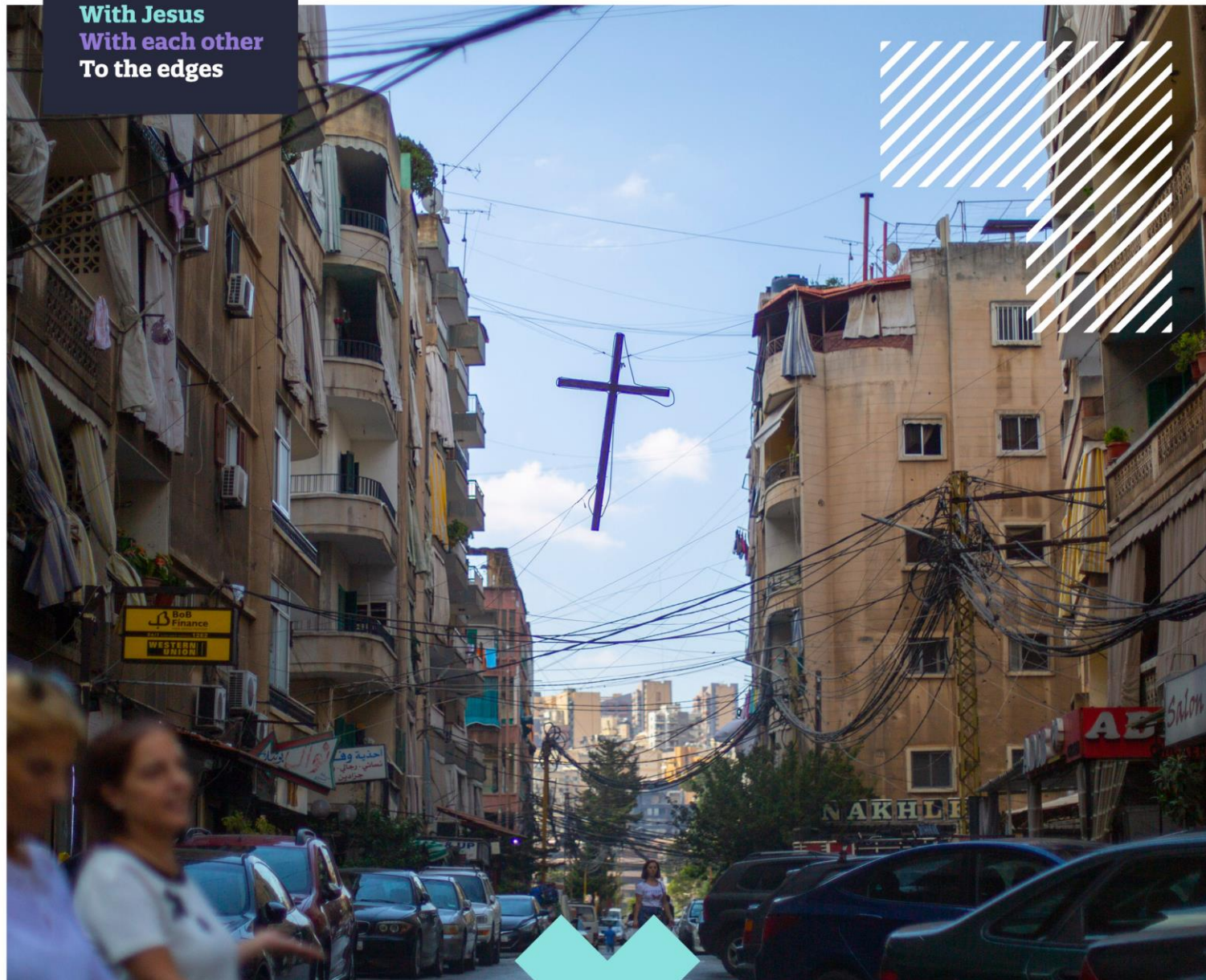


With Jesus  
With each other  
To the edges



# Safeguarding Policy



CHURCH  
MISSION  
SOCIETY

# Church Mission Society Safeguarding Policy

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.

## To report a safeguarding concern, you can:

- **Visit:** <https://churchmissionsociety.org/policies-and-statements/safeguarding-and-whistleblowing/>
- **Contact the CMS safeguarding team directly:** [safeguarding@churchmissionsociety.org](mailto:safeguarding@churchmissionsociety.org) or +44 7934 423698 (WhatsApp/Telegram/telephone)
- Contact the strategic partner safeguarding lead in your area
- Where a child or adult is in immediate danger, contact the relevant emergency service where it is safe and appropriate to do so.

Approved by/Date	December 2023	Effective date	February 2024
Document	Policy	Document classification	Internal
Policy category	Organisational	Last revision	November 2023
Compliance	Mandatory	Next Revision	November 2024
Document owner	Governance trustees	Key contacts	CMS safeguarding team

# Contents

➤ 1. Introduction	4
➤ 2. Minimising risk	5
2.1 Risk can be minimised by visibility, accountability and supervision	5
2.2 Risk assessment of strategic partners and the placement of PiM	5
2.3 Visitors	6
2.4 CMS community members	6
2.5 Safe recruitment	6
2.6 Training and management	7
2.6.1 People in Mission (PiM)	7
2.6.2 UK employees and volunteers	8
2.6.3 Management of all CMS staff and associated personnel – Code of Conduct	8
➤ 3. Reporting of and responding to allegations or concerns of abusive behaviour	9
3.1 Reporting a concern	9
3.1.1 Confidentiality	9
3.2 Responding to a report	10
3.2.1 Where a report involves an international or UK strategic partner	11
3.2.2 Receiving complaints about external organisations/bodies	11
3.2.3 Receiving complaints about historic abuse	11
3.3 Related policies and procedures	12
3.4 Key Staff for Safeguarding	12
➤ Appendix 1: Definitions	13
➤ Appendix 2: Reporting/recording an incident template	18
➤ Appendix 3: Non-identifying safeguarding report	20
➤ Appendix 4: CMS responding to a report process	21
➤ Appendix 5: Visibility, accountability and supervision	27
➤ Appendix 6: Event risk assessment template	31
➤ Appendix 7: Back pocket guide	32
➤ Appendix 8: Cultural application	36
➤ Appendix 9: Safeguarding Policy declaration	37



# 1. Introduction

**Humanity was created in God's image and it is incumbent upon us as Christians to protect others. At CMS, we believe all people, regardless of age, gender, sexuality, sexual orientation, disability, religion, nationality or ethnic origin have a right to live their lives free from the harm of abuse, neglect, exploitation or harassment.**

CMS works internationally in over 50 countries and recognises that there are unequal power dynamics across the organisation and in relation to those we serve. As such, CMS has zero tolerance to the action and inaction of staff and associated personnel misusing their power to harm children and adults with whom they come into direct and indirect contact. CMS is committed to providing a safe and flourishing environment for all those it reaches through its activities, communications, operations and partners.

This policy applies globally to all CMS staff and associated personnel, including our People in Mission (PiM) both during and outside normal working hours. In countries where the following policy differs from local legislation, the stricter measures will apply.

CMS is committed to achieving full, ongoing implementation of the Six Core Principles Relating to Sexual Exploitation and Abuse by the Inter-Agency Standing Committee (IASC) Working Group on Protection and Response to Sexual Exploitation and Abuse, the IASC Minimum Operating Standards on PSEA and the Core Humanitarian Standard on Quality and Accountability. As such, these standards will apply in spite of cultural differences.

The purpose of this policy is to demonstrate CMS's commitment to protecting all people (including our staff and related personnel) who come in direct or indirect contact with CMS staff and personnel through its activities.

Please note that this policy applies to protecting both children and adults at risk (previously referred to as vulnerable adults) from harm. We require all CMS staff (full-time and part-time employees) and associated personnel (contractors, consultants, volunteers, PiMs and trustees) to be familiar with the principles of this policy and to sign the Code of Conduct. In the absence of proper provisions to safeguard people from harm, the strategic partner agrees to develop their own organisational policies and procedures within a time frame agreed with CMS. In the event of any discrepancies or differences which a concern or investigation that involves both the strategic partner and CMS, the higher standard will apply.

## 2. Minimising risk

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

### 2.1 Risk can be minimised by visibility, accountability and supervision

**All CMS staff and associate personnel (including PiM) should:**

- ▶ Be able to identify and recognise vulnerabilities of children and adults at risk prior to any activity and put mitigating measures in place to reduce risk of harm
- ▶ Be able to plan and organise the work and workplace so as to minimise risks of harm
- ▶ As far as possible be visible to other adults when working and talking with children/adults at risk
- ▶ Identify and mitigate against safeguarding risks when using technology
- ▶ Undertake a risk assessment (Appendix 6) prior to any event or activity which involves children and/or adults at risk and put mitigation measures in place. A copy of this risk assessment must be seen by the safeguarding team a minimum of two weeks prior to the event.

For more details on this, refer to the Code of Conduct, Appendix 5 on “Visibility, accountability and supervision” and refer to our Safeguarding Communications policy on our website.

### 2.2 Risk assessment of strategic partners and the placement of PiM

**All CMS staff and associate personnel (including PiM) should design and undertake all CMS programmes and activities such that CMS mitigates against any risk of harm to others arising from participation in said activities. This will include the following:**

- ▶ CMS mission managers will ensure that new strategic partners will undergo a due diligence process and be assessed for safeguarding risks before an agreement is made between the two parties. The risk assessment will be reviewed when appropriate for existing partners.
- ▶ In the absence of proper provisions to safeguard people from harm, the partner agrees to develop their own organisational policies and procedures within a time frame agreed with CMS. In the event of any discrepancies or differences in regards to an allegation or investigation that involves both the strategic partner and CMS, the higher standard will apply.
- ▶ 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, and this will also be reviewed when appropriate.

These will be monitored by the mission director in coordination with the safeguarding team.

## 2.3 Visitors

**When CMS staff and associated personnel visit organised activities with children and adults at risk (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 risk assessment is in place and that there are appropriate safeguarding procedures in place to cover such visitors
- ▶ Ensure that any visitors to CMS-linked projects who work directly with children or adults at risk must be accompanied when at the project at all times by their host or a mutually agreed strategic partner staff member.

## 2.4 CMS community members

CMS community members include those who have agreed to pray, learn and participate with CMS and receive regular communications from us. As such, 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.

Community supporters who organise events on behalf of CMS which are requested and/or approved by CMS, should be provided a copy of this policy and are required to undertake a risk assessment and/or ensure they have undertaken safeguarding checks relevant to the event.

Before organising an event, community members should contact the CMS advocates lead for further details.

## 2.5 Safe recruitment

CMS is committed to appointing, training, supporting and supervising all CMS staff and associated personnel, including trustees, in line with safe recruitment requirements. If you would like further information, please contact human resources staff in People and Learning group.

The PiM role and some UK staff and volunteer positions involve working with children and adults at risk. For these and those staff who supervise them, and for all trustees, CMS will obtain relevant UK and overseas criminal records checks.

As a member of the interagency Misconduct Disclosure Scheme, <https://misconduct-disclosure-scheme.org/>, CMS has:

- ▶ A commitment to *systematically* check with previous employers about any sexual exploitation and abuse issues relating to potential new hires
- ▶ A commitment to *respond systematically* to such checks from other organisations.

This will form part of the reference process for all positions in CMS, both volunteer and paid employment. CMS will send the implementation data from this process to the interagency Misconduct Disclosure Scheme by 31 January every year.

All recruitment of UK staff and trustees will be conducted in line with UK legislation, unless that conflicts with the local legislation where they are ordinarily resident.

CMS recruits individuals and families to serve in mission internationally. This can be for long term (MPs), short term (ST) GAP or as Mission Associates (MA). All advertisements for mission placements state the safeguarding requirements of the role. Those involved in the recruitment of PiM must undergo safer recruitment training. Throughout the selection process candidates will be assessed on their safeguarding knowledge/awareness. Employment references will cover five years of employment in line with SCHR requirements. All referees are also required to provide a separate safeguarding reference for the candidate. All candidates require a safeguarding check (DBS or equivalent) with the level of check required corresponding to their job description (provided by the strategic partner). Selected PiM will receive safeguarding training prior to departure.

Local partners are selected by strategic partners and are subject to their strategic partner's safeguarding policy, including safe recruitment. In the absence of proper provisions to safeguard people from harm, the partner agrees to develop their own organisational policies and procedures within a time frame agreed with CMS.

**Disclosure on DBS or police checks and self-declarations:** All issues of concern on a declaration form and DBS check should be brought to the attention of the Safeguarding Manager for discussion and deciding on when to undertake a formal risk assessment.

## 2.6 Training and management

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

Training staff and associated personnel with regards to prevention, recognition and responding to abuse is a proven method of reducing abuse within organisations. CMS therefore requires all staff and volunteers to attend mandatory annual safeguarding training in the following way:

### 2.6.1 People in Mission (PiM)

- Mission partners: Initial safeguarding and code-of-conduct training will be provided during the mission partner training period. Refresher safeguarding and code-of-conduct training must then be completed every year.
- PiM volunteers (short-term, GAP and mission associates): Initial safeguarding and code-of-conduct training will be received during the mission training programme. If they are volunteering for more than one year, safeguarding and code-of-conduct training must be completed every year.
- During their period of home leave, all PiM will meet with the safeguarding manager when they visit CMS House to provide a specific opportunity to raise issues or seek clarification. Any concern PiM have while working for CMS should be raised within 24 hours of being made aware of the concern.
- Records will be kept by the personnel leads for compliance of these training events and monitored through the annual appraisal system.

## **2.6.2 UK employees and volunteers**

- ▶ UK employees: Initial safeguarding and code-of-conduct training is provided during induction. Refresher safeguarding and code-of-conduct training must then be completed every year. Records will be kept by the HR team and monitored for compliance.
- ▶ Trustees: Initial safeguarding training is provided during induction and in addition trustees are required to complete three yearly training. Records will be kept by the PA to the CEO and monitored for compliance.
- ▶ If events are organised by CMS, or the CMS member community, the CMS group director who has responsibility for the event must make sure that all volunteers are safely recruited, sign the Safeguarding Policy and Code of Conduct, and receive relevant safeguarding training from CMS prior to the event. Records will be kept and monitored for compliance.

## **2.6.3 Management of all CMS staff and associated personnel – Code of Conduct**

As we work to achieve our safeguarding commitment, the CMS Code of Conduct will provide guidance in the face of ethical dilemmas for CMS staff and associated personnel. It shows what to do when a situation is complex by providing standards and values for you to follow and how to protect against situations that may damage you or CMS. It also seeks to ensure that CMS staff and associated personnel avoid using possible unequal power relationships for their own benefit.

The rules and guidelines contained in the Code of Conduct, together with the seconding strategic partner's policies and procedures where applicable, and the terms and conditions of employment (as outlined in the employment contract) or representation of CMS provide a framework within which all CMS employees, regardless of location, undertake to discharge their duties and to regulate their conduct. They also support CMS in its role in implementing, monitoring and enforcing these standards.

The Code does not exempt anyone; in accordance with relevant seconding strategic partner's policies and procedures, any breach may result in disciplinary action (including dismissal in some instances), and in some cases could lead to criminal prosecution.



## 3. Reporting of and responding to allegations or concerns of abusive behaviour

**All CMS staff and associated personnel have a responsibility to report any suspicions, concerns, allegations or disclosures of abuse, neglect, harassment or exploitation to the CMS safeguarding team.**

Any individual can raise a concern/complaint to CMS about an incident they have experienced, witnessed or heard about concerning a CMS staff member, associated personnel or strategic partner without fear of retribution.

Unless specifically requested to confidentially support investigations led by qualified safeguarding investigators, CMS staff and associated personnel **MUST NOT** investigate allegations or suspicions themselves.

CMS will respond to all concerns or allegations of abuse, neglect, harassment or exploitation in a professional and timely manner. All concerns or allegations will always be treated seriously.

### 3.1 Reporting a concern

Anyone (including members in the community where CMS staff and associated personnel work) can raise a concern or make a complaint to CMS about something they have experienced or witnessed without fear of retribution. You can do this verbally or in writing to the safeguarding team by email ([safeguarding@churchmissionsociety.org](mailto:safeguarding@churchmissionsociety.org)) or WhatsApp/Telegram/telephone (+44 7934 423698) or to your strategic partner safeguarding lead. A concern should be raised as soon as possible and usually **within 24 hours**.

If the concern in any way involves the safeguarding managers, please report to the Director for People and Learning. If the concern implicates both the safeguarding managers and the Director for People and Learning, then the report should be made to the CEO. If you believe the concern implicates the CEO, please contact the chair of trustees.

Depending on the nature of the complaint, where external independent support/intervention is required, CMS is committed to exploring this appropriately with relevant agencies/organisations.

#### 3.1.1 Confidentiality

- Complaints can be made anonymously. Every effort will be made to maintain confidentiality throughout the complaints process. Information that identifies individuals involved in a complaint will be limited to personnel with the absolute need to have such information and will not be shared further without obtaining the informed consent of the survivor, except if someone's life is at risk, a child is at risk, or as required by law in consultation with legal counsel and where safe to do so.
- Non-identifying information will be shared as per regulatory body reporting requirements.
- Staff involved in the complaints process will be made aware of the importance of maintaining confidentiality and may be asked to sign a confidentiality agreement.

- Employees who breach confidentiality may be subject to disciplinary action up to and including termination of employment, and others who work with CMS may have their relationship with CMS terminated. In some cases, such breaches may constitute breaking the law.

### 3.2 Responding to a report

CMS will respond in a professional and timely manner to all concerns or allegations of abuse, neglect, exploitation or harassment.

All concerns or allegations will always be taken seriously, and investigated and acted upon where appropriate, in line with our safeguarding principles listed below.

**Survivor-centred Approach:** A survivor-centred approach creates a supportive environment in which the survivor's rights and wishes are respected and prioritised, their safety is ensured, and they are treated with dignity and respect. A survivor-centred approach is based on the following guiding principles:

- Safety: The safety and security of the survivor and her/his children is the primary consideration.
- Confidentiality: Survivors have the right to choose to whom they will or will not tell their story, and information should only be shared with the informed consent of the survivor. However, there may be instances where a disclosure will need to be referred to the police or statutory authorities and this will override confidentiality. It will be dealt with as sensitively as possible and on a need-to-know basis.
- Respect: All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of safeguarding teams is to facilitate recovery and provide resources to aid the survivor.
- Non-discrimination: Survivors should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.
- Robust and accountable case management: All allegations of abuse, neglect, exploitation or harassment and subsequent follow-up will be documented in a secure and confidential database to ensure accountability. The report will be officially acknowledged within 24 hours, and a safeguarding team will convene a core group to assess immediate risks and next steps within 72 hours. If a referral is considered necessary, it should be made urgently to the Local Authority Designated Officer (LADO) of the local authority where the allegation took place.
- Investigations: CMS will carry out safe and discreet investigations, with the assistance of external investigators working with the CMS safeguarding team, recognising the rights of and duty of care to everyone involved, including complainant and/or survivor, witnesses and subject of complaint (SoC).
- Accountable decision-making: CMS will take swift and appropriate action against CMS staff and associated personnel who are found to have committed abuse, neglect, exploitation or harassment. This may include administrative or disciplinary action, and/or referral to the relevant local authorities if appropriate and safe to do so. A core group will be assigned in every investigation to ensure impartiality, transparency and accountability. The decision-making process will be subject to scrutiny by relevant safeguarding leads and/or advisers.

**Survivor support:** Survivors of abuse, neglect, exploitation or harassment are entitled to specialised support services. CMS commits to refer survivors to competent support services as appropriate and available and according to the wants and the needs of the survivor. Support may include specialist psychosocial support such as counselling, medical assistance, legal counselling and access to CMS Employee Assistance Programmes (where available). Assistance will be made available regardless of whether a formal internal response is carried out (such as an internal investigation).

### **3.2.1 Where a report involves an international or UK strategic partner**

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

Where CMS receives a complaint about a strategic partner organisation, CMS will expect the strategic partner to respond quickly, safely and appropriately as soon as they are aware. Where the concerns wholly relate to issues that are the responsibility of the strategic partner, the strategic partner's safeguarding process will be followed. In the event of any discrepancies or differences in regards to an allegation or investigation that involves both the strategic partner and CMS, the higher standard will apply. CMS will assist the partner to ascertain its reporting obligations.

Where appropriate, CMS will work with the partner to address the issue through an independent investigation. If the outcome is that abuse has occurred, ongoing work with the partner cannot involve the individual(s) concerned. If there is reason to believe that an allegation of abuse has been dealt with inappropriately by a partner, then the partner risks the withdrawal of funding, of CMS personnel or the ending of the relationship (including networks and consortia).

Any allegation against a person in mission who is a UK citizen will be reported to the LADO. The police and any other relevant organisations will also be informed where necessary.

### **3.2.2 Receiving complaints about external organisations/bodies**

Safeguarding complaints raised to CMS about other organisations/bodies should be referred to the relevant strategic partner safeguarding team, who will report cases to the relevant organisation involved where safe to do so. Referrals will need to consider circumstances that could indicate a potential risk of harm to an individual or others in the future. Complaints should be referred to local safeguarding working groups, networks and/or the charity commission/police where appropriate and safe to do so and/or in circumstances that could indicate a potential risk of harm to an individual or others in the future. CMS will not investigate cases related to other organisations but does have an obligation to report.

### **3.2.3 Receiving complaints about non-recent abuse**

Non-recent abuse generally refers to when an adult was abused as a child or young person under the age of 18, but also refers to any abuse that happened some time ago, even if the person was not under 18 when the abuse happened.

**Allegations by a survivor of past (non-recent) abuse of them, from within or outside CMS, should be taken seriously and responded to as effectively and appropriately as possible.**

CMS's responsibility to respond is restricted to where the survivor/victim was affected as a direct result of a CMS activity/programme/mission and/or where the alleged perpetrator used to work and/or continues to work at CMS.

### 3.3 Related policies and procedures

- ◆ Code of Conduct
- ◆ Bullying and Harassment Policy
- ◆ Whistleblowing Policy

### 3.4 Key staff for safeguarding

- ◆ Safeguarding manager
- ◆ Strategic partner safeguarding manager
- ◆ Director for people and learning
- ◆ CEO
- ◆ Chair of trustees



## Appendix 1: Definitions

### Abuse

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 person's (includes child) health, survival, development or dignity in the context of a relationship when one person has responsibility, trust or power over the other.

### Adult at risk

An adult at risk is any person aged 18 or over who is or may need care by reason of mental or other disability, age or illness, social, economic or political status, displacement, gender or sexuality, or a combination of these factors or there is a power differential and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. For example, in some settings or relationships, people may find themselves in less powerful positions than others, and this could, depending on all the circumstances, significantly impair their ability to protect themselves from physical abuse or exploitation by the person who is in the more powerful position. Other people may have physical or mental disabilities which may significantly impair their ability to protect themselves from abuse. The definition of 'adult at risk' recognises that people may move in and out of being vulnerable at various points in their life or when the context changes.

### Affluent Neglect

Affluent neglect is usually experienced in families with moderate to upper incomes and wealth and includes; emotional neglect, such as 'put downs' or comments designed to make a child insecure; pressure to succeed which is over and above that expected or which is above the capabilities of the child; drug and alcohol use for example recreational drug and alcohol which impairs their ability to care for the child, or a child being left alone while a parent meets friends either during the day or in the evening; domestic abuse – seen in all types of families and should not be ignored in those families who are financially more comfortable; Lack of supervision. (Working Together 2018).

### Allegation of misconduct

If at Core group meeting stage there is a decision to investigate the suspicion of misconduct, then it is treated as an "allegation of misconduct".

### Beneficiary

The beneficiaries of a charitable institution are the people or organisations that fall within the class of people who will or may be helped by the charitable institution. In the case of an appeal or a will, a beneficiary is a person or organisation who will or may receive a benefit from the appeal or the will.

### Bullying

Bullying is behaviour directed either against an individual or a group of individuals that creates a threatening or intimidating environment undermining the confidence and self-esteem of the recipient(s). It could be an abuse or misuse of power that humiliates or injures the recipient(s). This could be a one-off incident or repeated.

### Child

Anyone under 18 years old. This definition is recognised internationally as identifying a population who are particularly vulnerable and require additional safeguards to protect their rights. The definition of a child for the purposes of safeguarding should not be confused with the legal definition of a child or age limits set out in other relevant laws. The fact that a young person under the age of 18 may have reached the age of e.g. sexual consent, voting age etc. does not alter their inherent

vulnerability as a child. (United Nations Convention on the Rights of the Child, UNCRC & Working Together 2018)

## **Children and Adults with Disabilities**

A person has a disability if she or he has a physical or mental impairment and the impairment has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities. (The Equality Act 2010). Safeguarding disabled children, young people and young adults is everyone's responsibility especially because their vulnerability makes them more susceptible to all forms of abuse than people without impairments.

## **Child on Child Abuse**

Inappropriate behaviours between children that are abusive in nature including physical, sexual, or emotional abuse, exploitation, sexual harassment, all forms of bullying, coercive control, hazing/initiation rituals between children and young people, both on and offline (including that which is within intimate personal relationships). (Keeping Children Safe in Education).

## **Child and Forced Marriage (CFM)**

Child marriage is any marriage where at least one of the parties is under 18 years of age. Forced marriage is a marriage in which one and/or both parties have not personally expressed their full and free consent to the union. A child marriage is considered to be a form of forced marriage, given that one and/or both parties have not expressed full, free and informed consent. (United Nations Human Rights).

## **CMS staff and Associated Personnel**

Full-time and part-time employees, contractors, consultants, volunteers, PiMs and trustees.

## **Complainant**

The person who raises a complaint (this may or may not be the survivor).

## **Core Group**

A group that consists of the Safeguarding manager, the Director of People and Learning and a relevant manager or Director

## **Criminal record check (CRC)**

This term covers country-specific criminal records checks. UK-specific checks include those carried out by the Disclosure and Barring Service (formerly the Criminal Records Bureau) for England and Wales, Disclosure Scotland, and Access NI for Northern Ireland.

The following definitions of abuse should be used in all CMS safeguarding policies, though it may be necessary to contextualise these in each situation. (United Nations)

## **Directors**

Sometimes referred to as Executive Directors.

## **Domestic abuse**

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people who are or have been in a relationship. It can also happen between adults related to one another. It can seriously harm children and young people, and experiencing domestic abuse is child abuse.

## **Emotional or psychological abuse**

Emotional or psychological abuse includes (but is not limited to) humiliating and degrading treatment such as name-calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation.

## Exploitation

Any actual or attempted abuse of a position of vulnerability, differential power or trust, for one's own profit or for selfish purposes, including, but not limited to, profiting monetarily, socially or politically from the exploitation of another.

## Female Genital Mutilation (FGM)

FGM is a form of child abuse. It's dangerous and a criminal offence in the UK.

## Financial and material abuse

Financial exploitation takes many forms and often encompasses but is not limited to theft, forgery, misuse of property and power of attorney, denying access to funds, accusations of witchcraft that are used to justify property grabbing, ejection from homes of and denial of family inheritance to widows.

## Grooming

Generally, refers to behaviour that makes it easier for an offender to procure a child for sexual activity. For example, an offender may build a relationship of trust with the child, and then seek to sexualise that relationship (for example favouring a child, isolating a child, giving excessive attention or gifts, using sexualised language or physical contact, or exposing the child to sexual concepts through online sexual exploitation material).

## Harassment

Harassment means verbal, non-verbal or physical conduct, which relates to the person's special characteristics such as age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Such conduct is unwanted and made to humiliate the recipient.

## Harmful cultural practices

Harmful cultural practices, such as child marriage and female genital mutilation (FGM), are discriminatory practices committed regularly over such long periods of time that communities and societies begin to consider them acceptable.

## Local Authority Designated Officer (LADO)

The LADO gives advice and guidance to employers and others who are concerned about an adult who works with children and/or adults at risk including volunteers and agency staff.

## Local partners

Individuals that are financially supported by the Local Partner Programme.

## Neglect/omission to act and negligent treatment

Neglect or the omission to act 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.

## Online abuse

Online abuse is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets and mobile phones. And it can happen anywhere online, including: social media, text messages and messaging apps, emails, online chats, online gaming, live-streaming sites. Children and adults at risk are vulnerable to online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse might only happen online.

## Outcome of Investigation

Once an allegation is investigated and the investigation report is reviewed, the resulting recommendations are referred to as the “outcome of investigation”.

## People in Mission (PiM)

**This term refers to:**

- ◆ Mission partners- people serving long term in mission and financially supported by CMS
- ◆ Mission associates- people serving in mission, not placed but endorsed by CMS
- ◆ short-termers- people serving in mission for less than three years, placed by CMS
- ◆ GAP year volunteers- people placed by CMS in a mission experience

## Physical abuse

Physical abuse 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

## Prevent

Prevent is one part of the government's overall counter-terrorism strategy. It tackles the ideological causes of terrorism; intervene early to support people susceptible to radicalisation; enable those who have already engaged in terrorism to disengage and rehabilitate. Safeguarding vulnerable people from radicalisation is no different from safeguarding from other forms of harm.

## Safeguarding

In CMS we use the term to mean the measures put in place by CMS to prevent, report and respond to various forms of harm that could occur through the actions/inactions of our organisation through all activities. This includes harm to children, adults at risk and our own staff.

## Sexual Abuse

The term “sexual abuse” means the actual or threatened physical intrusion of a sexual nature using a body part or an object, whether by force or under unequal or coercive conditions. This includes exposing, undressing, touching, speaking, kissing, watching and behaving inappropriately or making the child or adult at risk to undress, touch, speak, watch or behave sexually inappropriately with another for one's sexual gratification. Sexual abuse also includes showing pornography or taking inappropriate photos, making or viewing or distributing sexually abusive images or videos, and forcing a child to take part in online activities such as chatting, exposing, masturbating or other inappropriate activity of a sexual nature.

## Sexual Exploitation

Any actual or attempted abuse of a position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. CMS recognises that the terms sexual abuse and exploitation represent a wide spectrum of behaviours and are not limited to the act of sexual intercourse.

## Sexual Harassment

Any unwelcome sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature, or any other behaviour of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another. Such conduct will also be considered sexual harassment when it interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. While typically involving a pattern of behaviour, it can take the form of a single incident. Sexual harassment may occur between persons of the opposite or same sex. Both males and females can be either the victims or the offenders.



## Spiritual Abuse

- Spiritual abuse may occur on its own, or alongside other forms of abuse, such as physical, sexual or domestic abuse.
- It may be used to 'legitimise' or facilitate other forms of abuse.
- It is often an integral element of other experiences of abuse within the Christian Church and other faith contexts and it is important that in investigating disclosures of other forms of abuse, spiritual abuse is considered.
- It is linked with emotional, psychological and spiritual abuse which could be defined as an abuse of power, often done in the name of God or religion, that involves bullying and harassment, including intimidation, manipulation and inducing fear or coercing a child or adult into thinking, saying or doing things without respecting their right to choose for themselves.
- The abuse might be any combination of psychological, physical, sexual or emotional abuse.

## Strategic partner

This is an organisation that CMS supports directly by grants and/or seconding a PIM to work with them.

## Subject of complaint/subject of concern/SoC

The person against whom the allegation, complaint or concern has been raised.

## Suspicion of misconduct

A concern that has been raised through any of the reporting pathways. This suspicion is assessed at an initial case Core Group Meeting.

## Survivor

Any survivor/victim of harassment, exploitation or abuse allegedly perpetrated by CMS employees or representatives, or as a direct result of CMS work. Survivors can be adults or children and may include victims of modern slavery, CMS staff and people from the communities in which we work.

Some people prefer to be called victims because they do not feel yet they have survived. Others prefer to be called survivors because they do not like being defined as victims. The best way is to be respectful and to ask for their preference.

## Trustees

Sometimes referred to as non-executive Directors

## UK staff

This refers to those based in the UK (excluding Ireland), including employees, whether they are paid or voluntary.

## Appendix 2:

# Reporting/recording an incident template

If the suspicion/concern/incident relates directly to CMS staff or associated personnel, this form should be completed with as much information as possible and sent encrypted to [safeguarding@churchmissionsociety.org](mailto:safeguarding@churchmissionsociety.org) within 24 hours or as soon as possible after the disclosure. Please retain a copy for yourself in a locked file.

### CONFIDENTIAL

Part One: About you
Your name:
Your relationship to the person (alleged victim):
Name of organisation/church:
Part Two: About the person for whom you have a concern or who has made an allegation
Person's name:
Tick the box below to state if a child or adult
<input type="checkbox"/> Child
<input type="checkbox"/> Adult
Is the person male or female:
Person's address:
Who the person lives with:
Person's date of birth/age:
Parent's/carers name(s):
Home address (and telephone no. if available):
Siblings (if any):

### 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/adult disclose the abuse?
- If the abuse happened to an adult, have you sought their consent to share and refer their case to other organisations?
- If not why?

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.

Exactly what the child/young person/adult 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.)

Any other information (e.g. is the child/young person/adult disabled? Are there any communication problems? Or a learning difficulty?):

Were any other children/young people/adults involved?

External agencies contacted (if any) – date and time, name of person and any advice received:

Action taken:

Signed:

Date:

## Appendix 3

### Non-identifying safeguarding report

This summary document should be completed where safeguarding concerns wholly relate to issues that are external to CMS staff and associated personnel (including their families) that our CMS staff are aware of. In such circumstances this summary document should be completed and should be returned to [safeguarding@churchmissionsociety.org](mailto:safeguarding@churchmissionsociety.org). 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 personnel are aware of in order to identify trends, offer support where appropriate and hold strategic partners to account.

Non-identifying safeguarding report	
Your name and role:	
Date:	
Nature of the case (type of abuse that was disclosed along with any other important details):	
Approximate location:	
Actions being taken:	



## Appendix 4:

# CMS responding to a report process

### 1. Dealing with the initial report

**1.1** Reports can reach CMS through various routes – email, text, social media, informal discussion or rumour. If a CMS staff member hears something in an informal discussion or chat that they think is a safeguarding concern, they should report this to the safeguarding manager within 24 hours.

**1.2** If a safeguarding concern is disclosed directly to a member of CMS staff and associated personnel, the person receiving the report should:

- Listen
- Assure the person we are taking the allegation seriously
- Ask who, when, where, what but not why
- Repeat/ check your understanding of the situation
- Report to the appropriate staff member (see below).

**1.3** The person receiving the report should then document the following information, using an Incident Report Form (see appendix 2 for the Incident Report Form):

- Name of person making report
- Name(s) of alleged survivor(s) of safeguarding incident(s) if different from above
- Name(s) of alleged perpetrator(s)
- Description of incident(s)
- Dates(s), times(s) and location(s) of incident.

**1.4** The person receiving the report should then forward this information to the safeguarding manager or appropriate safeguarding lead in the strategic partner organisation within 24 hours. However, **DO NOT DELAY** reporting a suspicion/concern/incident because the written report is not ready/completed – explain that it will be coming.

Once this has been submitted, where safeguarding concerns wholly relate to issues that are external to CMS staff and associated personnel (including their families) that our CMS staff are aware of, the person should also complete a Non Identifying Report Form and send this to the CMS Safeguarding Manager. (See Appendix 2 and 3 for the Report Forms.) Depending on the nature of the allegations, the safeguarding manager will inform LADO for guidance and the police before investigations commence.

On occasion it might not be appropriate to report to the police. This might be in countries where financial influence may play a part in how the police work or where reporting concerns may not be in the best interests of the survivors/victims of abuse. For example, after a visit from the police the community might shun the survivor or cause them to be further abused because of community, religious or wider cultural beliefs. Where this might be the case, it should be discussed with CMS Safeguarding Leads, a decision made and careful records kept.

**1.5** Due to the sensitive nature of safeguarding concerns, confidentiality must be maintained during all stages of the reporting process, and information shared on a limited

need-to-know basis only. This includes senior management who might otherwise be appraised of a serious incident.

**1.6** If the reporting staff member is not satisfied that CMS or the strategic partner is appropriately addressing the report, they have a right to escalate the report either up the management line, to the Board (or other governance structure), or to an external statutory body. The staff member will be protected against any negative repercussions as a result of this report.

## 2. Assess how to proceed with the report

**2.1** The safeguarding manager will review the report and determine whether it is possible to take this report forward:

- Does the reported incident(s) represent a breach of safeguarding policy?
- Is there sufficient information to follow up this report?
- Has advice been sought from the LADO or Thirtyone:eight?

**2.2** If there is insufficient information to follow up the report, and no way to ascertain this information (for example, if the person making the report did not leave contact details), the report should be filed in case it can be of use in the future. For example, CMS look at any wider lesson learning we can take forward.

**2.3** If the report raises any concerns relating to children under the age of 18, seek expert advice immediately. If at any point in the process of responding to the report (for example, during an investigation) it becomes apparent that anyone involved is a child under the age of 18, the safeguarding manager should be immediately informed and should seek expert advice before proceeding. Do not interview younger children as part of the investigation process unless under very specific circumstances and following advice from child protection experts.

**2.4** If the decision is made to take the report forward, ensure that you have the relevant expertise and capacity to manage a safeguarding case. If you do not have this expertise in-house, seek immediate assistance, through external capacity if necessary.

**2.5** Clarify what, how and with whom information will be shared relating to this case. Confidentiality should be maintained at all times, and information shared on a need-to-know basis only. Decide which information needs to be shared with which stakeholder – information needs may be different.

**2.6** CMS may have separate policies depending on the type of concern the report relates to. For example, workplace sexual harassment is dealt with through the CMS Personnel Harassment Policy.

If there isn't a policy for the type of report that has been made, follow the procedures set out in this document.

**2.7** Check your obligations on informing relevant bodies when you receive a safeguarding report. These include (but are not limited to):

- Funding organisations
- Umbrella bodies/networks
- Statutory bodies (such as the Charity Commission in the UK).

Some of these may require you to inform them when you receive a report; others may require information on completion of the case, or annual top-line information on cases.

When submitting information to any of these bodies, think through the confidentiality implications very carefully.

Where a serious incident report is made to the Charity Commission, it should also be sent to the following bodies:

- The CMS Episcopal Visitor
- The Church of England National Safeguarding Team
- Oxford Diocese Safeguarding Lead

### 3. Provide support to survivor where needed/requested

**3.1** Provide appropriate support to survivor(s) of safeguarding incidents. This should be provided as a duty of care even if the report has not yet been investigated. Support could include (but is not limited to):

- Psychosocial care or counselling
- Medical assistance
- Protection or security assistance (for example, being moved to a safe location).

**3.2** All decision-making on support should be led by the survivor. Any decision made with a child (or an adult at risk in need of additional support) should be made in the presence of an appropriate adult who can make sure that the welfare of the child (or adult at risk in need of additional support) is upheld.

### 4. Provide support to those going through investigation

In managing any allegation there is a need for CMS to consider the support needs of individuals involved. Support may include responding to the impact from shock or anger for example. It will include support for the person who raised the concern at the outset and the person who is the subject of the allegation.

### 5. Assess any protection or security risks to stakeholders

**5.1** For reports relating to serious incidents: undertake an immediate risk assessment to determine whether there are any current or potential risks to any stakeholders involved in the case, and develop a mitigation plan if required. There is a risk assessment template at the bottom of this document.

**5.2** Continue to update the risk assessment and plan on a regular basis throughout and after the case as required.

### 6. Decide on next steps

**6.1** The safeguarding manager along with the Core Group decides the next steps. These could be (but are not limited to)

- No further action (for example, if there is insufficient information to follow up, or the report refers to incidents outside the organisation's remit)
- Investigation is required to gather further information
- Immediate disciplinary action if no further information needed
- Referral to relevant authorities.

**6.2** If the report concerns associated personnel (for example, contractors or consultants), the decision-making process will be different. Although associated personnel are not staff members, we have a duty of care to protect anyone who comes into contact with any

aspect of our ministry from harm. We cannot follow disciplinary processes with individuals outside our organisation; however, decisions may be made, for example, to terminate a contract with a supplier based on the actions of their staff.

**6.3** If an investigation is required and the organisation does not have internal capacity, identify resources to conduct the investigation. Determine which budget this will be covered by.

## 7. Manage investigation if required

**7.1** Refer to the organisation's procedures for investigating breaches of policy. If these do not cover safeguarding investigations, use external guidelines for investigating safeguarding reports, such as the CHS Alliance Guidelines for Investigations.

## 8. Make decision on outcome of investigation report

**8.1** The Core Group decides, based on the information provided in the investigation report. Decisions relating to the subject of concern should be made in accordance with existing policies and procedures for staff misconduct.

**8.2** If at this or any stage in the process criminal activity is suspected, the case should be referred to the relevant authorities unless this may pose a risk to anyone involved in the case. In this case, safeguarding manager together with other senior staff will need to decide how to proceed. This decision should be made bearing in mind a risk assessment of potential protection risks to all concerned, including the survivor and the subject of concern.

**8.3** A final Core Group / discussion should be held to ensure that all tasks have been completed, including any referrals to the DBS if appropriate and, where relevant, agree an action plan for future practice based on lessons learnt.

The following definitions will be used when sharing the outcome with the LADO when determining the outcome of allegation investigations:

- ◆ **Substantiated:** there is sufficient evidence to prove the allegation;
- ◆ **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;
- ◆ **False:** there is sufficient evidence to disprove the allegation;
- ◆ **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation; the term therefore does not imply guilt or innocence;
- ◆ **Unfounded:** to reflect cases where there is no evidence or proper basis which supports the allegation being made.

## 9. Conclude the case

**9.1** Document all decisions made resulting from the case clearly and confidentially.

**9.2** Store all information relating to the case confidentially, and in accordance with CMS policy and local data protection law.

**9.3** Record anonymised data relating to the case to feed into organisational reporting requirements (e.g. serious incident reporting to Board, safeguarding reporting to donors), and to feed into learning for dealing with future cases.



## Risk assessment template

Risk identified	Likelihood (1–5)	Impact (1–5)	Gross risk (Likelihood x Impact)	Mitigation strategies	Revised gross risk (L x I)	By whom?	Review when?
Survivor							
Family/ community							
Subject of concern							

## Initial Core Group meeting

After a disclosure or incident, an initial core group meeting will be formed. This will include the safeguarding manager, the director for people and learning, the relevant group director and/or the most relevant manager. If the incident is to be reported to the Charity Commission as a serious incident, the trustee with safeguarding responsibilities will be informed.

The responsibility for dealing with concerns rests with the safeguarding manager and if they are not available, it will rest with the designated safeguarding lead within the senior leader team (the director for people and learning). 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 of children and adults at risk in the UK (and countries where services exist) rests with the police and local social services department. Advice may need to be sought from them, the local social services or another safeguarding agency such as the organisation, Thirtyone:eight. If it is decided that external reporting should not take place, this decision should be unanimous and also agreed with the person making the complaint or the survivor in question, if they are of an age or have the understanding or capacity to make informed decisions. There must be a clear rationale for that decision, which should be recorded. CMS may carry out its own internal administrative investigation.

## Core group

Once a disclosure is made, the Safeguarding Manager will assess and advise on convening a core group. CMS can only investigate if the alleged perpetrator is CMS staff, PiM or associated personnel. 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
- ◆ The core group will inform the relevant HR/Mission Personnel Manager if there are any HR implications such as a suspension or disciplinary action.

Complete the investigation and produce a final report and action ideally within 30 days, depending on the complexity and nature of the allegation.

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

## Investigating a safeguarding concern

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 policies are applied. CMS does not have the power of legal investigation, and if required it may commission an external investigation.

Where there is a significant concern about the strategic partner, we will report to the local statutory authorities and any other relevant organisations, 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. It is necessary that CMS follows UK requirements subject to UK law.

## False Allegations

Allegations of abuse should always be taken seriously and reported to the safeguarding manager. A retraction of an allegation does not mean that it is untrue. However, there are times an allegation has been deemed to be false (in which there is sufficient evidence to disprove the allegation) and the following need to be kept in mind:

Previous allegations found to be false do not mean that the new allegation should not be taken seriously.

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.

## Review of practice, process and policy after cases

It is important that CMS learns from managing safeguarding concerns. 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.

## Pastoral care

### Supporting those affected by abuse

CMS is committed to offering pastoral care and support to all who have been affected by abuse, whether survivor or those involved in the process of this investigation, including those in CMS.

### Working with former offenders and those who may pose a risk

When CMS personnel are 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 that they are prohibited from having close contact with children and/or adults at risk, which they will be expected to keep. These

boundaries will be based on an appropriate risk assessment and through consultation with appropriate parties.

## **Appendix 5:**

# **Visibility, accountability and supervision**

### **Adult-to-child/adult at risk 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, we will abide by the recommended ratios in staffing ratios (see below).
- Where confidentiality is important and a child/adult at risk 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. Line managers should periodically and randomly inspect areas where children/adults at risk and adults are together.

#### **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.

**The following touches 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.

In line with the CMS Code of Conduct, the following behaviours between personnel and children and adults at risk 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/adult at risk
- ▶ sleeping in bed with a child/adult at risk
- ▶ inappropriate comments that relate to physique or body development
- ▶ flirtatious or seductive looks or behaviour
- ▶ any form of affection that is unwanted
- ▶ showing sexually suggestive videos or playing sexually suggestive games
- ▶ any behaviour that could be interpreted as sexual in nature.
- ▶ Using language, making suggestions, offering advice or acting in any way which is offensive, or abusive, that may cause shame, humiliation, or is belittling or degrading in nature.
- ▶ Exchanging money, employment, goods or services for sex including sexual favours. Other forms of humiliating, degrading or exploitative behaviour or hiring sex workers is prohibited. This includes exchange of assistance that is already due to beneficiaries.
- ▶ Hiring children in any form of child labour that may interfere or harm their physical, developmental, emotional, and spiritual wellbeing; CMS staff and associated personnel should not hire children as “house help”, even if they are in their home with their primary caregiver who may be a house help.
- ▶ Providing lifts to beneficiaries in a vehicle, except with express permission from line managers and the parents/primary caregivers/guardians of those responsible for children.
- ▶ Doing things of a personal nature for a beneficiary which they can do for themselves.
- ▶ Staying silent, covering-up or enabling any known or suspected safeguarding incident or breach of Safeguarding policy involving any CMS staff and associated personnel.

Team members should monitor each other in the area of physical contact, helping each other by pointing out anything that could be misinterpreted and raising concerns for behaviour that is inappropriate.

**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 survivor can be as great.

Approximately one third of sexual offences are committed by children and young people (NSPCC). 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 subject of concern 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 child should be left formally in charge of any children of any 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 subject of concern, 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 and adult at risk 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 personnel sickness or other possible events that may reduce the number of responsible personnel available. This can all be recorded on the Risk Assessment Form which will be completed as part of the preparation of the event. (see appendix 6 for the risk assessment form).

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/adults at risk with whom you will be working, regularly asking the Holy Spirit to help you with the work, and working cooperatively 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 personnel 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 for groups of children/adults at risk for longer than two hours and the parents/guardians/carers are not on the premises, the following personnel 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 of children/adults at risk, 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 6:

# Event risk assessment template

### Risk assessment form for...

Please fill in the below form to assess the safeguarding risk for children and adults at risk. For more information please refer to the CMS Safeguarding Policy and/or speak to the safeguarding officer.

**DATE:**  
**LOCATION:**

**ASSESSED BY:**  
**ASSESSMENT NO:**

**TASK/ EVENT:**

**REVIEW BY:**  
**REVIEW DATE:**

No.	Activity/ location	Potential risk	Persons at risk	Severity 1-3	Likelihood 1-3	Risk level	How to mitigate risks	Mitigated risk level	Activity/ location
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									

To assess the severity and likelihood of a risk occurring, use the key below:

#### Likelihood of occurrence

#### Likelihood level

Harm is certain or near certain to occur  
Harm will often occur  
Harm will seldom occur

High 3  
Medium 2  
Low 1

#### Severity of harm

#### Severity level

Death or major injury/incident  
3-day injury or illness or serious incident  
All other injuries or illness/incidents

Major 3  
Serious 2  
Slight 1

To work out the risk level, multiply the severity by the risk. Risk = Severity x Likelihood. Write the risk level down as low, medium or high.

Likelihood	Severity		
	Slight 1	Serious 2	Major 3
Low 1	Low 1	Low 2	Medium 3
Medium 2	Low 2	Medium 4	High 6
High 3	Medium 3	High 6	High 9

#### Organisational risk levels:

- ◆ 6–9 high risk
- ◆ 3–4 medium risk
- ◆ 1–2 low risk

## Appendix 7: Back pocket guide

### What to do in the event of a disclosure

#### Take the complainant seriously by:

- ◆ Reacting calmly
- ◆ Reassuring them that they were right to speak
- ◆ Not promising 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.

### Here are the steps you can take when first reporting a circumstance of abuse or maltreatment:

- ◆ If a child/adult at risk has approached you, make sure they know they have done the right thing.
- ◆ Listen carefully to their story and respect their rights.
- ◆ Notify the child/adult at risk that only the people who need to know will be informed.
- ◆ Don't try to solve the situation yourself or confront anyone.
- ◆ Remember to take all claims seriously.
- ◆ Write up their narrative, giving as much detail as possible. Remember to include date and time, what was said and any names and locations.
- ◆ Never use the word "inappropriate" in a record
- ◆ Don't disclose any information to non-relevant parties.
- ◆ Contact your CMS safeguarding manager immediately and inform them of the situation using the report you made. The safeguarding manager will take appropriate action.
- ◆ If the safeguarding manager is unavailable and you believe the situation to warrant further action, contact a child protection agency or the police.

It is necessary to note that reports will be treated with confidentiality and only shared with those relevant to the case. On occasion, the report may be used in court as well as during Local Authority safeguarding children's conferences as part of evidence to contribute to decision making.

### Helpful things to say:

- ◆ I take what you say seriously
- ◆ I am pleased that you have told me.
- ◆ Thank you for telling me.
- ◆ 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

- ◆ **IMMINENT RISK:** 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.

- Contact the CMS safeguarding team/strategic partner safeguarding lead and statutory agency/authority where appropriate and safe to do so.
- 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/strategic partner/statutory agency or authority.
- **DO NOT INVESTIGATE THE DISCLOSURE YOURSELF.**

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.
- ▶ Do not delay reporting any safeguarding concerns. This should be reported within 24 hours.
- ▶ 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 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 concern 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 8:

### Cultural application

CMS is committed to the implementation and application of Interagency Standing Committee (IASC) principles and standards. As such, these standards will continue to apply in spite of cultural differences.

CMS recognises that all staff and associated personnel need to be able to respond in a timely and professional manner when an incident occurs or they are made aware of one happening. To aid this, it is recommended in training that PiM carry out a service mapping exercise to determine safeguarding organisations, social services, and other resources, drawing on the local knowledge and experience of the strategic partner. The template below is a guide to assist in this.

**For more information or advice on your specific context, please contact the mission manager for your region and/or the CMS safeguarding manager.**

Name of service	Service provider	Contact details (phone, email, address)	Whom to contact (name, position)	Other info (hours open, fees payable)	Target group (women & children, men & boys, LGBTQ+, those with disabilities, etc.)	Review date

#### Version control

This policy will be reviewed and updated every three years or as earlier as required to comply with legislation or external and internal changes. Existing policies that need to be reviewed must comply with this policy.

Version	Approved by	Approval date	What has changed

## **Appendix 9:**

# **Safeguarding Policy declaration**

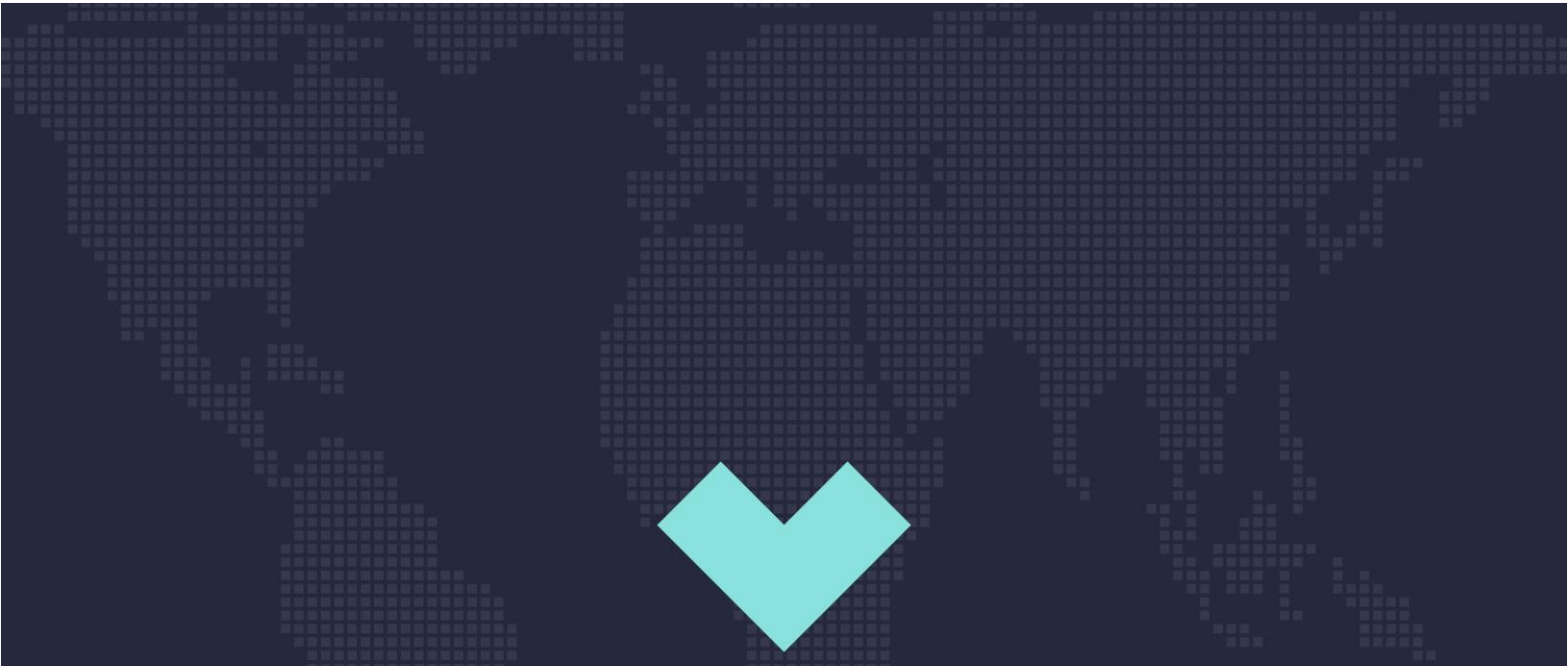
I/We declare that I/we have:

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 \_\_\_\_\_



**With Jesus**  
**With each other**  
**To the edges**



Church Mission Society  
Watlington Road,  
Oxford, OX4 6BZ

+44 (0)1865 787400  
[info@churchmissionsociety.org](mailto:info@churchmissionsociety.org)  
[churchmissionsociety.org](http://churchmissionsociety.org)

Connect with us on



---

Church Mission Society is a mission community acknowledged by the Church of England, Registered Company No. 6985330 and Registered Charity No. 1131655 (England and Wales) and SC047163 (Scotland). Also part of CMS: The South American Mission Society, Registered Company No. 65048 and Registered Charity No. 221328 (England and Wales); The Church Mission Society Trust, Registered Charity No. 1131655-1 (previously 220297). Registered and principal offices of all above entities: Watlington Road, Oxford, OX4 6BZ.