**Northampton District Methodist Church**

**Church and Circuit Activity and Event planning and risk assessment document**

1. Section 6.7 page 90 of the Safeguarding Policy for the Methodist church sets out guidance for church sponsored activities and events. The aim of these guidelines is to try and minimise risk when working with vulnerable groups, the church community and the public recognising that it is not possible to avoid all risk.

When planning any event with children or adults it is important to consider the guidance within the Methodist Safeguarding Policy and apply this at all stages of the event planning process.

1. So that Churches and Circuits can be more confident and safer in the knowledge that all aspects of the events and activities they are planning are considered, this document provides:
* a checklist and templates to assist the planning of an event or activity
* a risk assessment template for an activity or event
1. Planning and early preparation for events and activities are essential and therefore it is suggested that you work through this guidance and complete the template at an early stage in the planning process and update the forms as the planning progresses. It is important that all sections are completed, even if they may not seem relevant. That said, for smaller events there may be sections that are not applicable – if this is the case, please mark them as such.
2. To ensure proper oversight and monitoring, this document requires ‘sign-off’. It is a good idea to discuss each section with the relevant ‘sign-off person’ as you go along, rather than leaving it to the end. You must have the activity signed off by those you have nominated **at least 7 days before the event** so that any shortcomings can be addressed in reasonable time.

# Activity Planning Document - Overview

|  |  |
| --- | --- |
| **Activity or Event Name**  |  |
| **Church and /or Circuit involved**  |  |
| **Date(s) and times of Activity or event** |  |
| **Activity location:** |  |
| **Venue Contact(s)** |  |
| **Keyholder contacts- name, tel. no and email address**  |  |
| **Activity leader: name, tel. no and email address**  |  |
| **Tel number and email address of lead organiser if different from activity leader.** |  |
| **Names and contact details of other leaders.**  |  |
| **Dates of pre event planning meetings**  |  |
| **Link Church Council Representative: name, tel. no and email address**  |  |
| **Final Sign-off date(at least 7 days before activity date):** |  |
| *You should consult those listed below, from whom you require sign off as it relates to the event and/or activity being planned for. The names supplied below are for your reference.* |
| **Minister sign off**  |  |
| **Circuit Safeguarding -** Safeguarding Officer:  |  |
| **H&S sign-off -** Safeguarding Officer and/or health and safety representative:  |  |
| **Insurance sign-off:** Church Treasurer:  |  |

|  |  |
| --- | --- |
| **Event or activity:** *Write a brief overview of the event/activity here* |  |
| **Aims and objectives:***Give details of the purpose of the event/activity, and what is hoped to be achieved by it* |  |
| **Target group** | **Church Yes/No** | **Community Yes/No** |
| **Estimated maximum number attending** | **Children 0-3** |  |
| **Children 3-8** |  |
| **Children Over 8**  |  |
|  | **Children with special needs** |  |
|  | **Adults** |  |
|  | **Elderly people** |  |
|  | **Vulnerable adults** |  |
| **Are there any other agencies involved in the activity?***Please give details here* |  |
| **Estimated staffing/volunteer requirements.***Please give details here* |  |
| Has the activity been discussed with the Safeguarding Officer at the planning stage?  | **Yes/No** |

**Health and Safety**

|  |
| --- |
| **Electrical equipment**  |
| Will any electrical equipment not owned by the church be used? If so, please provide the following information. Note: these items must either be PAT tested or connected via RCD adapters. |
| **Equipment** | **Owner** | **PAT tested or RCD** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Combustibles  |
| Will there be any combustibles used or stored on site? If so, please provide the following information. |
| **Equipment** | **Chemical** |
|  |  |
|  |  |

|  |
| --- |
| **BBQ/Cooking** |
| Will you be using any appliances to cook food? If so, please provide the following information |
| **Equipment** | **Owner (church or other)** | **How many** |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Trip hazards**  |
| **I**dentify these  |
| **Equipment** | **Will they be secured?** | **Will they be covered?** |
|  |  |  |
|  |  |  |

## Other hazards

|  |
| --- |
| *Give details here*  |

|  |
| --- |
| **First Aid**  |
| Will you be using any appliances to cook food? If so, please provide the following information |
| How many First Aid Boxes are there? |  |
| Is their location marked? |  |
| What is the minimum number of First Aiders required?\* |  |
| Do they have identification badges? |  |
| Is there a signed First Aid Point? |  |

\*  Aiders must be listed under Safeguarding

|  |
| --- |
| **Use of external areas** |
| Are external areas being used for this activity? **Yes/No** |
| If children/vulnerable adults are using external areas what safeguards are planned in order to prevent them leaving the activity area? |

|  |
| --- |
| **Evacuation procedure**  |
| Have you consulted a fire marshal in relation to the building in use **Yes/No?** |
| What is your alarm and evacuation procedure? Please give details  |

|  |
| --- |
| **Insurance** |
| The church insurance policy is extensive. However, as with any insurance policy, there may be exceptions and/or limitations. Even if your activity is routine, it is a good idea to discuss details with the Church Treasurer, who can speak to the insurance company on your behalf if necessary |
| Is there any equipment or activity that you think might not be covered by the church insurance **Yes/No?** |
| If yes, please give details |
| Has the activity been discussed with the Church Treasurer? **Yes/No** |
| Has the Church Treasurer discussed the activity with the insurance company? **Yes/No** |
| Have additional premiums been paid if required? **Yes/No** |
| If yes, please give details |

|  |
| --- |
| **Safeguarding**  |
| It is important to regularly discuss with the Safeguarding Officer how your plans are developing, as their role is to pick up on issues early on while they can be easily dealt with. As plans develop, then new issues may arise. |
| Staffing  |
| Activities involving children/vulnerable adults require volunteers to have the necessary clearances. * The Supervisor/leader of the group requires Enhanced DBS disclosure with barring checks.
* Supervisors: Adults who will be responsible for and/or have close contact require Enhanced DBS clearance
* Assistants: Adults who will be working under supervision at all times and have NO supervisory role. Standard or Enhanced DBS depending on their role
 |
| **Complete Appendix 2 with details of all staff/leaders/helpers**  |

|  |
| --- |
| **Children with special needs** |
| Will children with special needs be taking part or be included in the activity? If so, please state what arrangements are being made to cover their needs |
|  |

|  |
| --- |
| Child/adult ratios |
| You need to be aware that there are strict requirements as to adult/child ratios to ensure that children are adequately supervised. ‘Adult’ refers to people aged 18 and over.The recommended minimum staffing levels for children’s groups are given below. More help may be required if children are being taken out, are undertaking physical activities or if circumstances require it.0–2 years: 1 person for every 3 children 1 : 32–3 years: 1 person for every 4 children 1 : 43–8 years: 1 person for every 8 children 1 : 8Over 8 years: 1 person for the first 8 children then 1 extra person for every extra 12 children* Each group MUST have at least two adults, and it is recommended that there should be at least one male and one female.
* The ratio must never fall below the minimum of two adults.
* If small groups are in the same room or adjoining rooms with open access between them then it is possible to have only one adult per group, depending on the nature of the activity.
* Young people who are being encouraged to develop their leadership skills through helping should always be overseen by an appointed worker who will be responsible for ensuring that good practice and safeguarding procedures are followed and that the work they are doing is appropriate to both their age and their understanding.
* In mixed age groups the ratio refers to the age of the youngest child in that group.
 |
| Taking into account the above requirements, please complete this table |
| **Group** | **Age range** | **Adult/child ratio** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Records  |
| Where the activity involves children, attendance registers are to be taken for children AND staff?  |
| Who is responsible for registration |
| Name:  |
| Will parents/carers be asked to sign Consent Form? **Yes/No** |
| Who are responsible ensuring forms are completed?  |
| Name: |
|  |

|  |
| --- |
| Media  |
| The Methodist church has a Social Media Policy which states when photographs can be taken of children and how they can be used. Ensure all necessary consents are obtained.  |
| Will photography be allowed? **Yes/No** |
| Will all adults present be made aware of the Social Media Policy? **Yes/No**  |
| Who is responsible for informing adults of the Social Media Policy?  |
| Who is responsible for ensuring that children on the Media Barred List are not photographed?  |
| Who is responsible for ensuring the Media Policy is adhered to?  |

|  |
| --- |
| **Off-site activities**  |
| Will your activity include any activities away from our site? **Yes/No** |
| If so ensure that the risk assessment addresses all aspects of the activity off site.  |

|  |
| --- |
| **Risk Assessment**  |
| The Risk Assessment template, **Appendix 1**, at the end of this document should be completed for all events and activities and attached to this document: Risk assessment involves:1. Identifying hazards i.e. things that can cause harm, injury or damage when thinking about the activity, location and surroundings.
2. Identifying all those who might be affected by the hazards
3. Estimating the level of risk and precautions in place to prevent injury, harm or damage and whether this reduces the risk.
4. Deciding if new measures are needed to reduce risk
5. Agreeing what actions and the timescale for completing these and by whom so that everyone is clear what they need to do to ensure the activity is safe.
 |

**Sign off**

I have studied this planner and checked each section has been appropriately signed off. This activity is approved to take place as planned.

|  |  |  |
| --- | --- | --- |
| **SIGNED**  | **NAME** | **DATE** |
| **Church Council Representative** |
|  |  |  |
| **Circuit Safeguarding officer** |
|  |  |  |
| **Health and safety sign off** |
|  |  |  |
| **Insurance sign off: Church Treasurer**  |
|  |  |  |
| **Ministerial sign off**  |
| I confirm that I have read this document, approved the staffing plans, and am satisfied that children and adults who may be vulnerable are protected as far as possible during this activity.  |
| **SIGNED**  | **NAME** | **DATE** |
|  |

|  |  |
| --- | --- |
| **Date this document was sent to the District Safeguarding team where required i.e. off-site events**  |  |
| **By whom**  |

**Appendix 1: Risk Assessment**

|  |  |  |
| --- | --- | --- |
| Assessment undertaken by: | Role:  | Date: |
| Assessment reviewed by: |  |  |
| Circuit Safeguarding Officer approved:  |  |  |

| **Activity**  | **Area of risk possible risk considered** | **Likelihood** | **Severity of risk** | **Risk prevention/Mitigation**  | **Action needed**  | **By whom and when**  |
| --- | --- | --- | --- | --- | --- | --- |
| Brief description of the activity  | Brief summary of the area of risk | Likelihood of this risk occurring*low* *medium* *high*  | How severe the effects of the risk would be? L/M/H  | An outline of the action taken to reduce the likelihood of the risk happening  | Who is taking responsibility for taking action and reviewing?  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **List of Staff/Leaders/Helpers/Volunteers** Note: If additional volunteers arrive on the day they must be supervised until safeguarding checks can be carried out |
| **Name of leaders and helpers**  | **Address**  | **Role** | **Date of DBS**  | **DBS number**  | **Attended Foundation module training and/or Advanced Module in the last 4 years** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |