Church Mission Society firmly believes that it is our calling and duty to love and care for the vulnerable and the marginalised, and to protect all from abuse. This is central to our mission and the mission of the whole community.

Alastair Bateman
CEO of CMS

Charles Clayton
Chair of Trustees

CMS Safeguarding Manager [safeguarding@churchmissionsociety.org]
INTRODUCTION

CMS works internationally in over 50 countries. We recognise that different forms of abuse take place and that it can happen in any social, religious and cultural setting. In response CMS takes extremely seriously any allegation, disclosure or concern of abuse and is committed to providing a safe and flourishing environment.

This policy is for anyone who works for or represents CMS. It outlines CMS’s commitment to the protection of all from abuse. It makes clear both good practice and expectations of behaviour, and informs CMS personnel what to do should they have a concern that abuse is taking place. This policy also seeks to protect all CMS staff and volunteers from unfounded accusations or from behaving in a way that may be well intentioned but inadvisable.

CMS works in partnership with many organisations throughout the world and PiM (People in Mission) operate in a wide variety of cultural and legal contexts. It is essential that we make ourselves fully aware of the different challenges of the situations in which PiM operate, but we also acknowledge that children and adults at risk are the same the world over and that we all have a duty of care for the people we work with.

Please note that this policy applies to both children and adults at risk. Where a specific term is used, it is not exclusive: the terms children, young people and adults at risk are used interchangeably. We require all CMS staff (UK and overseas, which includes full-time employees, contractors and consultants) and volunteers, including trustees, to read, agree with and sign this policy, which includes the Code of Conduct found in appendix 2. The declaration to sign can be found in appendix 12 at the end of this document.

Key staff for safeguarding

Helen Brook, Safeguarding Manager
Charlie Walker, Director of Finance and Corporate Services.
Paul Thaxter, Director of International Mission
Alistair Bateman, CEO

This policy has been approved by Keeping Children Safe, a global safeguarding network.
Glossary

It is acknowledged that different people use different terminology to mean the same things. We have therefore tried to be consistent throughout this document with the use of terms.

*Safeguarding children* – This term is now in common use in the UK instead of “child protection”, and so has been used throughout the document.

*Adults at risk* – These are adults who need community care services because of mental or other disability, age or illness and who are, or may be, unable to take care of themselves against significant harm or exploitation. The term replaces “vulnerable adult”.

*People in Mission (PiM)* – This term refers to:

- mission partners who are employees
- mission associates, short-termers and GAP year placements

*Local partners* – Those that are financially supported by the regional local partner programme.

*UK staff* – This refers to those based in the UK (excluding Ireland), including office staff, whether they are paid or voluntary, including trustees.

*CMS staff* – This includes both PiM and UK staff and volunteers.

*Criminal record check* – This term covers checks by the Disclosure and Barring Service (formerly the Criminal Records Bureau) England and Wales, the Scottish Criminal Record Office, and AccessNI for Northern Ireland.

*Strategic partner* – This is an organisation that CMS supports directly by grants and/or seconding PiM.
1. MINIMISING RISK

Safeguarding policies must seek to minimise risk and protect the vulnerable. Risks will be documented and where appropriate regularly reviewed.

1.1 Risk can be minimised by visibility, accountability and supervision

All PiM and UK staff should:

• Be able to recognise situations that may present risks
• Be able to plan and organise the work and workplace so as to minimise risks as far as possible, and be visible to other adults when working and talking with children/adults at risk
• Take particular care to consider the needs of those with disabilities
• Recognise the consequences of breaking the rules and understand that this is linked to the organisation’s disciplinary processes. Any illegal act will, in addition, be reported to the appropriate authorities.
• Understand that technology should be used appropriately to protect children/adults at risk from abuse and exploitation
• Understand how healthy, caring touch is valuable to children/adults at risk but unhealthy touch is abusive. Touch also needs to be used in a culturally appropriate way.
• Be aware of how abuse can occur in child-to-child behaviour
• Make adequate preparation and planning of events, including appointing a safeguarding lead, a risk assessment, ensuring ratios for children/adults at risk are abided by and that staff and volunteers caring and supervising are safely recruited. This information is to be documented by the safeguarding lead of the event.

For more details on this, refer to appendix 1 on “Visibility, accountability and supervision”.

1.2 Risk assessment of strategic partners and the placement of PiM

CMS regional managers will ensure that new strategic partners will be assessed for safeguarding risks before a partnership agreement is made. As we encourage and where appropriate work with strategic partners to develop their safeguarding policies and practices, so CMS’s risk assessment of
current strategic partners will follow this process. A further risk assessment will be completed before PiM are seconded to a strategic partner to ensure any safeguarding risks have been mitigated with regards to the placement.

1.3 Risk and funding of strategic partners
Regional managers for the strategic partner’s region will assess placements and projects for safeguarding risks before any new funding is given.

1.4 Visitors
When UK staff, trustees and others visit organised activities with children (and especially where there is the possibility of unsupervised contact with children and/or adults at risk), CMS should:

- Work with the strategic partner to ensure that there are appropriate safeguarding procedures in place to cover such visitors
- Ensure that the visitors from CMS have been through CMS’s safe recruitment process and have had safeguarding training

If PiM have “unofficial” visitors (e.g. family, friends or casual acquaintances), the visitor must be accompanied at all times by their host/PiM and the director of the strategic partner must agree. Making these arrangements is the responsibility of the PiM.

1.5 CMS community members
CMS community members agree to pray, learn and participate with CMS and receive regular communications from us. There are a number of local CMS groups where community members organise events, such as prayer meetings, fundraising and/or other events such as yearly forums/conferences.

Where a local group does not come under its church’s safeguarding policy, the CMS Safeguarding Policy applies. Community members need to consider how the Safeguarding Policy applies to their event and, if relevant, how they might document this through a risk assessment and/or completing safeguarding checks if the event is specifically for children/adults at risk. Community
members organising such events will need to sign the CMS Code of Conduct and may need to read, agree with and sign the CMS Safeguarding Policy.

Before organising an event, community members should contact CMS’s community mission enabler for further details.

1.6 Safe recruitment

CMS is committed to appointing, training, supporting and supervising all CMS staff and volunteers in line with safe recruitment requirements. The process has been divided into the following three phases:

- a pre-application
- application and interview
- after-appointment process.

The PiM role and some UK staff and volunteer positions involve working with children and adults at risk. CMS will obtain relevant CRC checks; for more information, please see appendix 3 and/or specific job roles or descriptions.

All recruitment of UK staff and trustees will be conducted in line with UK legislation and in line with the recruitment and selection policy located in the employee handbook.

Local partners are selected by strategic partners and are subject to their safeguarding policy, including safe recruitment. If the strategic partner does not have a safeguarding policy, as indicated in section 4.2 of this policy CMS will encourage and where appropriate work with the strategic partner to develop their own policy and process.

More information on our safe recruitment practice can be found in appendix 3.
1.7 Training and management

Safeguarding training plays a vital part in protecting children and adults at risk within an organisation.

Educating with regards to prevention, recognition and responding to abuse is a proven method of reducing abuse within organisations. CMS therefore offers safeguarding training to all employees and volunteers in the following way:

i. People in Mission (PiM):
   - Mission partners: initial safeguarding training is provided during their three-month in-house training. Safeguarding training will take place every three years afterwards. PiM can also meet with the safeguarding manager when they visit CMS House during their period of home leave.
   - PiM volunteers (short-term, GAP and mission associates): initial safeguarding training is received during the forMission training programme. If volunteering long-term, safeguarding training will take place every three years.
   - Records will be kept for compliance of these training events.

Local partners: we will work with our strategic partners to develop their own safeguarding policy and processes, including training.

ii. UK employees and volunteers:
   - UK employees: initial safeguarding training is provided during induction and every three years afterwards.
   - Trustees: initial safeguarding training is provided during induction and every three years afterwards.
   - Other UK volunteers (at festivals, conferences, etc.): volunteers at festivals and conferences arranged by other organisations will follow the relevant body’s safeguarding policy, which their team leader (also the safeguarding lead) will brief them on. If relevant, or events are organised by CMS, volunteers need to sign the
Safeguarding Policy; training needs and safeguarding checks will be assessed depending on specific roles.

- Records will be kept for compliance of these training events.

If employees/volunteers are CRC checked, it is encouraged that they have their safeguarding training at this time too.

iii. Management of all CMS staff and volunteers – Code of Conduct

CMS is committed to supporting all CMS staff and volunteers and ensuring they receive support and supervision. The Code of Conduct is given to staff as this outlines CMS’s expectations and conduct towards children and adults at risk.

1.8 Safeguarding and communication tools

Children’s safety and dignity is a priority in any communication. Communication tools include printed publications, websites, photographic stills, slides, videos or social media.

CMS has a communication policy for safeguarding (appendix 5) that states how these communication tools should be used in order to protect children and adults at risk; this includes gaining consent, storage and the controlling of confidential information particularly with regards to children and adults at risk being identified, preventing degrading images and respecting dignity and privacy. We expect all PiM, staff and UK volunteers to abide by this policy.

2. RESPONDING TO ALLEGATIONS

The safety of children and adults at risk is of paramount importance. Allegations of unacceptable or abusive behaviour must always be listened to, taken seriously and reported to the relevant authorities.

CMS staff and volunteers should be clear as to what steps to take where concerns arise regarding the safety of children/adults at risk. The guiding principle is that the safety and protection of the child/adult at risk is always the overriding consideration.
Please note that under no circumstance should a volunteer of staff member carry out their own investigation into an allegation or suspicion of abuse but should follow the below.

2.1 Reporting a concern
All staff and volunteers must report any concerns, allegations or disclosures. Any allegation or concern regarding the abuse of a child/adult at risk will be treated seriously and for this reason it is important that anyone raising a concern should follow the reporting model below. Particular care should be taken in regard to confidentiality and the sharing of information with appropriate people.

A concern, and hence the need to report, arises in the following instances:
- Abuse is observed or suspected
- An allegation of abuse is made
- A child/young person/adult at risk discloses abuse.

2.2 What is a disclosure?
A disclosure occurs when a child or adult at risk or a friend of this person tells someone about a situation that indicates that abuse may have taken place. Please refer to appendix 6 for more information on how to respond to someone who makes a disclosure, and actions to follow after a disclosure.

2.3 Who should you report your concern to?

A. UK context
All staff and volunteers must report concerns to the safeguarding manager. The safeguarding manager is nominated by the leadership of CMS to act in dealing with the allegation or suspicion of abuse, including referring the matter on to the statutory authorities.

- In the absence of the safeguarding manager or if the suspicions in any way involve the SM, please report to the director of finance and corporate services.
- If the suspicions implicate both the SM and director of finance and corporate services, then the report should be made to the CEO.
- If you believe the CEO is involved/implicated, please contact the chair of trustees.
B. Non-UK context

For all PiM who are seconded to strategic partners:

As referenced in the flow chart below, all concerns/incidents must be reported to the safeguarding manager/lead of the relevant strategic partner; their safeguarding policy and processes are to be followed.

- If there is no adequate or any policy/processes in place at the strategic partner, please contact the CMS safeguarding manager for advice.
- If a CMS PiM is involved (an allegation has been made about them or they have made a disclosure of abuse), an immediate report by phone/email must be sent to the appropriate CMS regional manager (or personnel manager for that region if the RM is absent) as well as the SM.

A concern should be raised as soon as possible and usually within 24 hours. Where the concerns wholly relate to issues that are the responsibility of the strategic partner, their safeguarding process will be followed.

If a CMS PiM receives a disclosure, witnesses an incident, makes a report or is involved in such a case, we expect them to give a non-identifying report to CMS. This report should include the nature of the case, the approximate location and actions that are being taken; no identifying or confidential information should be shared. Please refer to appendix 8 for a reporting form. Further reporting to CMS may be necessary if the PiM involved in the decision-making process of a case wish to provide a record of the actions they have taken to protect themselves or if they have concerns about how the case is progressing. Please also refer to CMS’s whistle-blowing policy, in the UK staff or mission partner handbook, for further details on raising any concern about CMS or a strategic partner.

Please refer to the flow chart on page 12 for further details on who you should report your concern to.
If it involves CMS PiM, UK staff/volunteers? (an allegation has been made about them or they have made a disclosure of abuse themselves)

Inform safeguarding officer of strategic partner* and CMS regional personnel officer/regional manager and CMS safeguarding manager (SM)

Regional manager to liaise with the relevant strategic partner to ensure both organisations’ safeguarding policies and processes are followed

Decision-making process (with strategic partner). Outcomes may include seeking immediate medical/psychological care for survivor, contacting the relevant authorities and/or internal disciplinary

Initial crisis meeting with key staff to take place

SM to inform/liaise with Oxford, or most appropriate UK diocese or national safeguarding team

SM to convene a core group to gather information

External/internal investigation with outcome(s)

Decision made by core group/key staff whether to refer this to the charity commission as a serious incident

Review and reflection on lessons learned for CMS and strategic partner(s), and the sharing of this learning

*If there isn’t a safeguarding manager, refer the disclosure to your line manager at the partner organisation.  **If the strategic partner fails to act appropriately and/or in accordance with their safeguarding procedures, CMS reserves the right to make direct contact with the statutory authorities if there is a concern for the safety of a child or an adult at risk.

If a CMS PiM receives a disclosure, witnesses an incident, makes a report or is involved in the case, we expect them to give a non-identifying report to CMS (details found on page 11 of policy). PiM can also contact CMS for assistance if required**

Does it involve staff or beneficiaries from a strategic partner?

Strategic partner to follow their own safeguarding policy and processes **

Does the allegation involve a child or vulnerable adult who is not associated with CMS or the strategic partner?

The legal requirements for that country and the safeguarding process of relevant bodies, e.g. the local church should be followed. If a CMS PiM receives a disclosure, witnesses an incident, makes a report or is involved in the case, we expect them to give a non-identifying report to CMS (details found on page 11 of policy). PiM can also contact CMS for assistance**
2.4 Making reports

When a disclosure or incident occurs, it is very important to record the information accurately and without delay.

- A standard reporting form is given in appendix 7; this policy and appendix can also be found on the CMS website and intranet.
- All such records should be treated as extremely confidential. They should be passed only to the persons specified in the flow chart stated above.
- It is very important that CMS staff and volunteers never promise confidentiality to anyone disclosing abuse, making an allegation or reporting a concern.
- For details on how to record a disclosure, refer to appendix 6.

In certain instances, there will be the obligation for CMS staff to report concerns to the appropriate external bodies. This will usually occur as a consequence of the reporting procedure. However, if urgent action is required in order to protect children, then it might happen before the reporting procedure.

2.5 What CMS will do

2.5.1 Initial crisis meeting
After a disclosure or incident, an initial crisis meeting will be formed. This will include key staff, the safeguarding manager, head of HR, the director of finance and corporate services, the CEO and/or the regional or most relevant manager.

The responsibility for dealing with concerns rests with the safeguarding manager, who will work closely with the director of finance and corporate services. All safeguarding cases will be noted on the risk register. The trustee responsible for safeguarding will be informed when there is a safeguarding case and kept updated as it progresses. Other trustees may be involved, as relevant and as a case progresses.
The responsibility for investigating allegations of abuse in the UK (and many other countries) rests with the police and local social services department. Advice may need to be sought from social services, the police or NSPCC. If it is decided that external reporting should not take place, this decision should be unanimous and also agreed with the person making the report. There must be a clear rationale for that decision, which should be recorded. Please note that CMS may carry out its own investigation even if an external investigation is likely to take place.

As CMS is an acknowledged community of the Church of England, when a disclosure/allegation is made the local diocese of CMS in the UK (Oxford) needs to be informed, along with the national safeguarding team if the disclosure/incident happened outside of the UK. If the disclosure/incident occurs in the UK, it may be necessary to also inform the local diocese where the incident/disclosure took place. The Rt Rev Bishop Christopher Cocksworth, CMS’s episcopal visitor, is also notified.

2.5.2 Core group
Within working days of the disclosure, a core group will be convened. If an internal investigation is required the core group, in liaison with relevant strategic partners, would seek to:

- Plan process and interviews
- Conduct a risk assessment
- Ensure that the witness and investigator are protected
- Complete the investigation and produce a final report and action ideally within 30–45 days, depending on the complexity and nature of the allegation.

If an external investigation is required the core group will work fully with an external agency such as the police or social services.

2.5.3 Investigating a claim of abuse
CMS will work with local statutory agencies of the country in which PiM/the strategic partner is operating. Inaction by the authorities does not mean that CMS, in conjunction with the strategic partner, should not then deal with the issue directly. CMS will ensure that when an allegation has been made by or against a CMS PiM, CMS will work to ensure UK standards should apply. CMS does not have the power of legal investigation, and if required may commission an external investigation.
Where there is a significant concern about the strategic partner, we will report to the local statutory authorities, advocate for and may commission an external investigation. In the event that CMS does not feel that the local authorities have conducted a thorough and conclusive investigation, CMS has the right to request changes to the safeguarding procedures of the strategic partner and ultimately to review the status of and support for the project.

2.6 False allegations
Allegations of abuse should always be taken seriously and reported to the safeguarding manager. Most allegations are substantiated, and a retraction of an allegation does not mean that it is untrue. However, there are times when people are falsely accused and the following need to be kept in mind:
• Previous false allegations do not mean that the new allegation should not be taken seriously.
• It is important to understand reasons for false allegations.
• A careful log should be maintained if a child/adult at risk makes frequent comments about workers, and concerns should be discussed as a staff group to ensure safe working practice in relation to such a person.

2.7 Review of practice, process and policy after cases
It is important that CMS learns from cases of abuse. A review and reflection process will occur after each safeguarding case; specific lessons will be shared between CMS and the relevant strategic partner, and more general lessons (without confidential information) can be shared more widely.

If a statutory investigation in the UK or elsewhere has been completed, CMS will undertake a review of the circumstances and actions to ensure that safeguarding practice and policy were appropriate. Should it be deemed necessary by the trustees, CMS will arrange an independent serious case review to establish any findings of fact and recommendations for improved safeguarding practice and policy implications.
2.7 Pastoral care

2.7.1. Supporting those affected by abuse
CMS is committed to offering pastoral care and support to all who have been affected by abuse who have contact with or are part of the organisation.

2.7.2 Working with offenders and those who may pose a risk
When a staff member or volunteer is known to have abused children/adults at risk or is under investigation or is known to be a risk, CMS will supervise the individual concerned and offer pastoral care, but in its safeguarding commitment will set boundaries for that person, which they will be expected to keep. These boundaries will be based on an appropriate risk assessment and through consultation with appropriate parties.

3. HISTORIC ABUSE

Allegations by an adult of past (historic) abuse of them, from within or outside an organisation, should be taken seriously and responded to as effectively and appropriately as possible.

Historic abuse may have occurred before the person joined CMS. If someone grew up within CMS, abuse could have happened within the family, within the team, at school, or in a mission boarding hostel.

3.1 An adult discloses abuse from an earlier stage of life
In cases where an adult discloses details of abuse when they were younger, and the alleged abuser is known and may continue to pose a threat to children/young people, the case should follow the same initial reporting procedure as for a child/adult at risk disclosing abuse. This includes anything disclosed during an employment interview.
In circumstances where the alleged abuser is not known, or where they do not have contact with children, the adult survivor should be supported in deciding whether or not they wish to inform the authorities. In this way some power is given back to the survivor.

In circumstances where an adult discloses details of abuse they suffered as a child and you are concerned for the safety of children today, you should give the adult the opportunity of talking to the statutory authorities, and should they feel unable to do so, then explain that you are going to contact the statutory authorities and what details you propose to give.

### 3.2 Alleged abuse before joining the organisation

If a person reports abuse that happened to them before joining the organisation, the following issues need to be considered:

- The person reporting the abuse will need support and possibly appropriate counselling.
- If children could still be at risk from the alleged abuser, the appropriate statutory authorities should be informed to ensure measures are taken to protect children.

### 3.3 Alleged historic abuse while the victim/family or perpetrator were CMS personnel

If a person discloses abuse that happened to them while they/their family, or the perpetrator were working with CMS, CMS must take all such allegations seriously and not in any way show bias towards maintaining the reputation of the organisation over and above seeking justice for the survivors of abuse. In addition, the following need to be acted upon:

- The person reporting the abuse will need support and possibly appropriate counselling.
- If the alleged abuser is in the UK and children could possibly be at risk, then the statutory authorities (police child protection team and/or children’s social services) should be informed.
- Further action should not be taken in the UK until an investigation has taken place by social services and/or the police child protection team.
- Where the alleged abuser is still in the employ of CMS, any suspension should be undertaken in consultation with children’s social services/police child protection team.
- If the alleged abuse occurred outside the UK, procedures should be in place to report to local statutory authorities or for external independent investigation required.
- CMS will consider making appropriate apologies.
4. INTERNATIONAL CONTEXTS

CMS works in many different cultures and contexts. It is therefore important that we recognise and inform ourselves of the international contexts in which safeguarding policies and procedures need to be applied.

4.1 Cultural differences

All staff and volunteers need to be aware of possible differences between countries and cultures, which include differences in legal framework, cultural expectation and attitudes, and equivalent statutory agencies to the UK.

For more information on this, refer to appendix 9.

4.2 Working with strategic partners

CMS works in partnership with our strategic partners around the world. Where strategic partners do not have appropriate safeguarding policies and processes, CMS will encourage and, where appropriate, work with them to develop these in culturally relevant ways. This will include:

- Agreeing common basic definitions of abuse between all participating organisations and applying them in culturally sensitive ways
- Using the UN Convention on the Rights of the Child (UNCRC) as the basis for safeguarding children
- Distinguishing clearly between those in need of protection due to poverty, conflict or crisis and specific acts of maltreatment towards children/adults at risk
- Resolving, through a process of dialogue and discussion, any differences between what is acceptable behaviour locally and what is acceptable under the Safeguarding Policy
- Strategic partners having clear governance structures that include accountability to the relevant authorities.
- Discussing with the strategic partner clear mechanisms for reporting safeguarding cases and evaluating the existence and effectiveness of local child welfare/safeguarding bodies/judicial infrastructure
• Discussing processes around safe recruitment of staff and volunteers and the training of such personnel on safeguarding
• Making PiM seconded to a strategic partner aware of the strategic partner’s safeguarding policy. If a safeguarding policy does not exist locally, PiM can positively advocate for this.
• Ensuring that either within the secondment agreement and/or a partnership agreement between the UK organisation, CMS and the strategic partner, safeguarding responsibilities and reporting mechanisms used both locally and in the UK are stated.

4.3 Legal matters and processes
The following legal matters must be taken into consideration:
• UK organisations, UK offices of international organisations and UK citizens must comply with UK law.¹
• Overall policies need to consider the different legal frameworks both in the UK and locally to ensure policies and procedures do not conflict with local law.
• There may be no equivalent to UK statutory agencies to ensure an external independent and thorough enquiry. However, there should be a commitment and acceptance to work with local statutory agencies of the country in which the work is operating wherever possible. Inaction by the local authorities does not mean that CMS will not deal with the issue. The standards operating in the UK may be applied; in such an instance a decision would be made by the SM, relevant regional manager, IMT (International Mission Team) director and director of finance and corporate services. Where relevant, external advice will be sought.
• In conjunction with the authorities, there should be clear procedures for repatriation, as appropriate.

4.4. PiM developing safeguarding policy and process
Where PiM are instrumental in setting up new projects, they will need to ensure they have a safeguarding policy and the relevant process in place.

¹ UK citizens need to comply with UK and international law, e.g. it is criminal offence for a UK citizen to travel abroad for the purpose of sex tourism (Sexual Offences Act 2003). Where a UK citizen commits such offences abroad, they are liable for prosecution in the UK.
• If the project is in a partnership with a strategic partner, their safeguarding policy and process could be used. Alternatively, PiM could develop their own if appropriate.
• The project has to be formally approved by CMS and the strategic partner, if relevant, at the planning stage, which would include approving the safeguarding policy.
• CMS would also retain a copy of the safeguarding policy.

4.5 Local partners
Local partners are under the responsibility of their strategic partner and will follow their policy and processes. Where appropriate, CMS will encourage and work with strategic partners who do not have safeguarding policies and procedures to develop them.
Appendix 1: Visibility, accountability and supervision

Adult-to-child behaviour

Visibility and overcoming isolation

• All work with children/adults at risk should be planned in a way that minimises risks as far as possible. This includes being visible to other adults when working and talking with children/adults at risk. This can be accomplished by planning activities in areas where other adults are present and at a time when other activities are occurring.

• It is inappropriate to spend an excessive amount of time alone with children/adults at risk, especially where this blurs the boundaries between professional and personal/social contact.

• Generally, at least two unrelated adults should be present in work with children/adults at risk. When this is not possible, reduce isolation by having a minimum of two children/adults at risk present, informing the parent/legal guardian/carer of the meeting, and doing it during a time and/or in a location where interaction with the person is visible to others.

• Where confidentiality is important and a young person is being seen on their own, ensure that others know the interview is taking place and that someone else is in close vicinity.

Accountability

• Always be accountable to other adults regarding interactions with children/adults at risk.

• Parents and/or supervisors are to be notified beforehand of any activities with children/adults at risk.

• Two people should attend an emergency situation or a second person should be notified of action to be taken.

Supervision

• Supervision reduces risk. The person responsible for safeguarding children should periodically and randomly inspect areas where children/adults at risk and adults are together.

Technology

Technology should be used appropriately to protect children/adults at risk from abuse and exploitation:
• Family safe filter/parental control programmes should be used to prevent downloading pornographic material from the internet, access to inappropriate emails, chat rooms or films.

• Instant messaging, texting and other forms of social networking between mission personnel and children should not be used inappropriately.

• CMS guidelines regarding the use of social media, social networking and related technologies must be followed (see appendix 5).

**Touch**

Healthy, caring touch is valuable to children/adults at risk but unhealthy touch is abusive. However, touch needs to be used in a culturally appropriate way. The following should be noted:

• Touch should be open rather than secretive. A hug in the context of a group is very different from a hug behind closed doors.

• Touch should be in response to the need of the child/adult at risk, and not the need of the adult.

• Touch should be age-appropriate and generally initiated by the child/adult at risk rather than the adult. It should be with the person’s permission and any resistance from them should be respected.

• Touch should always communicate respect for the child/adult at risk.

• Adults should avoid doing things of a personal nature for children/adults at risk that they are able to do for themselves, including dressing, bathing, etc.

• Adults and other children should not hit, slap, pinch, push, hold against their will or otherwise assault a person in their care.

The following signs of affection are generally appropriate within specific contexts:

• verbal praise

• side hugs

• pats on the shoulder, back or head (when culturally appropriate)

• for smaller children, touching their hands, faces, shoulders and arms, arms around their shoulders, hugs, or holding them when others are present.

The following behaviours between staff or volunteers and children are inappropriate and should not be engaged in:

• touching buttocks, chests, genital areas or thighs
• showing affection in isolated areas or when alone with a child
• sleeping in bed with a child
• inappropriate comments that relate to physique or body development
• flirtatious or seductive looks or behaviour
• any form of affection that is unwanted by the child
• showing sexually suggestive videos or playing sexually suggestive games with any child
• any behaviour that could be interpreted as sexual in nature.

Team members should monitor each other in the area of physical contact, helping each other by pointing out anything that could be misinterpreted.

**Child-to-child behaviour**

Children and young people are curious about other children – the same or opposite sex – and/or may have experimented sexually. However, where a child has responsibility over another child (such as a babysitting arrangement) and abuses that trust through engaging in sexual activity, this is likely to be regarded as abusive. The same applies where one child introduces another child to age-inappropriate sexual activity or forces themselves onto a child. This is not mutual exploration. Such situations should be taken as seriously as if an adult were involved, because the effects on the child victim can be as great.

Approximately one third of sexual offences are committed by children and young people. These instances will be investigated by the child protection agencies in the same way as if an adult were involved, though it is likely that the perpetrator would also be regarded as a victim in their own right. Since sexually harmful behaviour can be addictive and other children could be victims now or in the future, it is important to take the matter seriously and CMS will deal with this as they would any other allegation. It cannot be assumed that young people will grow out of it. Most adult sex offenders started abusing in their teens (or even younger).

Other factors considered in evaluating whether sexually harmful behaviour has occurred include differences in responsibility, trust, power, development, awareness and understanding, coercion and threats, whether implied or verbal. In addition, the following actions must be prohibited:
bullying, hazing, derogatory name-calling, ridicule or humiliation, or singling out a child for negative treatment or exclusion.

In all CMS projects the following issues should be standard:

- No one under 16 should be left formally in charge of any children of any age. However, some local/national legislation may require this to be 18 years of age.
- Any disclosure of abuse from a child about another child should be taken seriously and safeguarding procedures followed in the same way as for any other disclosure.
- Help should be obtained from professionals and statutory agencies that have expert knowledge in this area.
- Ongoing pastoral care and support to the perpetrator, victim and both families, through a risk assessment or counselling if necessary, should always be offered.

**Adequate preparation and planning of events**

When running an event in collaboration with others, or independently, it is important to clarify who has lead responsibility on child protection issues so as to ensure that safeguarding policy and procedures are adhered to. CMS personnel should still adhere to CMS’s own policy and procedures and advocate best practice. Preparation must include a thorough assessment of the staffing and other resources needed to offer a safe environment at all times. This should include conducting safe recruitment checks for those supervising and caring for children/adults at risk, as well as contingency planning for staff/volunteer sickness or other possible events that may reduce the number of responsible staff available.

It is important to prepare spiritually for the work by staying close to God and his people. This will generally involve regular Bible reading and prayer, regular worship with a Christian congregation, praying for the children and young people with whom you will be working, regularly asking the Holy Spirit to help you with the work and working co-operatively as part of a team that prays, plans and works together.
Major points to consider in running an event

- Be aware of situations that may present risks and manage these risks. These should be recorded on a risk assessment form.
- Ensure that staff and volunteers have been safely recruited.
- Plan and organise the work and the workplace so as to minimise risks.
- Always arrive early for any activity.
- Ensure that the children/adults at risk are properly supervised at all times.
- Ensure that all equipment and activities are safe and suitable for the age group.
- Ensure children/adults at risk do not wander off alone.
- Report any strangers on the premises to the event leader and make sure your group is not left alone.
- Prevent children/adults at risk from hurting each other.
- Know what to do if there is a fire.
- Find a person qualified in first aid if emergency treatment is needed.

Staffing ratios

Where there is sole charge of children/adults at risk for longer than two hours and the parents/guardians/carers are not on the premises, then the following staff to children/adults at risk ratios must be adhered to. These ratios offer a minimum safe level of supervision and care.

For 0 to 2-year-olds – 1 leader to 3 children/adults at risk
For 2 to 3-year-olds – 1 leader to 4 children/adults at risk
For 3 to 8-year-olds – 1 leader to 8 children/adults at risk
For over 8-year-olds – 1 leader to 8 children/adults at risk for the first 8, then 1 leader to 12 children/adults at risk

There should not be fewer than two adults present with a group, preferably a woman and a man. These figures are for regular indoor activities. It is recognised that there may be occasions and contexts where the ratios need to be different, e.g. if taking an individual or a group on an outdoor activity, where you have people with special needs and international constraints/differences.
Appendix 2: Code of Conduct

Purpose and scope

The purpose of the Code of Conduct is to set out the conduct expected of all CMS employees, volunteers and representatives. This code is applicable at all times. Breaches of the Code of Conduct are grounds for disciplinary action.

When CMS employees, volunteers and representatives travel internationally, they are expected to uphold local law, except where the Code of Conduct is more stringent, in which case the code applies.

Expectations

1. As an employee, volunteer or representative of CMS, I will:

   - Commit my time, skills and experience to the best of my ability towards the aims and vision of CMS
   - Be ready and willing to work and devote my working hours to carry out my work for CMS
   - Deliver my work with care and to the highest professional standards and will be a good steward with CMS’s property
   - Obey reasonable orders as to the time, place, nature and methods of service
   - Be of good faith and do my best to uphold the trust and confidence necessary for employment
   - Work in an accountable and transparent way and seek advice from someone with greater experience when necessary
   - Ensure my professional and personal conduct is consistent with CMS’s values and standards in order to uphold its reputation and comply with legal requirements
   - Treat all people fairly with respect and dignity regardless of race, colour, gender, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status
   - Not show differential treatment or favour to people to the exclusion of others
• At all times, conduct myself in such a way as to enhance CMS’s reputation and my conduct will not bring CMS into disrepute
• When travelling, be sensitive to local laws and customs
• Not engage in abusive or exploitative conduct
• Not give or receive bribes or otherwise act corruptly (this includes gifts over £10)
• Not share sensitive/confidential information with others (e.g. about PiM)
• Not make inappropriate promises particularly in relation to confidentiality
• Declare any financial, personal or family interest in matters of official business that may impact on the work of CMS in order to avoid conflict of interest
• Comply with all legal and organisational health and safety requirements at my workplace and/or when travelling.

All employees, volunteers and representatives who have roles with children and adults at risk are expected to interact in a mature, capable, safe, caring and responsible manner, with a high level of accountability. All adults working with children, young people and adults at risk are in positions of trust. It is therefore vital that workers ensure they do not, even unwittingly, use their position of power and authority inappropriately. All employees, volunteers and representatives are responsible for giving and accepting feedback from others in order to maintain a high level of professionalism.

2. As an employee, volunteer or representative of CMS, I agree not to engage in abusive conduct. Therefore, I agree that I will:

• Implement CMS’s Safeguarding Policy and procedures
• Report any concerns about or allegations of abuse or poor practice to CMS’s safeguarding manager without delay
• Be prepared to challenge unacceptable behaviour or to be challenged
• Listen to children and adults at risk about any concerns they may have
• Not use language or behaviour towards children and adults at risk that is or could be perceived to be inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate
• Not engage in behaviours that could be regarded as grooming, controlling or exploitative
• Not show forms of affection, physical or otherwise, that is unwanted by the child or adults
at risk

- Not develop physical/sexual relationship with children or adults at risk
- Avoid spending time alone with children and adults at risk, ensuring that interactions are visible to others and/or at least two unrelated adults are present with regards to the correct ratio of adults to children
- Not request or share personal contact details with children or vulnerable adults or any contact that breaches CMS’s email and internet or data protection policy.

I understand that if I breach the Code of Conduct I will be subject to disciplinary procedures, including gross misconduct and dismissal. I understand that Church Mission Society may also need to make a referral to the relevant statutory agency.

Concerns and reporting
CMS employees, volunteers and representatives are required to report any concerns, incidents or abuse they are aware of, suspect or witness that breach the above Code of Conduct. Those who report are protected against being victimised if it is made in good faith – please see the whistleblowing policy for more details.

Please report your concern to the head of HR. Safeguarding issues will be passed to the safeguarding manager. If the head of HR is not available (or the person is implicated in the concern), you may report it to the director of finance and corporate services.
Appendix 3: Safe recruitment

CMS ensures safe recruitment for all its PiM, UK staff and volunteers through the following process:

Pre-application:
- Job or role descriptions along with person specifications where relevant are in place for all UK jobs (including volunteers) and Mission Partner roles. For short term and GAP year placements individuals sign the ‘Short Term Mission Service agreement’ which outlines expectations of working with children and adults at risk.
- Appropriate level of safeguarding statements and CRC requirements are made in recruitment advertisements of those jobs/roles that have regular contacts with children and adults at risk (employed or voluntary).
- CMS has a clear process by which we determine whether a CRC check will be required (see appendix 4).

Application and interview:
- A standard application form is used that includes full name (and previous names) and full employment history. A form is an important source of information about previous employment/volunteering; it also outlines any gaps that may be significant.
- The application form includes a statement containing the reason for applying for the position/PiM process, personal qualities and relevant experience. It also includes a declaration that all information provided by the applicant is true and they agree to a disclosure check/criminal record/background check if they are appointed.
- Applicants are made aware that jobs/roles that require work with children/adults at risk will be subject to a CRC clearance. If requested, applicants can receive a copy of the Safeguarding Policy; it is also easily accessible on our website.
- CMS will conduct appropriate pre-employment checks, including use of internet search facilities. These checks will only be enacted for applicants called for interview and applicants will be given the opportunity to respond to any questions raised.
- The interviewing of an applicant will be handled sensitively, making sure questions are appropriate to the position applied for.
- If the role requires work with children and/or vulnerable adults, where appropriate the interview will include questions about previous work with children.

After appointment:
- All appointed candidates must sign a self-declaration safeguarding form prior to starting. With the PiM process, this is done at the application stage.
- All appointed candidates must sign that they have read and understood CMS’s Safeguarding Policy prior to starting.
- All appointed candidates have safeguarding training during their probationary period and are told how to report concerns.
- All PiM, UK staff and volunteers will receive a copy of the policy in their induction/training period.
- Candidates need to provide at least two (ideally three) references. If applicable, referees will be asked questions regarding the applicant’s previous work with children and if there was anything that might have given grounds for concern.
- Additional character enquiries will be undertaken if necessary.
- Relevant qualifications and full work history may be verified.
- CRC checks will be conducted for specific roles (either paid or volunteer) working with children and adults at risk as identified in the job description and recruitment process.

CMS has a duty to protect the organisation, its partners and its beneficiaries and therefore reserves the right to refuse employment based on any reasonable suspicion raised or unacceptable risk identified.
Appendix 4: Determining the necessity for a criminal record check (CRC)

- CMS CAN apply for an enhanced disclosure WITH barring check only from those we directly employ or for whom we have directly arranged a secondment to a non-UK body.

- CMS CAN apply for an enhanced disclosure WITH barring check for any staff member whose job description requires them to work with children on a regular basis – not less than once a week or for two days within any 30-day period; also, if the person carrying out the activity does so at any time between 2 a.m. and 6 a.m. or/and requires intimate care acts – defined as a regulated activity.

- CMS CAN apply for an enhanced disclosure WITHOUT barring check for any staff member or trustee whose job description requires them to work with children on an irregular basis – less than once a week – not defined as a regulated activity.

- CMS CANNOT apply for an enhanced disclosure for staff whose job description does not require them to work directly with children – this includes those who have access to information contained on a database.

- CMS CAN request any member of staff to provide us with a basic disclosure – this disclosure only provides information on unspent convictions.
Appendix 5: Safeguarding communication policy

The safeguarding communication policy is for anyone who works for or is involved with CMS; this includes staff, UK volunteers, trustees and PiM.

Communication tools include printed publications, websites, photographic stills, slides, videos or social media, wherever and however they are stored. Storage includes the resource space photo library, the CMS website and various varieties of hard and soft copy at the CMS office in Oxford. It also includes PiM’s own storage of visual images. The term images in this policy refers to photos and videos. The terms children, young people and adults at risk are used interchangeably.

The underlying principle of this communication policy is communication tools must respect the dignity and privacy of children and adults at risk while accurately raising public awareness of situations where children or adults are at risk.

Capturing and using images

1. Images must respect the dignity and self-worth of the subject. Images must not be taken or used if they are dishonourable to children, such as sexualised, distasteful, those that show images of abuse, nakedness, death or extreme suffering.

2. Photos should only be taken of children in appropriate clothing to the context. Those taking photos should avoid full face and body shots of children taking part in activities such as swimming where there may be a heightened risk of the images being misused.

3. Permission of the child (if they are of an age, understanding and possess the maturity to do so) or/and responsible adult, guardian or carer should be sought before the image is taken. The preference is written consent; please use the photo and video consent form in this policy. If written consent is not possible, verbal consent can be sought and noted when the image is stored. This should include how the image can be used; for example, in print media, on the internet, radio, etc. If verbal consent is agreed, it is understood that the person taking the image is held accountable for this and may be asked to produce the details of the consent.

4. In institutional settings such as schools or hospitals where there will be a high number of children/vulnerable adults, permission should be sought from the institution/organisation and their safeguarding policy with regards to photos/filming followed. Where there is no policy, this communications policy for children and vulnerable adults should be followed. The photo and video form consent for institutions in this policy should be used, or as above verbal consent agreed and documented when storing the image(s). Where possible the individual’s/parent’s/guardian’s permission should also be sought; where this is not possible every effort should be made by the photographer to not take pictures that would identify children/adults at risk. If any children are identifiable, a pseudo name should be
used and images considered. In any discussions with regards to the use of a photo, the safeguarding manager can be consulted.

5. The person taking the image should explain to the subject how the image will be used. If the subject says they do not want to be photographed, the photographer should not proceed. CMS do not agree with taking photos of those who do not want to be photographed. Images should not be shared on social media sites or websites without the permission of the subject.

6. The person taking the image should note the name of the person and ensure this is recorded when the image is stored. If the name of the subject is not known or if using a name may have a negative impact on the life of the subject, a generic title should be used when storing.

7. When using an image, the photographed subject should not be named if this will have a negative impact on the child or their carer(s). In this situation the name and visual identity must be disguised. For children who may have been the victims of abuse or rescued from violent circumstances, personal information and details that may identify them and increase any potential risk of harm to them must not be used. This includes giving specific details of their location, the child’s full name or details of his/her family. Using a different name, pixilating the image and where possible using the district rather than the village name, for example, should be used instead.

8. If using a professional photographer, permission of the photographer should be received with the understanding that the photographer received proper permission from the child and/or his/her parents or guardian.

9. Images used must be truthful – they must not misrepresent a situation; for example, using an image that is unconnected to the work/project being described in accompanying text or is not part of CMS’s work. Those taking the image should be confident, to the best of their knowledge, that the subject would regard the images and its use as truthful.

10. All PiM, staff and volunteers should abide by the laws of the country with regards to taking and using photos, and be mindful of the cultural rules/taboo that may exist around taking people’s photographs.

11. When running a public event, the organiser should ask people to not share any pictures of children or vulnerable adults on social media, unless they have the person’s expressed permission. If photos/video will be taken, people should be informed of this. If there are people who do not want their photograph to be taken at a public event, the photographer must be respectful of their wishes.
Storage

1. At the CMS office, we will keep hard copies of images in a locked drawer and electronic images on our shared Resources area, which only UK staff have access to. If staff members use mobile phones or CMS cameras to take photos/videos, they must transfer them as soon as possible to the Resource Space and delete. Consent forms should be saved in the Comms section on the N drive and verbal consent notes on Resource Space.

2. For PiM, any photos of children or adults at risk must be stored on an encrypted section on their laptop or mobile phone that is protected by a password. They should transfer any photos on digital cameras to a laptop and delete them from the memory card.

Dissemination of data, information and visual images

Before disseminating any data, image or information of a child or adult at risk to a third party, the safeguarding manager should be consulted.

Website and social media

1. Screening of information to be pasted on the CMS website or a social media page should be done prior to posting. Everything on CMS’s website/social media is to comply with CMS’s Safeguarding Policy. It is assumed that all information on our website is in the public domain unless secured by a password.

2. The CMS website and corresponding social media pages may use scanned images of children only in accordance with this policy. Photographs must have permission from the child/adult at risk and his/her parent/carer.

3. Most staff, PIM and volunteers should not be in contact with children through social networking sites. However, if their role requires them to they must work with their line manager to agree on the reasons for this contact and if appropriate include this in a risk assessment. We advise:
   
i. The person’s role should give them a legitimate reason to be in contact the child/young person for example, a youth worker.
   
   ii. The purpose of the communication should be considered, for example communicating to arrange a meeting time is appropriate, using social media for an extended pastoral situation would be inappropriate. The initial connection through social media should also be initiated by the child.
   
   iii. Accountability must also be considered. The PIM’s line manager/members of their team should be aware of their contact with children through social media. If a personal, rather than a group social media account that is monitored by other team members, is used the PIM should be happy to provide access to their account to team members and/ or CMS staff.
I hereby give my consent to Church Mission Society to use my image and/or any interview statements from me in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to:

(a) Permission to interview, film, photograph, tape or otherwise make a video reproduction of me and/or record my voice;

(b) Permission to use my name, or part of name (detail below);

(c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the internet), in theatrical media and/or in mailings for educational and awareness.

I agree that my participation may be edited in your sole discretion; I consent to the use of my name, likeness, voice and biographical material about me in connection with picture publicity and related promotional purposes by CMS, and I agree not to bring or pursue any claim against CMS for misrepresentation or for invasion of privacy arising out of or in relation to the production, distribution, broadcast or exhibition of the completed media.

This consent is given in perpetuity, and does not require prior approval by me.

Signature: ___________________________ Print name: ___________________________

Email: _______________________________

Phone: _______________________________

Date: ______/____/____

If under 18:
The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Parent/Guardian signature: ___________________________ Print Name: ___________________________

Phone: _______________________________

Date: ______/____/____

churchmissionsociety.org
PHOTO AND VIDEO CONSENT
FOR INSTITUTIONS/ORGANISATIONS

I hereby give consent to Church Mission Society to use images and/or any interview statements from any person present at [insert name of Institution/Organisation] in its publications, advertising or other media activities (including the internet). All of the below permissions including use of names and any other identifiable information, with regards to children and adults at risk will be done in accordance with CMS’s Safeguarding Policy. This consent includes, but is not limited to:

(a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of anyone present at the time of filming and/or the recording of voices;

(b) Permission to use names, or part of name (detail below);

(c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of people, and/or recording of voices, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the internet), in theatrical media and/or in mailings for educational and awareness.

[Institution/Organisation] agrees that the participation of any person filmed may be edited in your sole discretion, and consents to the use of names, likeness, voice and biographical material about individuals from [Institution/Organisation] or filmed in connection with [Institution/Organisation] provided that such use is in accordance with CMS’s Safeguarding Policy and in connection with picture publicity and related promotional purposes by CMS. [Institution/Organisation] agrees not to bring or pursue on its own behalf or on behalf of a third party any claim for invasion of privacy or misrepresentation arising out of or in relation to the production, distribution, broadcast or exhibition of the completed media.’

This consent is given in perpetuity, and does not require prior approval by me.

Signature: ____________________________  Print name: ____________________________

Email: ________________________________

Phone: ________________________________  Date: ______ / ______ / ______

churchmissionsociety.org
Appendix 6: Responding to and recording a disclosure

This appendix should be used along with section 2 of the Safeguarding Policy.

If a person informs you that they are concerned about someone’s behaviour to them or makes a direct allegation, you should:

Take them seriously by
- Reacting calmly
- Reassuring them that they were right to speak
- Do not promise confidentiality. Tell them who you will need to share the information with.
- Being aware that the child/adult at risk may have been threatened and fear reprisals or that they are breaking a big secret in speaking to someone else
- Allowing the child/adult at risk to speak at their own pace
- Taking what they say seriously, even if it involves someone you feel sure would not harm them.
  We know from experience that we must listen to what we are told even if it is difficult to believe.
- Listening to what the child/adult at risk has to say but not putting words in their mouth
- Avoiding leading questions; just ask enough to ensure you have a clear understanding of what is being said to pass information on
- Being accepting if at any point a child/adult at risk decides not to continue. Let the child/young person know that you are ready to listen should they wish to continue at any time.

Helpful things to say:
- I take what you say seriously
- I am pleased that you have told me. Thank you for telling me.
- It isn’t your fault and you are not to blame
- I am sorry that has happened to you
- I am going to enable you to get help.

Things not to say:
- Why didn’t you say something before?
- I really can’t believe it
• I am surprised that person would do a thing like this
• Are you sure this is what happened?
• Everything will be alright now
• Make sure you don’t tell anyone else.

After the disclosure

• Ensure the safety of the child/adult at risk. If they need urgent medical attention, make sure doctors or hospital staff know that this is a safeguarding issue.
• As soon as possible write down as carefully as possible what was said, how it was said, and how the child/adult at risk appeared both physically and emotionally.
• Report to the appropriate line manager as outlined in section 2 of this policy and statutory agencies/authorities where appropriate and in line with safeguarding policies/law.
• Keep an ongoing timeline detailing what happens at each stage.
• Parents and carers should only be contacted once further advice and guidance has been sought from the CMS safeguarding manager/CMS personnel, the host partners or external agencies.
• Do not be tempted to try and investigate further the claims.

If appropriate after hearing a disclosure of abuse, the CMS safeguarding manager should consider whether or not it is safe for a child/adult at risk to return home to a potentially abusive situation. On rare occasions it might be necessary to take immediate action to contact the social services and/or police to discuss putting into effect safety measures for the child/adult at risk so that they do not return home.

Recording a disclosure

• Any concerns, allegations or disclosures should be written down as soon as possible. Records should be signed and dated and kept safe in confidential storage.
• Records are an essential source of evidence for enquiries and investigations so clear, accurate and chronological records must be kept to ensure that there is a documented account of the events and concerns that have led to a referral being made.
• Records should be written in plain English and, as appropriate, translated into the local language.
• Records should always differentiate between fact, opinion or judgement.
• Records should be dated and signed, and stored in a lockable drawer.
• Records should be detailed and precise, focusing on what was said or observed, who was present and what happened. Speculation and interpretation should be clearly distinguished from reporting.
• Any concern, disclosure or allegation is alleged rather than proven at this point.
• It is the responsibility of each individual in possession of the information to maintain confidentiality. It is very important that CMS personnel/mission personnel never promise confidentiality either to a child/young person disclosing abuse or to an adult disclosing concerns about another adult or information about their own behaviour. CMS personnel/mission personnel and others must make it clear that they are obliged to follow this policy and explain the possible outcomes that will result from information being given to them.
Appendix 7: Church Mission Society incident record form

[CONFIDENTIAL]

<table>
<thead>
<tr>
<th>Part One: About you</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your name:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Your relationship to the person (alleged victim):</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Name of organisation/church:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part Two: About the person for whom you have a concern or who has made an allegation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person’s name:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Is the person male or female:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Person’s address:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Who the person lives with:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Person’s date of birth/age:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Parent’s/carer’s name(s):</td>
</tr>
<tr>
<td>Home address (and phone no. if available):</td>
</tr>
<tr>
<td>Siblings (if any):</td>
</tr>
</tbody>
</table>
**Part Three: About your concern**

How did you come to have a concern?
- Was abuse observed or suspected?
- Was an allegation of abuse made?
- Did a child/young person disclose abuse?

Date(s), time(s) and location(s) of any incident(s):

Nature of concern/allegation:

Observations made by you (e.g. description of visible bruising, other injuries, child/young person’s emotional state, etc.):
N.B. Make a clear distinction between what is fact, opinion or hearsay.

(skin maps to be included)

Exactly what the child/young person has said and what you have said:
(N.B. Do not lead the child or young person – record actual details. Continue on a separate sheet if necessary.)
<table>
<thead>
<tr>
<th>Any other information (e.g. is the child/young person disabled? Are there any communication problems? Or a learning difficulty?):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Were any other children/young people involved?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>External agencies contacted (if any) – date and time, name of person and any advice received:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Action taken:</th>
</tr>
</thead>
</table>

| Signed: ____________________________ |
| Date: ____________________________ |

Please retain this document in a locked file and send a copy to the CMS safeguarding manager (safeguarding@churchmissionsociety.org or by post).
Appendix 8: Non-identifying safeguarding report

Where safeguarding concerns wholly relate to issues that are the responsibility of the strategic partner, their safeguarding process will be followed. If CMS staff or volunteers are involved in this process – for example, if they receive a disclosure, witness an incident, make a report or are involved in such a case – then they should fill in the below form and send it to their regional manager and the CMS safeguarding manager.

No confidential or identifying information should be included in this form. The purpose of this form is for CMS to be informed of allegations or disclosures that our staff or volunteers are aware of in order to identify trends and offer support were appropriate.

<table>
<thead>
<tr>
<th>Non-identifying safeguarding report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your name and role:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Nature of the case (type of abuse that was disclosed along with any other important details):</td>
</tr>
<tr>
<td>Approximate location:</td>
</tr>
<tr>
<td>Actions being taken:</td>
</tr>
</tbody>
</table>
Appendix 9: Cultural differences

All staff and volunteers need to be aware of possible differences between countries and cultures, which may include:

• Differences in the legal framework – what would constitute an offence in the UK might not in the country concerned. Alternatively, children/young people may be protected under the same law as adults, e.g. sexual abuse becomes indecent assault or rape

• Attitudes and expectations (such as “sexual abuse doesn’t really happen here”)

• Cultural expectations may be very different

• No equivalent to UK statutory agencies to ensure an independent and thorough enquiry/investigation

• Lack of experienced and appropriately qualified personnel to investigate and provide skilled support/therapy

• Poor supervision and accountability due to a project’s isolation

• Logistical problems that may arise when determining an appropriate response to an overseas allegation

• How to ensure the protection of a child/young person or adult at risk and others once a report is received

• Knowing what action to take with regard to a CMS representative following an allegation and in relation to affected family members and the host church/agency

Victims could include children of the person in mission concerned or of other personnel, those served by the agency or living in the local community. If a situation comes to light, the possibility cannot be excluded that children in other parts of the group might also be affected.

For more information or advice on your specific context, please contact your regional manager and/or the CMS safeguarding manager.
Appendix 10: Definitions of abuse

A child is defined by the UN Convention on the Rights of the Child (UNCRC) as “Every human being below the age of 18 years unless, under the law applicable the child, majority is attained earlier”.

The following definitions of abuse should be used in all CMS safeguarding policies, though it may be necessary to contextualise these in each situation. The full text and definitions below (apart from the final paragraph on spiritual abuse) come from the World Health Organization.

General definition
Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect, negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Physical abuse
Physical abuse of a child is that which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

Emotional abuse
Emotional abuse includes the failure to provide a developmentally appropriate supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potentials and in the context of the society in which the child dwells. There may also be acts towards the child that cause or have a high probability of causing harm to the child’s health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power. Acts include restriction of

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2 https://www.who.int/news-room/fact-sheets/detail/child-maltreatment
movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment.

Neglect and negligent treatment
Neglect is the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions, in the context of resources reasonably available to the family or caregivers and causes (or has a high probability of causing) harm to the child’s health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible.

Sexual abuse
Child sexual abuse is the involvement of a child in sexual activity that they do not fully comprehend, are unable to give informed consent to, or for which they are not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

- The inducement or coercion of a child to engage in any unlawful sexual activity
- The exploitative use of child in prostitution or other unlawful sexual practices
- The exploitative use of children in pornographic performances and materials
- The exposing of a child to pornographic materials or activity.

Exploitation (this definition if from the UNHCR)
Commercial or other exploitation of a child refers to use of the child in work or other activities for the benefit of others. This includes, but is not limited to, child labour and child prostitution. These activities are to the detriment of the child’s physical or mental health, education, or spiritual, moral or social–emotional development.
**Spiritual abuse**

Linked with emotional abuse, spiritual abuse could be defined as an abuse of power, often done in the name of God or religion, that involves manipulating or coercing a child into thinking, saying or doing things without respecting their right to choose for themselves. A leader who is intimidating and imposes their will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed, might indicate spiritual abuse. They may say that God has revealed certain things to them and so they know what is right. Those under their leadership become fearful to challenge or disagree, believing they will lose the leader’s (or more seriously God’s) acceptance and approval.

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3 Taken from *Safe and Secure – the Manual*, Standard 8:8.7, produced by CCPAS.
Appendix 11: Self-declaration form

1. The office, post or position for which you have applied or currently hold or the work for which you have volunteered or are currently doing gives opportunities for unsupervised contact with children (under the age of 18 years) or adults at risk. In accordance with the Church Mission Society’s Safeguarding policy, you are therefore required to complete the enclosed declaration and return it to the person designated at the end of the form.

2. Under the provisions relating to work with children and young people in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, you are not entitled to withhold information about convictions that for other purposes are “spent” under the Rehabilitation of Offenders Act 1974. You are required to provide such information in relation to any offence that is within Schedule 1 to the Children and Young Persons Act 1933 or the Schedule to the Disqualification for Caring for Children Regulations 1991 and certain other serious sexual offences.

3. If you do not complete the form, or do not disclose a conviction or any other relevant information, this may lead to your not receiving the appointment or approval you are seeking or to its being terminated or withdrawn.

4. The information will be treated as strictly confidential. It will be seen only by the person designated at the end of the form and, those acting on his or her behalf, and no information in it will be disclosed except where there is a legal duty to do so or where the person designated at the end of the form is advised by the Church Mission Society safeguarding manager that disclosure ought to take place in order to ensure the protection of children. Where information of a confidential nature is disclosed, the information will be held in line with CMS practice on correct storage, handling and safekeeping of disclosure information.

5. If you have any questions regarding the declaration, then please ask the person designated on the form or the Church Mission Society’s safeguarding manager.

4 Please see the Church Mission Society Safeguarding Policy for definitions of these terms.
**PLEASE COMPLETE**

1a. Have you ever been convicted of any criminal offence?\(^5\)

Yes       No       Please tick.

If yes, please state the nature and date(s) of the offence(s), continuing on a separate sheet if necessary.

1b. Have you ever been cautioned by the police or bound over to keep the peace?

Yes       No       Please tick.

If yes, please give full details, continuing on a separate sheet if necessary.

1c. Have you ever been found by a court exercising civil jurisdiction (including matrimonial or family jurisdiction) to have caused significant harm to a child (under the age of 18 years) or an adult at risk, or has any such court made any order against you on the basis of any finding or allegation that any child or young person was at risk of significant harm from you?\(^6\)

Yes       No       Please tick.

If yes, please give full details, continuing on a separate sheet if necessary.

2. Has your conduct ever caused or been likely to cause significant harm to a child (under the age of 18) or an adult at risk, or put a child or an adult at risk of significant harm, or to your knowledge has it ever been alleged that your conduct has resulted in any of those things?

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\(^5\) This question covers all convictions that are not spent under the Rehabilitation of Offenders Act 1974. It also covers “spent” convictions if they fall within:

- Schedule 1 to the Children and Young Persons Act 1933; or

\(^6\) “Significant harm” means ill-treatment of any kind (including sexual abuse), or impairment of physical or mental health or development.
This question relates to any conduct, whether in a paid capacity, as a voluntary worker or otherwise.

Yes  No  Please tick.

If yes, please give full details, including date(s) and nature of the conduct or alleged conduct, and whether you were dismissed, disciplined, moved to other work or resigned from any paid or voluntary work as a result. Please continue on a separate sheet if necessary.

3. Has a child in your care or for whom you have or had parental responsibility ever been removed from your care, been found to need a child protection plan, or been the subject of a care order, a supervision order, a child assessment order or an emergency protection order under the Children Act 1989, or a similar order under other legislation?

Yes  No  Please tick.

If yes, please give full details, continuing on a separate sheet if necessary.

4. Have you any health problem(s) that might affect your work with children or young people under the age of 18?

Yes  No  Please tick.

If yes, please give full details, continuing on a separate sheet if necessary.

5. Have you, since the age of 18, ever been known by any name other than the one given below?

Yes  No  Please tick.
If yes, please give full details.

I declare that the above information (and that on the attached sheets*) is accurate and complete to the best of my knowledge.

Signed ………………………………………………………………………………………………..

Dated ………………………………………………………………………………………………..

Full Name ……………………………………………………………………………………………..

Address ………………………………………………………………………………………………..

……………………………………………………………………………………………………

……………………………………………………………………………………………………

Date of birth ………………………………………………………………………………………

Please return the completed form to:
[HR Manager]
CMS
Watlington Road
Oxford
OX4 6BZ
Appendix 12: Safeguarding Policy declaration

I/We declare that I/we have:

Read and understood the Church Mission Society **Safeguarding Policy**, which includes the Code of Conduct. I/We am/are committed to providing a safe and secure environment for children, young people and adults at risk, to abide by the requirements of the CMS Safeguarding Policy and procedures, and to monitoring safeguarding arrangements continuously.

Name _______________________________________________

Signed ______________________________________________

Date _______________________

Name _______________________________________________

Signed ______________________________________________

Date _______________________

Name _______________________________________________

Signed ______________________________________________

Date _______________________

[Logo: Church Mission Society]