childrens Come for Fun Day on Saturday 19 August 1995
 at Newcastle Grammar School in co-operation with the Newcastle Diocesan Samaritans
 Conference.

While I understand leaders will take all reasonable care for safety and comfort with the
 children, the Diocese of Newcastle and its leaders will not incur any responsibility or liability
 whatever for any accident or sickness which may happen through any circumstances other
 than gross negligence on the part of the Diocese.

PARENT / GUARDIANS NAME
 Emergency Contact Number
 Any Necessary Medical Information

PARENT / GUARDIANS SIGNATURE
 DATE

SPONSORED by DCMU



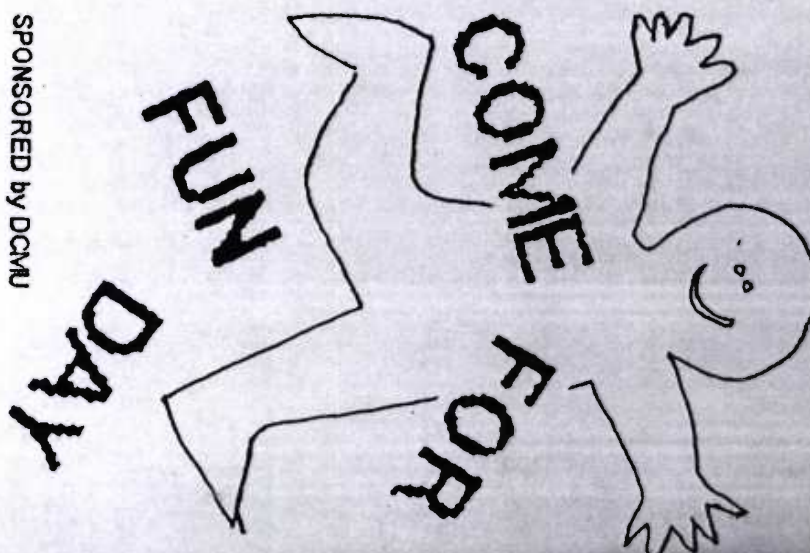
Saturday 19 August 1995

Samaritans Conference

In Co-operation with Newcastle Diocesan

DIOCESAN CHILDRENS MINISTRY UNIT

SPONSORED by DCMU



DIOCESAN
 CHILDRENS

WHAT IS IT?

Fun Day together for all children of the Diocesan Family.

WHEN?

Saturday 19 August 1995
9am - 4pm.

WHERE?

Newcastle Grammar School
Cnr Church/Wolf Sts Newcastle

COST?

Only \$2

WHAT TO BRING

Energy and Enthusiasm

BYO Lunch

(Morning tea/Afternoon tea/ drinks provided)

Wear clothes that don't mind messy play!

WHO CAN COME?

ALL CHILDREN of the Diocese and their friends are WELCOME - aged between 4 and 12 (ie K - YR 6)

Come with your Parish Group or

Come on your own

WHAT'S HAPPENING?

MAKING YOUR OWN KITE
MAKE AND FLY YOUR OWN PUPPETS

CLOWN THEATRICS
GAMES

AFTERNOON PUPPET SHOW

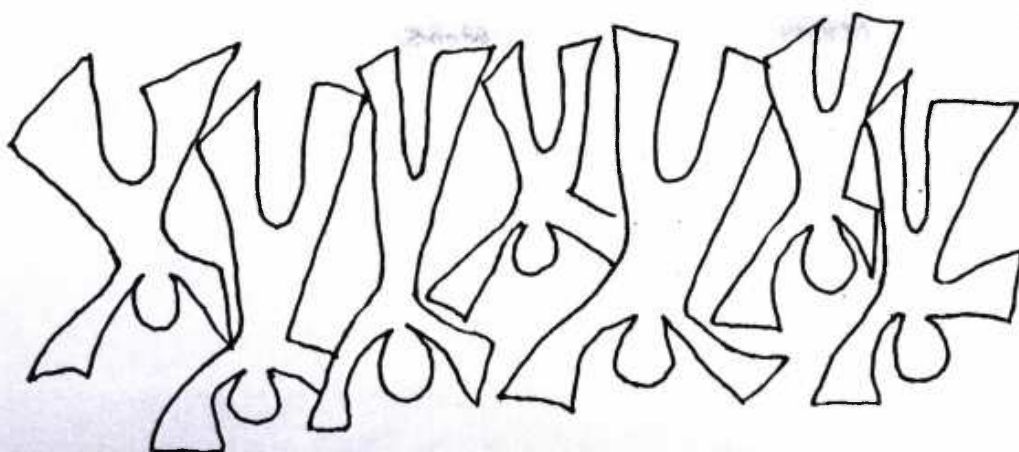
PAINTING
MARBLE / BRUSH / BUTTERFLY

COOKING

FUN WITH CLAY

FUN WITH LITL'UNS

PLAYDOUGH FOR LITL'UNS
PEG CRAFTS



MISS IT!

DON'T