

**POLICY FOR SAFEGUARDING CHILDREN:**  
**SUPPLEMENTARY MATERIALS**  
**VI. *Guidance for Residential Schools***



(Picture © Bahá'í World Centre)

**OCTOBER 2010 (Updated April 2019)**

Among the signs of moral downfall in the declining social order are the high incidence of violence within the family, the increase in degrading and cruel treatment of spouses and children, and the spread of sexual abuse. It is essential that the members of the [Bahá'í] community . . . take the utmost care not to be drawn into acceptance of such practices because of their prevalence. They must ever be mindful of their obligation to exemplify a new way of life distinguished by its respect for the dignity and rights of all people, by its exalted moral tone, and by its freedom from oppression and from all forms of abuse.<sup>1</sup>

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1. Universal House of Justice, 24 January 1993, to an individual believer quoted in *Antidotes to Domestic Violence* by Dr Michael Penn, an article in *The Bahá'í World: 2003-2004* (2005: page 148).

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**National Spiritual Assembly of the Bahá'ís of the UK**

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The Assembly also represents the Bahá'í communities of the Isle of Man and the Channel Islands

# Child Protection Code of Practice

## **(Written under the auspices of the Bahá'í Council for England)**

This document outlines the key aspects of the National Spiritual Assembly's Policy for Child Protection with particular regard to residential schools. It is not intended to replace any existing policy.

### **Appointing two Independent Persons responsible for Child Protection Issues**

Programmes should designate two "independent persons", one of each gender, (both adults must be DBS checked and have their names on the National Assembly's list of Accredited Children Tutors) to whom children or concerned adults may go with issues of any kind relating to those under the age of 18 - this person should be trained in how to deal with allegations of abuse should they occur. This might simply involve explaining to any child who comes into contact with the organisation for more than just the odd occasion their right to talk with an independent person, and then giving them the name and contact arrangements.

1. If you are told of or suspect abuse – listen attentively, it is not your part to draw conclusions as to the truth of what is being said. Inform the child/vulnerable adult that you will need to pass on any information to the appropriate authorities – YOU ARE NOT A CONFIDANT. They may choose not to tell you any more once they know this, this is fine. In either case you must make notes of your conversation and pass on what you have been told.
2. The kinds of thing which might be mentioned/noticed;
  - \* Physical abuse – often shows with physical signs (e.g. bruises in odd places)
  - \* Emotional abuse – Changes in child's normal behaviour pattern (not always easy to tell in residential schools)
  - \* Sexual abuse – Allegations made by the child, use of sexual language, sleep fears and phobias
  - \* Neglect – old clothing, child cleanliness issues, size of child relative to peers
3. In all cases where child protection is believed to be an issue, you must report to the authorities. In the first instance, to the child protection agents at the school, who may, in consultation with others, decide to escalate the situation to the local authority. In all cases where medical attention may be required this must be obtained immediately.
4. Do not tell anyone other than the appointed people/agencies.
5. In the event that information is obtained from a third party (e.g. friend, other member of staff), the same procedures must be followed. Again this person must be advised that the information must be passed on to the authorities.
6. Never work with children/vulnerable adults alone. Ensure any 'private' conversations are carried out in public places.
7. Do not enter child sleeping areas alone under any circumstances – mixed sex pairings should attend where necessary, with the person of the opposite sex to the child holding any doors open.

8. All people working with children in any capacity must have obtained an enhanced Disclosure and Barring Service (DBS) clearance through the faith before commencing work. Clearances obtained from other agencies are not acceptable unless the person has subscribed to the online DBS Update Service (please contact: [osc@bahai.org.uk](mailto:osc@bahai.org.uk)).
9. Anyone not wearing a badge or recognised as a member of the host site staff must be challenged and where necessary reported to the working party/child protection agents.
10. Use no photography (still or video) without first ensuring that the necessary parental permission has been obtained.
11. Ensure all activities comply with laid down staff/child ratios (under 2s = 1:3, 2 - 3yrs = 1:4, 4 - 8 yrs = 1:6, 9 - 12 yrs =1:8, 13 - 17yrs = 1:10)

# Disability Discrimination Act Code of Practice

The RSCE, through its appointed residential school working parties, shall at all times uphold the law as it pertains with regard to disabled access to goods or services as provided by it during all residential schools.

This will entail close working with all host sites to ensure that:

- \* copies of the host site's Disability Equality Scheme are available
- \* all provisions as made by the host site shall be met by the schools themselves
- \* where the host site has been unable to comply with the letter or spirit of the law, the working party shall undertake to ensure that their own preparations do allow for compliance, as long as this does not entail further costs on the host site all working party and tutors, assistants etc are made aware of their responsibilities under the act to ensure that adequate provision is made for all people with disabilities.
- \* This can include reporting to the necessary authorities any deficiencies in provision or services.

In the first instance, working parties should ask to see the host site's DDA policy and how it applies the regulations to its particular circumstances. Especial consideration should be given to such areas as access to the following;

- \* Classrooms
- \* Toilets
- \* Dining facilities
- \* Dormitories/bedrooms
- \* Shower facilities
- \* Meeting rooms
- \* Sports and leisure facilities

Whilst it is acknowledged that the host site may not be able to ensure compliance in all of its facilities, it is necessary that working parties are able to identify which rooms/facilities are compliant with the law and are able to utilise these for their programmed activities/accommodation etc.

Working parties shall make necessary arrangements to ensure, where required, the following items are available;

- \* induction loop hearing devices
- \* wheelchairs
- \* sign language translators
- \* accommodation facilities for hearing/seeing dogs
- \* accommodation for those restricted to wheelchairs is suitable for their various needs

Such provision shall at all times consider the dignity and special considerations of the people in question. RSCE and Working party members shall endeavour at all times to ensure that people with disabilities are treated in accordance with the law but also with concern for their individual needs in each case.

Working parties and RSCE members shall give consideration to ensuring access to information regarding residential school is made available through suitable media such as will ensure information is accessible to all regardless of their circumstances

## Health and Safety Code of Practice

It is the duty of working parties, working in conjunction with the RSCE, to ensure that the site being used for residential school complies with necessary health and safety guidelines, as laid down in this document and as part of national law.

1. All planned activities must be fully assessed for health and safety before commencement. This entails either of two options;
  - \* Obtaining the school's/premises' risk assessment
  - \* Where option a does not exist writing a new one
2. Risk assessments must consider all of the following three areas when being written;
  - \* People
  - \* Activity
  - \* Buildings/premises/equipment
3. All risk assessments must be reviewed annually or after any substantive changes in either of the three items mentioned in point 2
4. All risk assessments must be kept stored in a file (PC or paper) and available on site for inspection
5. Risk assessments must be carried out using the appended form to ensure consistency of approach and application
6. Any potential problems/issues identified must be brought to the attention of the host site/working party members and appropriate action taken
7. All working party members, tutors and people engaged in any official activities are responsible for ensuring the health and safety for those effected by their work. To this end they must ensure that they are operating in a safe manner and do not encourage any people in their care, by their acts or failure to act, to behave in a manner which places either themselves or others in danger
8. All equipment should be checked for safety at the beginning and end of each usage
9. So far as is reasonably practicable, all slip and trip hazards should be removed. This includes such things as trailing wires/cables, water spillages, cups, small toys etc
10. All equipment should be used solely for the purposes intended
11. No member of working parties, tutors etc should use any ladders or climbing equipment unless suitable trained
12. All residents, attending in whatever capacity the residential school, must abide by the health and safety rules of the host site. This covers such areas as fire safety, buildings usage, safe equipment and testing certificates

## First Aid Code of Practice

The Residential Schools Committee for England, through its Working Party agents, takes seriously the health and safety of all people attending residential schools in any capacity. To that end we have devised the following code of conduct which outlines how we will operate in the event of any activity requiring first aid treatment.

1. All schools will appoint a first aider per block of rooms, to be responsible for administering first aid in all cases. It is not necessary to appoint one per room, but is important that the appointed person is within easy reach of all classes
2. This person should be a qualified first aider (at least to the level of first aid at work), with an up to date (within three years) qualification
3. All class teachers and assistants must be advised who this person is and where they can be found
4. The appointed person does not have to be at the school in any official capacity (i.e. could be a school attendee)
5. First aiders will be supplied with a fully stocked first aid kit
6. The kit must be replenished before all schools at least. It is the responsibility of the nominated people to ensure their kits have the correct kit and to report any deficiencies
7. It is the responsibility of the Working Party to ensure all kit requests are completed
8. All incidents requiring first aid treatment must be recorded (this does not need to be done by a qualified first aider) on the appropriate form
9. Under RIDDOR (Reporting of Incidents Diseases, and Dangerous Occurrences Regulations) certain events must be reported to the host site's health and safety officer or nominated person in their absence. This covers the following events;

- \* deaths;
- \* major injuries;
- \* over-3-day injuries – where an employee or self-employed person is away from work or unable to perform their normal work duties for more than 3 consecutive days; injuries to school attendees where they are taken from the scene of an accident to hospital;
- \* dangerous occurrences – where something happens that does not result in an injury, but could have done;

First aiders and course tutors should not administer any medication (e.g. inhalers, epipen syringes), but can hand it to people where needed. First aiders may administer an individual's own epipen only if:

- \* they are dealing with a life-threatening case
- \* they have been trained to use it

10. Any child needing medication regularly or on demand should be supervised by one of the nominated supervisors when administering it
11. Course tutors/assistants can give children under 8 prescribed medications as long as the dosages/applications are clearly stated on the bottle and a letter giving permission is provided by the parent/guardian.

# Residential schools – First Aid Report Form

V 1.2 Mar 2017

This form is to be used to report an attendance to provide first aid. It is not necessary that the form be completed by a first aider (i.e. can be completed by anyone). However, any first aid administered must be done so by a suitably qualified first aider. Once complete, it must be taken immediately to: the Working party

## A. DETAILS OF INJURED OR SICK PERSON

|                                      |                       |                                                                      |
|--------------------------------------|-----------------------|----------------------------------------------------------------------|
| <b>Title: (e.g. Dr. Mr. Mrs etc)</b> | <b>Date of Birth:</b> | <b>Male <input type="checkbox"/> Female <input type="checkbox"/></b> |
| <b>Family Name:</b>                  | <b>Other Names:</b>   |                                                                      |
| <b>Address:</b>                      | <b>Tel No:</b>        |                                                                      |
|                                      | <b>Email:</b>         |                                                                      |

## B. DETAILS OF ATTENDANCE

|                                                                      |                                  |
|----------------------------------------------------------------------|----------------------------------|
| <b>Date:</b>                                                         | <b>Time (use 24 hour clock):</b> |
| <b>Where did the accident occur (please be as exact as you can?)</b> |                                  |
|                                                                      |                                  |

## C. DETAILS OF TREATMENT

|                                                                                                                                                                                                           |                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What happened?</b>                                                                                                                                                                                     | <b>Give a brief outline of what led up to/caused the incident and the nature of illness/ type of injury e.g. fell on stairs – twisted right ankle; taken ill – felt faint.</b> |
| <b>Nature &amp; extent of injuries</b>                                                                                                                                                                    |                                                                                                                                                                                |
| <b>Treatment given</b><br>(tick all relevant)<br><input type="checkbox"/> None<br><input type="checkbox"/> Self<br><input type="checkbox"/> Own General Practitioner<br><input type="checkbox"/> Hospital | <b>Give full details (continue overleaf if necessary)...</b>                                                                                                                   |
| <b>Advice / recommendations given:</b>                                                                                                                                                                    |                                                                                                                                                                                |
| <b>First Aider (print and sign name):</b>                                                                                                                                                                 |                                                                                                                                                                                |
| <b>Date:</b>                                                                                                                                                                                              | <b>Contact details:</b>                                                                                                                                                        |

**D. To be completed by the Working Party First Aid Coordinator (if appropriate):**

**Further actions taken or required?**

**Signed:**

**Date:**



# PARENTAL CONSENT FORM

Please complete one form for each child under 18

## OFFICE USE ONLY

|                                    |                            |
|------------------------------------|----------------------------|
| Name of the administrative body:   | Name(s) of Representative: |
| Children/Junior Youth/Youth group: | Event:                     |
| Venue:                             | Dates From & Until:        |

## TO BE COMPLETED BY THE YOUNG PERSON'S PARENT / GUARDIAN

|                                                                                                                                                                                                                                                                                                                                                                                            |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Full Name of Young Person:                                                                                                                                                                                                                                                                                                                                                                 |            |
| Date of Birth:                                                                                                                                                                                                                                                                                                                                                                             |            |
| Home Address:                                                                                                                                                                                                                                                                                                                                                                              |            |
| Telephone number (Landline & Mobile):                                                                                                                                                                                                                                                                                                                                                      |            |
| Contact mobile number at the Event:                                                                                                                                                                                                                                                                                                                                                        |            |
| Email:                                                                                                                                                                                                                                                                                                                                                                                     |            |
| I advise you that the above child has the following medical condition(s) (e.g. asthma, hay fever, food allergy):                                                                                                                                                                                                                                                                           |            |
| Please give details of any medication your child is currently taking or may need to take:                                                                                                                                                                                                                                                                                                  |            |
| When did your child last have a tetanus injection?                                                                                                                                                                                                                                                                                                                                         |            |
| To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks, or suffered from anything that might be contagious or infectious during that time? Yes / No. If Yes, please give brief details:                                                                                                                           |            |
| What else will the organisers and those caring for your child need to know about your child's needs in relation to their well being for the duration of the event? This includes any special dietary requirements, behavioural, social or caring needs that might impact on your child or others, or require additional support. If yes, please give details; if none please write "NONE". |            |
| Name of family doctor:                                                                                                                                                                                                                                                                                                                                                                     | Telephone: |
| Address:                                                                                                                                                                                                                                                                                                                                                                                   |            |
| In an emergency, please contact the person below if you cannot get hold of me:                                                                                                                                                                                                                                                                                                             |            |
| Name:                                                                                                                                                                                                                                                                                                                                                                                      | Telephone: |

## PARENTAL CONSENT (PLEASE READ CAREFULLY & SIGN BELOW):

- \* I am the legal parent / guardian of this young person
- \* I consent to the above young person regularly attending the group and participating in the activities organised by and under the auspices of the above-named Bahá'í administrative body; its representative named above has explained to me the nature and scope of the activities the young person may be engaged in
- \* I agree that you may exercise my parental responsibility for the duration of the group as you may consider reasonably necessary
- \* I authorise you to seek medical attention for my child as you deem necessary in case of emergency or concern
- \* I have been made aware that from time to time, additional teachers may conduct the group and that these will always have obtained clearance to work with young people
- \* I consent to details of the group, including the name of my child, being kept confidentially in the Bahá'í records.

**PLEASE NOTE: Parents/guardians are entirely responsible for their child/ren's well-being at all times as tutors and the organisers will NOT be checking on their safety outside the formal group/class times.**

|                                                                                                                                                                                                                                                       |                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                                                                                                                                                                                              | Please put a tick in the box if you have any objection to photographs and videos of your child(ren) being used in publicity materials |
| <b>Signature of Parent / Guardian:</b>                                                                                                                                                                                                                | <b>Date:</b>                                                                                                                          |
| <b>Please Print Your Name:</b>                                                                                                                                                                                                                        |                                                                                                                                       |
| <i>Note to the Event Organisers only: After the Event this form should be returned to The National Spiritual Assembly of the Bahá'ís of the United Kingdom, 27 Rutland Gate, London SW7 1PD who will keep it on behalf of (insert name of Event):</i> |                                                                                                                                       |
| <i>The organisers should also keep a photocopy or electronic copy for their records for THREE months. After that they can be destroyed.</i>                                                                                                           |                                                                                                                                       |

## School Guardianship Form<sup>2</sup>

Children and Youth under the age of 18 can attend (School)<sup>3</sup> without a parent. However, we must require another adult to act as guardian of the young person at the (School).

For the length of the (School), the School Guardian acts as the parent for the child, ensuring they are kept safe and healthy, and also that the child's behaviour falls within the Code of Conduct. (A copy of the Code is included with the booking pack.) Responsibilities and qualifications of the guardian are included in the School Guardianship form. If you find this unclear, please contact (the registrars).

Please note, if anyone fails to follow the (Code of Conduct the Working Party) may find it necessary to ask that person to leave the (School). If the person is under 18 that person's parent or guardian may have to leave to escort the person home. (The Working Party uses the Disciplinary Procedure of the Bahá'í Residential School Committee to determine whether this is an appropriate step, if you wish further information, please contact the registrars.)

It is important that every unaccompanied young person has a guardian for the entire length of the (School). Please consider this when making travel arrangements, especially arrival and departure.

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2. The School Guardianship Unaccompanied Children Code of Practice and the School Guardianship form are from the Working Party of the North East of England Bahá'í Summer School Booking pack 2010.

3. Text within parenthesis ( ) can be altered.

# School Temporary Guardianship Form

For an unaccompanied young person (under 18 years old attending without a parent, legal guardian)

One form per participant

|                                     |                |
|-------------------------------------|----------------|
| Name of young person (participant): | Date of birth: |
|-------------------------------------|----------------|

## ***This Section is to be filled in by Parent / Legal Guardian***

|                                  |
|----------------------------------|
| Name of Parent / Legal Guardian: |
|----------------------------------|

|                          |               |
|--------------------------|---------------|
| Address (include email): | Phone number: |
|--------------------------|---------------|

|                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>In the event that my child has to leave the school early, I agree to my child being sent to the home of:</p> <p>Name:</p> <p>Relationship to child:</p> <p>Address:</p> <p>Phone number (mobile &amp; landline):</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>I have informed the aforementioned responsible adult of this possibility. I also agree to the Temporary Guardian nominated below to be responsible for my child as outlined below:</p> <p>Signed: _____ Date: _____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## ***This Section is to be filled in by Temporary Guardian attending the School***

|                             |
|-----------------------------|
| Name of Temporary Guardian: |
|-----------------------------|

|                          |                                          |
|--------------------------|------------------------------------------|
| Address (include email): | Phone number (include mobile at school): |
|--------------------------|------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>I agree to be responsible for the young person named above. I also agree to:</p> <ul style="list-style-type: none"> <li>Ensure that this young person understands and follows the school curfew,</li> <li>Ensure he or she attends the sessions for which s/he is registered,</li> <li>Ensure that he or she does not leave the school without me,</li> <li>Be aware of the medical and dietary needs of the young person,</li> <li>Be aware of the Code of Conduct of the school, and</li> <li>Be accommodated with or near the young person as appropriate.</li> </ul> <p>I am:</p> <ul style="list-style-type: none"> <li>Over 25 years old,</li> <li>Not attending the school as a member of the Logistics Committee or a teacher, *1</li> <li>Not acting as guardian for a young person from another family, *2</li> <li>Acting as guardian for no more than three young people of the same family, *3 and</li> <li>The same gender as the young person</li> </ul> <p><small>*1 There are occasions when an exception to this may need to be made. This should only happen if the person serving in such a capacity who wants to act as a guardian at the same time has confirmed in advance with the organisers that the duties as organiser will not prevent him or her from being an effective guardian.<br/>*2 &amp; *3 There are occasions when an exception to this condition may need to be made following consultation with the Office for Safeguarding Children.</small></p> <p>Signed: _____ Date: _____</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|