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Safeguarding Policy

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SECTION A Introduction

BMS is committed to the safety and well-being of all those involved with, and who come into contact with, our organisation including all of our staff, volunteers and mission personnel and their children as well as other vulnerable people. We recognise our duty of care for all such people and have policies and procedures in place to reflect this. Children and adults at risk of abuse or neglect may be more vulnerable and therefore in order to protect them, BMS workers are required to conduct themselves with the utmost professionalism and integrity at all times. This policy focuses primarily on the safeguarding of children and adults at risk. Other policies which help us protect those who come into contact with BMS include :

- Whistleblowing policy
- Grievance policy and procedures
- Disciplinary policy & procedures
- Bullying and Harassment policy
- Informed Consent policy

The BMS policy is informed both by biblical principles (see Appendix 1) and in the case of children by principles which derive from the UN Convention on the Rights of a Child as follows:

- All children have equal rights to safeguarding from abuse and exploitation
- All children should be encouraged to fulfil their potential and inequalities should be challenged
- Everybody has a responsibility to support the care and safeguarding of children
- INGOs have a duty of care to children with whom they work and with whom their representatives work
- If agencies work through partners, they have a responsibility to meet minimum standards of safeguarding for the children in their partners' programmes

BMS further recognises that:

- Children and adults may be at risk of abuse and exploitation not only from individuals in the communities in which they live but also by aid workers and volunteers
- Children may be at risk from internet activity, especially unsupervised, online interaction
- Children and at risk adults are especially vulnerable to abuse and exploitation in emergencies
- Safeguarding systems in the different countries in which INGOs work are often weak and leave agencies and staff facing complex child safeguarding dilemmas
- There are huge difficulties in applying child safeguarding principles in the many different legal, social and cultural contexts in which international agencies work
- This policy must be applied in ways that are culturally sensitive but without condoning acts of maltreatment that are universally described as abusive

- A clear distinction should be made between children and adults at risk in need of safeguarding due to poverty, conflict or crisis and specific acts of maltreatment towards children and adults at risk
- There should be a clear mechanism for evaluating the existence and effectiveness of local child welfare/judicial infrastructure in each country in which BMS works and a clear process for deciding how to work with it
- Parents/carers are responsible for instructing their own children with regard to safe behaviour, e.g. about appropriate touch and/or safe practices for using the internet

Note: This policy covers the work of BMS volunteers, mid and long-term personnel and staff and is not intended to prescribe how a parent might treat their own child. For example, we recommend that mission personnel do not invade the privacy of children and adults while washing and showering (D1.2), but this does not, obviously, refer to parents and carers with their own children.

Terminology

Adults at risk of abuse or neglect: Throughout this safeguarding policy the term 'adults at risk of abuse and neglect' is used, sometimes shortened to 'adults at risk' or just 'adults'. This reflects the moving away from the term 'vulnerable adults'. The Care Act 2014 uses the term an adult with care and support needs, though other adult safeguarding legislation within the UK uses adult at risk. Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems and carers. BMS has chosen to use adult at risk as a generic term and provides detailed definitions (Appendix 2).

SECTION B Recruitment and UK practice

B1 BMS workers seek to develop such a community of care that children and adults at risk find in BMS a safe, supportive and healing community.

B2 BMS follows best practice guidelines for safer recruitment such as in the questions asked in application forms and references. Space is given for previous names, details of any previous work done specifically with children and adults at risk, details of any previous dismissal from a post working with children and adults at risk or for misconduct and if an applicant has had a child removed from their care.

B3 All personnel going overseas for more than one month, and anyone co-opted to work with children and adults at risk, as well as anyone serving for less than a month but working with children and adults at risk, will be asked for an appropriate level of criminal record disclosure. As a UK based organisation, we obtain these initially through the Disclosure and Barring Service (DBS) and for overseas personnel subsequently through obtaining an International Child Protection Certificate (ICPC). Overseas personnel may not proceed to their placement if the appropriate person in BMS has not received confirmation that an appropriate disclosure has been obtained. For non-UK resident personnel, equivalent checks will be obtained.

B4 In keeping with our data protection obligations, including GDPR requirements, information regarding criminal record checks or self-disclosures is handled only by recognised individuals. Disclosure reference numbers are noted on personal records, which are kept confidential.

B5 All staff who work with, or have access to, children and adults at risk on a regular or intensive basis as part of their job role will be required to obtain an enhanced disclosure with barred list check. This includes staff travelling overseas to stay with and care pastorally for families and their children. If in doubt, please refer to the flow chart in **Appendix 6** ('Who should have a criminal record check?')

B6 BMS follows an equal opportunities policy which includes a section relating to the rehabilitation of offenders in accordance with advice from the Disclosure and Barring Service. In reference to recruitment of UK staff, see Staff Handbook 'Equal Opportunities Policy'.

B7 In line with best practice, all BMS personnel requiring a criminal record check will obtain a DBS check at acceptance and have it renewed every three years. For overseas mission personnel from the UK we will obtain the ICPC for renewals every three years instead of the DBS check. For mission personnel who are not British nationals we will obtain ICPC where possible and local police checks. Where possible, all BMS overseas mission personnel should obtain a

local police check clearance certificate every three years, a copy of which should be sent to the Head of Mission Programmes.

Approach to managing allegations

B8 As necessary, every effort will be made to offer appropriate support for victims and survivors of abuse, in conjunction with statutory and any other relevant authorities.

When an accusation of abuse against a child or an adult at risk is made, the person accused is deeply hurt and a community is often thrown into turmoil. Because all allegations must be followed up with the utmost seriousness, it can sometimes feel as if the person who is being accused is being treated as guilty before they have had a chance to answer the charges. All of those who work with children and adults at risk in whatever context are vulnerable to this eventuality.

When accusations are made, appropriate support will be made available to both those making an accusation and those being accused.

B9 BMS has a responsibility of pastoral care towards the person who has offended in the past, no matter what the offence.

SECTION C Training

C1 There is an induction process for all overseas workers and staff which includes familiarisation with the safeguarding policy and procedures.

C2 All workers are provided with opportunities to learn how to recognise and respond to concerns about child abuse or abuse against adults at risk.

C3 Workers with special responsibilities in relation to safeguarding children and adults at risk should have relevant training and regular opportunities to update their knowledge and understanding scheduled as part of their ongoing training schedule.

C4 Training should be provided to those responsible for dealing with complaints and disciplinary procedures in relation to child abuse and inappropriate behaviour towards children and adults at risk.

C5 All BMS mission workers and any UK staff who have access to, or work with children and adults at risk, should have regular and ongoing safeguarding training. Everyone should have opportunity of undertaking safeguarding training as part of their induction. At a minimum this should be renewed every three years.

SECTION D General principles

D1 The way we work

D1.1 BMS workers will treat all children and adults at risk with respect and dignity. Age-appropriate language and tone of voice should be used.

D1.2 BMS workers will not engage in any of the following:

- invading the privacy of children and adults at risk when they are using the toilet or showering
- informal rough games involving inappropriate physical contact between a leader and a child or adult at risk
- sexually provocative games
- making sexually suggestive comments about or to a child or adult at risk, even in 'fun'
- scapegoating, belittling, ridiculing, or rejecting a child or adult at risk
- controlling or disciplining children or adults at risk using physical punishment or by humiliating them
- taking or viewing inappropriate photos or videos of children or adults at risk

D1.3 Workers should not respond to excessive attention-seeking that is overtly sexual or physical in nature.

D1.4 All BMS workers should seek to avoid being on their own in a closed room with children or adults at risk.

D2 Touch

D2.1 Workers must be conscious that what to them is an innocent touch may have another, more sinister meaning for a child or adult at risk who has experienced abuse previously. If a child or adult at risk is cringing or responding in a negative way to being touched, workers should stop immediately and find an alternative, non-tactile way to convey concern.

D2.2 Workers should always be prepared to answer the question, "For whose benefit is this touch taking place?" It is advisable to avoid touching a child or adult at risk when no-one else is present in the room. If another worker is seen acting in a way that might be misconstrued, they or a leader should be spoken to regarding these concerns.

D3 Abuse of trust

D3.1 A leader is someone in whom the child or adult at risk has placed a degree of trust. In every case, however, that relationship is not one of equal partners and there is the potential for

the trust to be abused by the leader, who is in a position of power over the child or adult at risk. It is now acknowledged that the imbalance of power means that it is wrong for a teacher to develop a sexual relationship with anyone under 18 in their care or for a doctor to enter into a sexual relationship with a patient.

D3.2 It is not acceptable for a leader to form what they may regard as a 'romantic' relationship with a child or adult at risk with whom they have a relationship of trust. The inappropriate nature of such relationships is obvious where the leader is an adult, but less so when the leader is also a young person. However, if such a romantic relationship did occur, there would still be a confusion of the roles of leader and romantic partner. In these circumstances the leader should cease either the relationship of trust or the romantic relationship with the young person.

D3.3 It is always wrong for a leader to enter into a sexual relationship with a young person or adult at risk. Whilst young people aged 16 or 17 may be able to legally consent to sexual activity in their own country, they may still be emotionally immature. Their vulnerability could be exploited either deliberately or unwittingly. In these circumstances it does not make any difference whether or not the sexual relationship is consensual. The imbalance of power makes it an abuse of trust.

D3.4 The appropriate legal authorities will always be notified and due process carried out if an accusation of inappropriate behaviour is made against a BMS overseas worker or member of staff. See section F5 for full details of the process of response BMS will follow on receipt of allegations of abuse.

D3.5 If, after appropriate due legal process, and following established disciplinary procedures, any BMS worker or member of staff is found to have abused a child or adult at risk, they will be summarily dismissed.

D3.6 Under such circumstances, where a person in a position of trust, has been in regulated activity then BMS has a legal duty to refer the BMS worker or member of staff to the DBS for barring consideration. If barred this would result in them not being able to work in either the children's or adults at risk work force.

D4 Teenage helpers

Careful consideration needs to be given to the work teenagers will be doing with children, young people or adults at risk and the degree of supervision and support they will receive. It is the view of BMS that there should be a minimum age of 16 before allowing teenagers to work with children or adults at risk. In doing this, it is being made clear that the safeguarding of children and adults at risk is taken seriously and that BMS sets a high value on work with children, young people and adults at risk.

D5 Under eighteens

D5.1 BMS, on occasion, will accept seventeen-year-olds onto a team, and as these applicants are considered to be minors the following procedures will be followed:

- Parental permission to go on a BMS team must be obtained and parents and carers made aware that BMS has an Abuse of Trust guidelines in place to safeguard their children.
- Secure sleeping arrangements will be organised. Hosts of those under 18 should be made aware of the Abuse of Trust guidelines (see D.3) and agree to the policy and procedural guidelines as outlined in the Safeguarding Policy.

D5.2 Applicants who are very shortly to be 18 will be considered on a case by case basis.

D6 BMS Designated Safeguarding Officers

Due to the number of different programmes in several different countries, BMS has appointed a team of relevant staff to act as the official Designated Safeguarding Officers (see Appendix 9). Led by the Safeguarding Lead, the team will meet on a quarterly basis, as a minimum, to review BMS policy (annually) and practice. There will be a standardised agenda, meetings are minuted and stored securely.

D7 Partnerships

BMS will work with partners, specifically those involved in caring for children and adults at risk, to ensure that they develop local, appropriate and robust safeguarding policies (see Appendix 8).

SECTION E Practical guidelines

The following guidelines are considered best practice in the UK and workers should strive to reach them in an overseas context.

E1 Adult to child ratios

E1.1 Ideally, a worker should not be alone with a child (or children) or adult at risk, where the activity cannot be seen. This may mean leaving doors open, or two groups working in the same room.

E1.2 A child or adult at risk should not be invited to a worker's home alone. It is acceptable to invite a group if another adult is in the house. Each parent or carer should know where their child is and at what time they should return home.

E1.3 In a counselling situation where privacy and confidentiality are important, another adult should be informed that the interview is taking place. Another adult should be in the building and the young person should know they are there. An agreed time limit should be set prior to the counselling session.

E1.4 Whilst it is recognised that in some overseas contexts it is difficult to maintain the recommendations below, recommended adult to child ratios, based on Day Care regulations for under eighteens, are as follows:

Indoor and outdoor activities

Age

0-2 years 1:3

2-3 years 1:4

4-8 years 1:6

9-12 years 1:8

13-18 years 1:10 or 2:20 (male and female if the group has mixed genders)

There may be occasions because of the activity, or where a child has additional needs or disability, where the ratio is increased due to assessed risks.

E2 Transporting children, young people or adults at risk.

E2.1 Workers should avoid giving lifts to children, young people or adults at risk on their own. Parents/carers should give permission in respect of travel arrangements.

E2.2 All private transport must have suitable insurance e.g., business cover, and be roadworthy, and all drivers should have licences that cover the type of vehicle used in transportation.

E2.3 Seat-belts must be worn when travelling and where transporting small children, age appropriate car seats used accordingly.

E2.4 When taking children or adults at risk on an organised trip, each adult should be allocated a written list of those children or adults at risk for whom they have responsibility, even if the whole group is to remain together.

E2.5 If travelling in several small groups, it is good practice to insist that the same group of children or adults at risk travel on both the outgoing and return journeys with the designated adults so as to reduce the possibility of children or adults at risk 'going missing'.

E2.6 There should be a clear understanding of the activities the child or adult at risk will be undertaking and the time limits of these. Arrangements for returning children to their parents' and carers' care should be clarified.

E3 Looking after children and young people overnight

E3.1 Males and females should sleep in separate areas if at all possible. If the group of children has both boys and girls, then it is essential to have a mix of male and female workers.

E3.2 Leaders should consider appointing two adults to undertake a random night patrol.

E4 Health and safety practices

E4.1 Workers should ensure that furniture is in a safe condition. Equipment such as potentially hazardous tools or cleaning fluids should be stored in a safe place and electrical equipment should be checked regularly.

E4.2 A first aid box should be available.

E4.3 When looking after children or adults at risk overseas a worker should make sure they understand local practice following accidents or emergencies. The worker should also know where they would be able to get treatment if needed.

E4.4 A worker should assess how easy it would be for a child or adult at risk to get out of the building without being noticed during an activity and how easy it would be for a stranger to get into the building during a children's activity without being noticed and appropriate action taken to safeguard against this.

E5 Technology

E5.1 Technology should be used appropriately in order to protect children, young people or adults at risk from abuse and exploitation, for example: family safe filter/parental control programmes to prevent downloading pornographic material from the internet, access to inappropriate emails, chatrooms, or films.

E5.2 Instant messaging, texting and other forms of social networking between mission personnel and children, young people or adults at risk should be used in accordance with BMS and/or partner agreed policy on social media and informed consent. Workers are discouraged from 'adding/befriending' children or adults at risk on social media networks.

E6 Photography

E6.1 Photography and videos can be used as a source of personal information and as a means of identifying children and as such is covered by the Data Protection Act.

E6.2 To reduce the risk of photography and videos making children vulnerable to online predators, follow these guidelines:

- Always ask the advice of supervisors or partner organisations regarding the appropriateness of photographing children or adults at risk in each given environment
- Do not take photos which are sensitive in nature (such as an underdressed child)
- If photos of children or adults at risk are placed in the public domain, the children or adults at risk should not be named
- If a child or adult at risk is named, avoid using their image
- Ask the child's permission before taking a photograph of them. If parents and carers or guardians are present, ask their permission first before taking a photograph of their child
- Where possible, parents and carers and/or children must provide written consent for children's images to be taken and videos to be recorded and used on social networking sites

The BMS communications team are guided by further principles laid out in the Informed Consent Policy ()

SECTION F Responding in situations where abuse may have occurred

F1 What might lead a worker to think that a child is being harmed?

F1.1 Knowing whether a child or adult at risk is being abused or neglected may be difficult to judge. However, all those who have contact with children, young people or adults at risk should be alert to the potential indicators of abuse and neglect, and know how to respond to any concerns they may have. On occasion an incident or an injury will give cause for concern but often it is a series of incidents or an accumulation of concerns which indicate that a child or adult at risk may be suffering or at risk of suffering harm.

F1.2 Workers should look out for the following:

- unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries
- an injury for which the explanation seems inconsistent
- injuries which have not received appropriate medical attention
- a child or adult at risk describing what appears to be an abusive act involving him/herself
- a disclosure or allegation made by a child or adult at risk
- someone else (a child or adult) expressing concern about the welfare of another child or adult at risk
- unexplained changes in behaviour or mood (e.g. becoming very quiet, withdrawn, cowering if an adult comes near or displaying sudden outbursts of temper)
- inappropriate sexual awareness
- engaging in sexually explicit behaviour or play
- nervousness/watchfulness
- inappropriate relationships with peers and/or adults
- signs of neglect, such as under-nourishment, untreated illnesses, inadequate care

It should be recognised that this list is not exhaustive and the presence of one or more indicators is not in itself proof that abuse is actually taking place. It is also important to remember that there might be other reasons why most of the above are occurring.

F1.3 Those who harm children, young people or adults at risk:

- are most often known to the child or adult at risk. They may be a parent, sibling, other relation, family friend or neighbour
- are often adults with whom the child or adult at risk has a valued relationship and may be in a position of trust and responsibility within an organisation to which a child or adult at risk belongs or has contact
- can be people of any background

- may act in isolation or together with other adults

F1.4 When a child or adult at risk talks about abuse it is important to:

- create a safe environment in which the child or adult at risk can share their concerns
- react calmly so as not to further distress the child or adult at risk
- listen carefully to what the child or adult at risk has to say, allow them time to say what they want, not rush or interrupt them or ask more questions than necessary in order to establish whether there is a cause for concern or to ensure a clear and accurate understanding of what has been said
- use open questions such as 'Is there anything else you want to say?' 'Can you tell me more about that?' all of which will help to encourage the child or adult at risk to say in their own words what may be troubling them. Leading questions should not be used nor should those which are answered by a single 'yes' or 'no', or suggest what may have happened and who was involved such as 'Did he say/do something to you?'
- accept what the child or adult at risk says and take it seriously
- reassure the child or adult at risk, and let them know how difficult it must have been to say what they've said
- tell the child or adult at risk they are not to blame and that it is right to tell
- children, young people or adults at risk should be helped to understand what is going to happen next. They need to be made aware that other people will need to be told about the concerns which have been shared and who those people may be. Do not promise that any child or adult at risk safeguarding concern which affects them or other children or adult at risk will be kept confidential
- be aware that a child or adult at risk may be frightened and may have been threatened if they tell of what has been happening to them
- remember most children feel loyalty to their parents and carers and other significant people in their lives and often find it difficult to say things to their detriment

F2 What should be done if abuse is suspected or disclosed?

F2.1 Concern should immediately be shared with a designated safeguarding officer as listed in Appendix 9. (Allegations against designated safeguarding officers should be made to the General Director.) If an incident happens outside UK office hours and concerns warrant immediate action the emergency phone number can be used to ask to speak to a safeguarding officer.

F2.2 If the child or adult at risk is in immediate danger, police or relevant legal authorities should be contacted as a matter of urgency.

Individuals must not:

- take responsibility for deciding whether or not abuse is actually taking place
- act alone
- take sole responsibility for what has been shared or any concerns they may have – a designated person (see Appendix 9) should be consulted as soon as possible, so as to begin to protect the child and gain some support for all those involved in what could be a difficult situation.

F3 Recording concerns and disclosures of abuse

F3.1 When someone talks about abuse, or an incident takes place that gives rise to concern, a written record should be made (Appendix 7 'Safeguarding Incident Report Form'). The record should:

- be in a legible and accurate format
- be made as soon as possible after the disclosure/incident
- include the person's name, address, date of birth, the nature of the concerns/allegation or disclosure, and a description of any visible bruising or other injuries
- use what the person has said using their words wherever possible
- note the person's behaviour and demeanour
- note the context of the disclosure or discovery of abuse such as what the person was doing prior to the incident
- note any action taken as a result of the concerns e.g. who was spoken to and the resulting action, including any contact with parents and carers, or BMS personnel
- be signed and dated, kept secure and confidential. It will be made available only to the designated person within BMS and representatives of any professional agencies as required by them. Keep all hand-written notes, even if subsequently typed up.

F4 Responding to concerns

F4.1 When there are serious concerns about a child's or adult at risk's safety and safeguarding it is important to ensure that these are responded to promptly and without delay.

Where the concern is about physical abuse, emotional abuse or neglect then the parents/carers should be contacted and informed that a referral will be made to the statutory agencies. The exceptions to this are where in doing so, this puts a child at immediate risk of harm, or where concerned for the worker's safety. In all matters relating to the suspicion or disclosure of sexual abuse the parents should not be informed even if the prima facie (accepted as correct until proved otherwise) information would indicate that they are not implicated. The matter must be referred to the statutory safeguarding authorities. See Appendix 9 for named person within BMS.

F4.2 Seek appropriate medical help where necessary. Should a child or adult at risk require immediate medical treatment this should be sought and all reasonable steps taken to contact the parent/carer and inform them of the situation. Where medical treatment is desirable but not urgent, steps should be taken to inform the parent/carer of the need to seek medical attention or advice for the child or adult at risk and offer support and practical assistance to follow this through.

F5 Procedures for responding to allegations of abuse

F5.1 All reports of suspected abuse will be taken seriously and no worker should be prejudiced against for making a report in line with this policy. Any allegations of suspected abuse or any disclosures by a child or adult at risk must be immediately passed onto a BMS designated safeguarding officer (see F2.1 and Appendix 9).

F5.2 A response must be made within 24 hours of an initial report being received (in the case of a serious allegation where there may be further harm to a child or adult at risk then action must be immediate to remove the potential victim(s) from the situation).

F5.3 Where an allegation is made of a safeguarding crime being committed in the UK by a BMS worker or on BMS property, it is the duty of the designated safeguarding officers to report the matter to the relevant authorities. This may include crimes committed overseas, which are covered by UK legislation.

In the first instance, the Safeguarding Officer will make a direct referral to, or seek advice from the relevant UK statutory authorities (Police and Children's or Adult's Local Authority Social Services Departments.) about how to proceed. The responsibility for investigating any allegation rests with the UK Police and local authority Social Services Department who will advise on the correct response in regard to both internal and external reporting and procedures for BMS to follow in regard to the allegation. The Safeguarding Officer can also seek advice from Thirtyone:eight, and may do so in the first instance to know which statutory bodies need to be informed.

NB: Where concerned about a child many local authorities now operate Multi Agency Safeguarding Hub (MASH) Teams.

Where an allegation concerns a child and the conduct of a worker then a referral should also be made to the Designated Officer for the Local Authority (often referred to as a LADO – Local Authority Designated Officer).

Other sources of advice are available. Thirtyone:eight are also able to provide further practical advice on how to respond. Further advice may be provided by the NSPCC or Simon Bass of Church Safeguarding Consultancy, who has been involved in the review of this policy in 2018.

F5.4 Where an allegation is made overseas, a number of factors need to be considered in terms of the best way to respond to an allegation. In the first instance, advice will be sought from the relevant UK authorities (Police, and the Local Authority Social Services Department) about how to proceed especially if an allegation involves a BMS mission worker. In most instances their advice will be to report the allegation to the relevant overseas authority to investigate.

F5.5 BMS will, where possible, report the matter to the local partner and to the local statutory authorities and work with them to investigate and act upon the information given. However, it is recognised that in some places where BMS works that neither the local partner nor the statutory bodies have the resources, experience, expertise or capacity to thoroughly investigate and act upon allegations of abuse. Careful consideration must be made therefore of the partner's and statutory bodies' capacity to follow through with an investigation. An additional consideration is the risk reporting an allegation to the local authorities may cause to – the alleged perpetrator, the victims of abuse, and the mission workers. Such considerations will not prevent an investigation, or be used as a means of 'covering up' an allegation, but recognises the context that BMS operates within.

F5.6 Where no local statutory investigation is possible or where there is no capacity or appetite to carry out an investigation or where following an investigation locally the response is felt to be inadequate, BMS will commission an external independent investigation team to determine how best to investigate and respond to allegations of abuse. The investigation must be clearly defined and include: the establishment and size of the independent team, qualifications and training of members of the team and gender mix. Such an investigation must be a genuine external independent investigation and not an internal investigation by BMS.

F5.7 BMS will commission an independent investigation, with clear agreed terms of reference, for example Thirtyone:eight are able to provide practical support in putting together an independent team where an investigation is required by BMS.

F5.8 In the event of an allegation against a BMS worker and depending on the nature of the allegation, the worker should be suspended immediately without prejudice. A suspension would alert the BMS worker that they are under investigation, so action such as a suspension

should be enacted following the advice of the statutory safeguarding authorities. In addition, due consideration must be given as to the necessity to repatriate the worker to the UK. Repatriation would only be considered as a response to ensure the safety of the alleged victim as well as the alleged perpetrator in a place where there is little confidence in the system to provide a fair investigation and trial. Any repatriation should be considered as a neutral response from BMS' point of view and not prejudicial to any ongoing investigation.

F6 What should be done if there is a known offender in your placement overseas?

F6.1 For the sake of the safeguarding of children and adults at risk and for the sake of an offender's journey towards forgiveness and restoration it is important that those who have offended against children and adults at risk in the past are not given positions of responsibility for children and adults at risk within BMS.

F6.2 If someone is worried about another worker and their behaviour, they should first be sure of their concerns – carefully observe what they are doing and weigh it against the safeguarding policy. They should keep a written note of their concerns and any action taken, check if they are being secretive about what they are doing, talk to the person about whom there are concerns; it may be appropriate and wise to talk to the Safeguarding Lead or one of the other designated people (see Appendix 9) for further advice. Finally, they should consider what action should be taken. Should the person stop work with children or adults at risk? Should they work in a different way? Do they need some training because their behaviour is irresponsible or foolhardy? It may be that no action needs to be taken at all because there never was a real cause for concern.

F6.3 Remain aware that the worker will probably feel angry or hurt about having been viewed in a suspicious way. They may need further pastoral help from someone to help them through these feelings and any change in role that might have been agreed.

F7 Referrals to the DBS for Barring Consideration

F7.1 Where there is a concern that a worker with children or adults at risk has caused harm to a child or adult then the Safeguarding Lead should liaise with the LADO to discuss with them about the need to refer to the DBS. If a LADO is not involved, then the DBS will need to be contacted directly where the nature of concern leads the organisation to end the employment or would have, where the person resigns from their position prior to dismissal.

F7.2 The Care Act 2014 places the duty upon Adult Social Services to investigate situations of harm to adults with care and support needs. This may result in a range of options including

action against the person or organisation causing the harm, increasing the support for the carers or no further action. This can result in a person being referred to the DBS for barring consideration.

Appendix 1

Theology of safeguarding

Each and every person is fearfully and wonderfully made, knitted together in their mother's womb, and loved by God who knows everything about them (Psalm 139). All are precious and have worth to God. Therefore, the church should strive to be a place of welcome, inclusion and care for all – no matter what their age, abilities, health or history.

Jesus tells us that we are each called to love others and to treat them with the respect, dignity and love that we would want to receive ourselves (Matthew 22:39). Therefore, the Church should always aim to be a place of care, compassion and love – no matter how undignified someone may appear.

There are many examples of Jesus bringing healing and comfort to people in pain and discomfort, those isolated and alone. At the sight of people in distress he is filled with compassion (Mark 1:41). Therefore, the Church should strive to be a place of healing, comfort and hope – no matter what the cause of suffering and sorrow.

Jesus was not afraid of challenging injustice and inequality, nor of confronting ignorance and arrogance. He sought out and spent time with marginalised people and he spoke passionately for those who had no voice (Matthew 23). Therefore, the Church should strive to be a place of righteousness, advocacy and justice, speaking up for people who are oppressed and abused – no matter how costly that may be.

Safeguarding is the protection of adults and children from harm, abuse or neglect. If we believe that all people are precious in the eyes of God, their creator; if we believe that as Christians we should follow the example of Jesus in his compassion and care for others; if we believe that the Church should be a sanctuary of safety and peace; and if we believe that we as Christians should speak out against injustice, then safeguarding should be an automatic part of our church communities – as we strive to protect all people from harm, abuse or neglect and to love, care and support all who have been affected by such damaging behaviour.

“By this everyone will know that you are my disciples, if you love one another.” (John 13: 35 – NIV)

(Taken from 'Safe to Belong' 2015, published by the Baptist Union of Great Britain.)

Valuing children – a biblical imperative

A community that finds inspiration in the life and words of Jesus will wish to value children. Jesus challenged the outlook of his day and society that left children on the edge, having to wait to engage with the things that 'really matter' until they had crossed the threshold into adulthood. He was angered when his disciples tried to save him from the hassle of having to put up with inquisitive and playful children when he had so many more important things with which to deal (Mark 10:13-16).

When his disciples were arguing about greatness, he took a child and placed the child in their midst as a new focus for their aspirations. The disciples were invited to 'become like children' (Matthew 18:1-4). We are told that to welcome the child is to welcome Jesus, and so to welcome the one who sent him (Mark 9:37). At the beginning of the last week of his life, Jesus delighted in the praises of the children in the temple (Matthew 21:15-16). A community listening to these words and reflecting on these actions will resist keeping children on the margins of their community life. The child will be welcomed in, recognised as a whole person created in God's image and invited to share in the life of God's people within the reign of God's love. The child will have much to give as well as to receive. Adults need children in their midst to remind them of the nature of the kingdom.

Such a community will be horrified at any harm done to a child, and will wish to offer a child the best environment in which to grow and develop into the person God intends. It will resist the temptation to turn a deaf ear to the appeals for help from a child – because it will create an environment in which children's voices are always taken seriously. At one point we find powerful and evocative language on the lips of Jesus when he speaks of the consequences of being a stumbling block to 'one of the least of these' (Matthew 18: 6-10). Indeed the Christian community will be particularly concerned to stand alongside the child as part of the calling of the people of God to be on the side of the powerless, the vulnerable, the voiceless and the marginalised in the world. Sadly, the Christian Church has for too long not wanted to listen to the children in its own midst who are being harmed, let alone stand and speak for those beyond the community of the Church. The God whom we worship and serve is the one who 'heals the broken hearted, and binds up their wounds' (Psalm 147:3). This same Psalm goes on to declare that this is the God who 'blesses your children within you' (Psalm 147:13).

(Taken from the revised edition (2015) of 'Safe to Grow' published by the Baptist Union of Great Britain.)

Appendix 2

Definitions of Abuse (Children)

The definitions of abuse below operate in England based on the Government guidance 'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' (H M Government April 2018).

Abuse: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Physical abuse: A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse: Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

Child sexual exploitation: Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Definitions of Abuse (Adults)

Safeguarding Adults is defined in the Care Act 2014 - Chapter 14 Safeguarding and the Care and Support Statutory Guidance Issued under the Care Act 2014 (June 2014).

The legislation is relevant across England and Wales but on occasions applies only to local authorities in England.

The safeguarding duties apply to an adult who:

- has need for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Physical abuse: including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence: including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery: encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse: including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission: including ignoring medical, emotional or physical care needs, failure to provide access to appropriate healthcare and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect: this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Incidents of abuse may be one-off or multiple, and affect one person or more.

Institutional: Institutional abuse is the mistreatment of an adult at risk by individuals within an institution or in the community. It can be through acts of poor or inadequate care and neglect or poor professional practice.

The following are not found within the statutory definitions of abuse:

Spiritual abuse: Spiritual abuse could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying or doing things without respecting their right to choose for themselves. Some indicators of spiritual abuse might be a leader who is intimidating and imposes his/her will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. He or she may say that God has revealed certain things to them and so they know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously, God's) acceptance and approval. Spiritual abuse is seen as a form of emotional or psychological abuse within the context of a religious or church setting.

Bullying: Bullying is a form of aggressive and hurtful behaviour through the use of force or coercion, usually manifested over an extended period of time. Often, bullying involves an imbalance of power. The 'imbalance of power' may be social power and/or physical power. The victim of bullying is sometimes referred to as a 'target'.

Bullying can take the form of physical or verbal abuse, or a combination of both. Broadly speaking, bullying may include the following types of behaviour:

- name calling and teasing, including taunts about sexual orientation
- taunting
- mocking
- making offensive comments either verbally, by text message or by email
- malicious gossip
- stealing from the victim
- physical violence, such as kicking, hitting and pushing
- making threats
- coercion
- isolation from group activities

Child

The legal definition of a child is found in both the Children Act 1989 and Children Act 2004, and includes young people up to the age of 18, even though a person may marry at 16. This safeguarding policy therefore defines a child as any person up to the age of 18.

Adult at risk of abuse or neglect/adult with care and support needs

An adult is defined as someone over the age of 18 generally. The different constituent parts of the UK have country specific legislation e.g. the age of criminal responsibility. In Scotland for example an adult at risk is defined as someone over the age of 16.

As adult safeguarding systems have developed there has been a move away from using the term 'vulnerable adults' whilst recognising that certain pieces of legislation (e.g. the Police Act 1997) and different agencies use this term. Vulnerable adults is seen as too rigid and one that could wrongfully imply fault or blame. The Care Act 2014 doesn't use the word vulnerable, but rather describes when a Local Authority has a duty to intervene, where:

- an adult has care and support needs (whether or not the local authority is meeting any of those needs),
- and is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Abuse of a Position of Trust

Under the Sexual Offences Act 2003 it is a criminal offence to engage in any sexual activity with those over the age of consent (16) but still legally a child (someone under 18) whilst in a position of trust. Whilst those prescribed positions are narrow within this legislation, BMS takes the view that anyone representing or employed by BMS should not engage in any behaviour of a sexual nature with anyone with whom the person has a position of power over them.

Appendix 3

Domestic abuse

Following the Dignity initiative undertaken by BMS in 2015/16, engaging with issues of gender based violence is a key component of BMS work.

Domestic abuse is a crime and a major social problem affecting many families. It is a safeguarding issue because in 90 percent of reported domestic abuse incidents in the UK, children have either been present in the same or a nearby room. This can have a dramatic effect on children now and in the future.

In December 2015, an offence was created in Section 76 of the Serious Crime Act of controlling or coercive behaviour in an intimate or family relationship. This is defined as causing someone to fear that violence will be used against them on at least two occasions, or generating serious alarm or distress that has a substantial effect on their usual day-to-day activities.

Definition of domestic abuse

Domestic abuse is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between people aged over 16 who are or have been intimate partners or family members, regardless of gender or sexuality, and includes extended family violence, including honour based violence and forced marriage.

It is estimated that one in four people within the UK have experienced incidents of domestic abuse. This means that gender based violence is prevalent in the Church and affects the lives of both those mission workers work with and can manifest itself in the families of mission workers themselves.

If you are the victim of domestic abuse or are aware of domestic abuse happening in the relationships of those you work with which is a safeguarding concern, you should report this to a designated safeguarding officer listed in Appendix 9.

In the event of BMS being made aware of an allegation of domestic violence taking place within the home of BMS mission workers (including controlling or coercive behaviour as defined by Section 76 of the Serious Crime Act), BMS will investigate the allegation and take appropriate action. As a duty of care to the family, BMS will normally bring mission workers back to the UK for further support. Where any allegation/disclosure is made of abuse against a child or vulnerable adult then BMS will follow the normal procedures set out in section F5 of this policy.

Appendix 4

Non-recent abuse

Non-recent allegations should be treated in the same way as current abuse allegations. These have often been referred to as 'historic' allegations, which can have the unfortunate consequence of consigning the abuse to the past, without recognising that for the victim or survivor of abuse the pain and distress is often as real now as it was when the abuse occurred. It also ignores the potential that the perpetrator could remain a risk to children or others who are vulnerable today.

An adult survivor retains the right to decide whether to report to the Police, except where a disclosure indicates that the abuser may have contact with children today, in which case, the safeguarding concern shifts from not only the non-recent allegation but to a current safeguarding concern.

It is therefore important to establish clear boundaries around the limits of confidentiality. Whenever a person provides identifying details of their abuser this must be reported to a BMS Safeguarding Officer who will seek advice from the statutory authorities. In this way, BMS demonstrates our commitment to safeguarding.

Considerations:

Allegations by an adult, of non-recent abuse of them, from within or outside an organisation, should be taken seriously and responded to as effectively and appropriately as possible.

Non-recent abuse may have occurred before the person joined BMS. If someone grew up as part of BMS, abuse could have occurred within the family, within the team, at an international school, or in a mission boarding hostel.

Alleged abuse before joining the organisation

If a person reports abuse which 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 them

Alleged non-recent abuse whilst a family or perpetrator was a BMS mission worker

If a person reports abuse which happened to them whilst the family or perpetrator were working with BMS, BMS 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:

- 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 an employee of BMS, any suspension should be undertaken in consultation with Children's Social Services/Police Child Protection Team
- If the alleged abuse occurred outside the UK, then procedures should be enacted to report to local statutory authorities or an external independent investigation may be required. In some instances even where the alleged abuse occurred overseas, a British national may also have committed an offence within the UK.

Support when faced with non-recent abuse

- The person reporting the abuse will need support and possibly counselling
- BMS will consider making appropriate apologies after careful consideration

Appendix 5

Review of safeguarding incidents

In our commitment to safeguarding BMS will ensure that all safeguarding incidents are reported to the appropriate safeguarding authorities by the Safeguarding Officer(s) both here in the UK and overseas. Furthermore, in circumstances where it is not possible to engage with local safeguarding authorities, or where no such mechanism exists, then BMS will commission an independent investigation and act on its recommendations, and share any findings with safeguarding authorities in the UK.

Once the statutory authorities have completed their investigations, and in circumstances where an investigation has not been possible, BMS may undertake an independent safeguarding review of the case.

BMS recognises that a number of denominations in the UK have undergone the process of doing past case reviews of all previous safeguarding concerns, through the examination of safeguarding records along with personnel files. These have been analysed against the safeguarding standards of today. Accordingly, in 2018, BMS reviewed known safeguarding incidents.

Informing insurers

The Safeguarding Lead will immediately inform our insurers of any safeguarding concern, as per our insurance and serious incident policies.

Charity Commission

All incidents are reported to the trustees. It is the responsibility of the trustees to decide, based on the serious incident policy, whether to report to the Charity Commission.

Appendix 6

Who should have a criminal record check?

The Disclosure and Barring Service (DBS) offer three levels of criminal record check.

- A basic check – which provides details of a person’s criminal history as detailed on the Police National Database e.g. cautions, convictions, bind overs.
- An enhanced check – which includes both Police National Database information along with non-conviction data held on the database such as any involvement of social services or where a person has been charged with an offence but where this didn’t lead to a conviction. What is shared is based on the role the person has applied for.
- An enhanced check with barred list check, includes all of the information that a basic and enhanced check does but also includes whether a person is barred from working in either the children’s workforce, or the adult’s workforce or both. This is what is known as regulated activity.

NB Some minor criminal offences no longer show on a DBS criminal record certificate under the filtering rules.

The role a person is undertaking will determine the level of DBS criminal record check the person is entitled to. This is based on the job/role description a person is working to. The umbrella body processing DBS disclosures on behalf of BMS is able to provide clarity as to the appropriate level of criminal record disclosure check.

DBS

If there is an opportunity to build a relationship with an adult at risk or child then you should be eligible for an enhanced DBS.

This would be the case if the role:

- is unsupervised
- is working directly with the adults at risk or children
- involves regular (weekly) contact with adults at risk or children

Regulated activity

Regulated activity (children)

You are in regulated activity if, unsupervised, you teach, train, instruct, care for or supervise children, or provide advice or guidance on well-being, or drive a vehicle only for children; or

work in a school, children's home or childcare facility, frequently (once a week or more often), or on four or more days in a 30-day period, or overnight.

Regulated activity (adults at risk)

You are in regulated activity if you provide health care, personal care, social work, assistance with cash, bills or shopping, assistance in the conduct of a person's own affairs, conveying someone to healthcare, or personal care.

In some specified settings, regulated activity includes anyone who works or volunteers on a frequent or intensive basis, and whose work gives them the opportunity for contact with children or adults at risk, regardless of the nature of the activity. For example, this may include catering, cleaning, administrative and maintenance staff if they work once a week or more or four days or more in a single month or overnight. Also, refer to the flowcharts on subsequent pages to help discern whether the activity qualifies as 'regulated'.

Specified activities

The scheme covers the following activities, which involve contact with children and/or adults at risk. The examples given of each specified activity are intended to be illustrative, not exhaustive.

- Teaching, training or instruction, care or supervision of children or adults at risk provided frequently, intensively or overnight
- Advice or guidance for children, and advice, guidance or assistance for adults at risk
- Any form of healthcare treatment or therapy provided to a child or adult at risk
- Driving a vehicle frequently or intensively solely for the purpose of conveying children or adults at risk and their carer
- Moderating an online chatroom that is likely to be used wholly or mainly by children or adults at risk
- Fostering a child/host family
- Supervision of a person carrying out regulated activity
- Registered childminders

Specified settings

Specified settings are limited to:

- schools (educational institutions exclusively or mainly for the provision of full-time education to under-18s)
- children's homes
- childcare premises (including nurseries)
- pupil referral units

- children’s hospitals (hospitals exclusively or mainly for the reception and treatment of children)
- institutions exclusively or mainly for the detention of children
- children’s centres in England, and
- adult care homes in England and Wales and residential care or nursing homes in Northern Ireland

International Child Protection Certificate

In a joint initiative, the [National Crime Agency \(NCA\)](#) and ACRO developed the ICPC to help protect children from offenders who travel overseas to abuse vulnerable children through employment, volunteering and charity work.

The ICPC confirms whether or not a person has a criminal history and provides details, including relevant conviction and non-conviction data. BMS will ask mission personnel who are UK nationals or have lived in the UK for a period of time to get the ICPC as a renewal of their criminal record check. The individual must apply for the check for themselves and will receive the form with two parts:

- **Part 1** – details of any convictions, impending prosecutions, cautions, reprimands, warnings and current investigations held on UK databases
- **Part 2** – details of any information deemed relevant in the interest of child protection

The certificate may also contain criminal convictions information about any offences that have been committed in other countries.

Mission personnel will be asked to present the certificate to BMS, and details will be kept in our safeguarding files. This will be done every three years when personnel are on home assignment.

Summary of which roles should receive which type of check

Role	Normal type of check
Line manager of mission personnel	Enhanced, with barred list check if providing oversight to those in regulated activity. Otherwise basic.

Other Department for World Mission	Basic.
Reverends on BMS staff	Basic.
Trustees	Enhanced.
Mission workers – UK Nationals	Enhanced. (With check of relevant barred list if in regulated activity). Renewals will be ICPC and local police checks as outlined at https://www.gov.uk/government/publications/criminal-records-checks-for-overseas-applicants
Mission workers – Other nationalities	An ICPC if possible and local police checks as outlined at https://www.gov.uk/government/publications/criminal-records-checks-for-overseas-applicants
Executive Director Team	Basic.
Finance department	Basic, unless regulated by FCA, in which case standard
Staff on overseas trips	Enhanced, with check of barred list if staying somewhere overnight where there are children.
Staff with access to employee data	Basic, unless they have access to children's data in which case enhanced.
Supervisors of those on school work experience	Enhanced.

Regulated Activity relating to adults

Important - this chart does not apply to family arrangements and personal non-commercial arrangements (these are not covered by the DBS system) and should be read in conjunction with the full guidance from the Department for Health, available via https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216900/Regulated-Activity-Adults-Dec-2012.pdf

Does the role involve any of the following activities?

1. Providing health care either by or under the supervision of a health care professional

2. Assisting an adult with eating, drinking, toileting, washing, bathing, dressing, oral care, care of the skin, hair, nails or teaching someone to do one of these tasks

3. The provision of social work by a social care worker in connection with any health or social services

4. Assistance with cash, bills and/or shopping because of an adult's age, illness or disability

5. Assistance with the conduct of an adult's own affairs, e.g. enduring powers of attorney or deputies appointed under the Mental Health Act

6. Transporting an adult to or from their place of residence and a place where they have received or will receive health care, personal care or social care? (excludes taxi drivers)

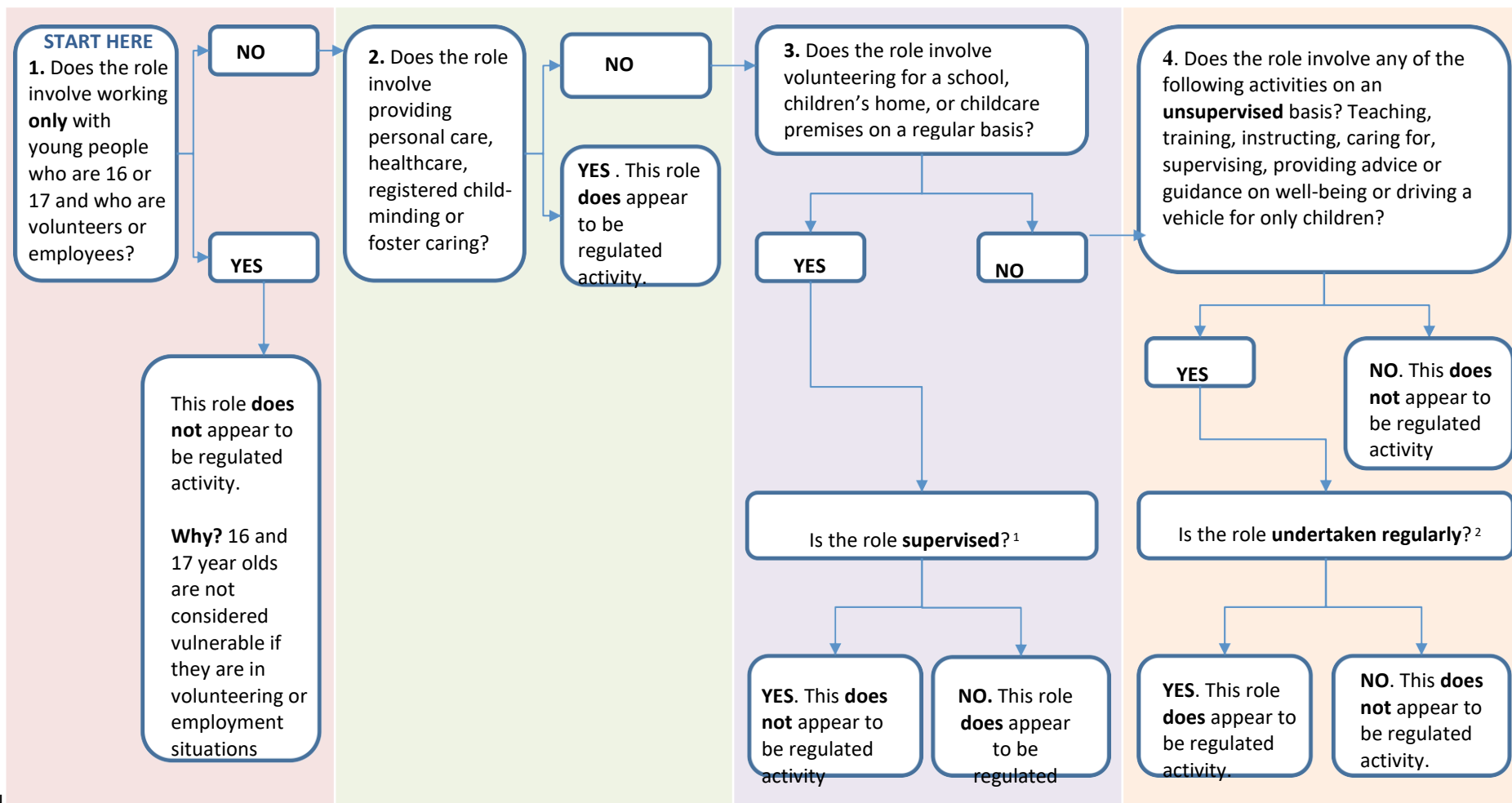
YES. The role **does** appear to be regulated activity

NO. The role **does not** appear to be regulated activity

Note: this chart also applies to anyone who provides day-to-day management or supervision of persons involved in these activities

Regulated Activity relating to children and young people

Important - this chart does not apply to family arrangements and personal non-commercial arrangements (these are not covered by the DBS system) and should be read in conjunction with the full guidance from the Department for Education, available via www.education.gov.uk/childrenandyoungpeople/safeguardingchildren/



¹ Supervised means regular supervision by someone who themselves is in Regulated Activity. See the Department for Education's guidance on supervision, available <https://www.gov.uk/schools-colleges-childrens-services/safeguarding-children>

² Regular means carried out by the same person frequently (once a week or more) or on four or more days in a 40-day period (or in some cases overnight).

Appendix 7

BMS Safeguarding incident report form

Confidential

Please complete as much of the following as possible

Person at risk:	
Age and date of birth:	Gender:
Parent/carer name(s):	
Home address and phone number (if available):	
Siblings:	
Name of organisation or church:	
Your name:	
Your position and relationship to person at risk:	
In what capacity have you had contact with the person at risk?	
Are you reporting your own concerns or passing on those of someone else? Give details.	
Brief description of what has prompted the concerns: include dates, times, etc of any specific incidents, sequence of events, actual words used/observations. KEEP FACTUAL.	
Any physical signs? Behavioural signs? Indirect signs?	

Has the person at risk spoken to you? If so, what was said?
(Please report exactly what the person has said using their language and what you said). Remember not to lead the person. Continue on separate sheet if necessary.

If the parents/carers have spoken to you, what was said?

Has anyone been alleged to be/is suspected of being the abuser? Give any details that you feel will be important.

Have you consulted anyone else? Give details.

To whom reported and date of reporting:

Action taken:

I can confirm that to the best of my knowledge, the information provided above is correct, and that I will be available to answer any further questions on this matter.

Today's date:

Your name:

Signature:

ANY INCIDENT MUST BE REPORTED IMMEDIATELY TO A BMS DESIGNATED OFFICER:

BMS' response and actions

Appendix 8

Helping partners create their own safeguarding policies

All BMS projects and partner organisations, whether in the UK or overseas, should adopt a safeguarding policy regardless of whether they work directly with children or not. Where a partner organisation does not already have a policy then the following guidelines are designed to help the partner develop such a policy. Where appropriate BMS will support the partner to develop a policy with the aid of safeguarding champion, BMS worker or volunteer. BMS also has some written materials to help partners think more about safeguarding and developing policies and procedures.

The following guidelines are intended to provide the partner with a starting point:

- The policy should be written clearly, easily understandable, and translated as necessary
- Whilst it is recognised that the policy needs to be contextualised and appropriate to the partner bodies' situations the following minimum standards must be recognised: The Universal Declaration on the Rights of the Child; the national law of the country in relation to the protection of vulnerable children and adults; a biblical framework regarding the value of children (where appropriate). In addition, best practice models as advocated by international non-governmental organisations specialising in the care and protection of children and vulnerable adults may also provide guidance on developing a safeguarding policy
- The policy should be approved and signed by the relevant management body to ensure that it has been processed and validated at the highest level of authority in the organisation
- The policy should be given to all staff and volunteers and should be an integral part of the staff handbook, orientation and training programme of the partner organisation
- The policy should be reviewed on a regular basis in order to keep up-to-date with good practice and changes in legislation and adapted accordingly. A minimum of every three years is suggested, or whenever there are any legal changes or a significant change in the organisation
- A clear statement of commitment to safeguarding such as the wording below should also be included: *"We are committed to safeguarding the welfare of children, young people and adults at risk and protecting them from abuse. We believe that it is never acceptable for any person to experience abuse of any kind and that safeguarding children and adults at risk is everyone's responsibility."*

The safeguarding policy should include:

- A written Code of Conduct explaining the specific behavioural standards for all adults in their interaction with children and adults at risk, with an understanding that failure to follow the Code of Conduct is part of a disciplinary policy
- A requirement that all new and current staff and volunteers, both long-term and short-term, should be required to acknowledge that they have read the policy, procedures and Code of Conduct and agree to abide by them
- A clear understanding of the definitions of abuse being used (which can be applied in culturally sensitive ways in all contexts)
- A statement that the organisation has procedures in each of the following

areas:

- Appropriate implementation in different locations
- Guidance regarding acceptable behaviour towards children, and between children
- Safe recruitment and management of staff
- Safeguarding awareness training

There are resources available to help work with partners on developing safeguarding policies and procedures. In 2020, BMS worked with Viva to produce such resources – these are available on request.

Appendix 9

Areas of responsibility

Any allegation or query pertaining to a safeguarding issue affecting a BMS worker or partner in the UK or overseas should be reported one of the safeguarding officers listed below:

If the person informed is not the safeguarding lead they should be informed as soon as possible. The designated Safeguarding Team will report the matter to and involve other relevant directors as deemed appropriate.

Current contact details for Designated Safeguarding Officers:

Name	Role	Email	Telephone
Jackie Chilvers	Safeguarding Lead	jchilvers@bmsworldmission.org	+44 (0)1235 517 665
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Allegations against BMS safeguarding officers should be made to the General Director.

The trustee responsible for safeguarding is Lynn Cadman.

Annex 1: Vulnerable Beneficiaries Policy

1. Introduction

The Charity Commission in England & Wales has an important regulatory role in ensuring that trustees comply with their legal duties and responsibilities as trustees in managing and administering their charity. Their aim is to protect public confidence in the integrity of charities. In the context of safeguarding issues, they have a limited and very specific regulatory role which is focused on the conduct of the trustees and the steps they take to protect the charity and its beneficiaries now and in the future. Their remit often covers just one area of a much wider investigation involving or being led by other agencies.

Trustees of charities which work with vulnerable groups and children have a duty of care to their charity which will include taking the necessary steps to safeguard and take responsibility for those children and vulnerable adults.

Trustees must put systems in place to make the necessary checks to ensure individuals who are trustees, staff (including contractors) and volunteers are legally able to act in positions involving vulnerable beneficiaries.

Trustees are legally responsible for:

- Ensuring the risk to the charity's current and future beneficiaries and services are being properly managed by the trustees;
- The protection of the charity's assets, including its reputation; and
- Ensuring that they comply with their legal duties and responsibilities in the management and administration of the charity.

2. Appointing new Trustees

The position of trustee of BMS World Mission is not a 'regulated activity' in itself. It is only if trustees have close contact with these vulnerable beneficiaries that they would fall within the scope of regulated activity and be eligible to obtain an enhanced DBS check and barred list check. A trustee of a charity who no longer falls within the definition of regulated activity would be eligible to obtain an enhanced DBS check, (but without a barred list check).

New trustees are required to complete an enhanced DBS check and self-certification form (Declaration of willingness to act as a Trustee and application for membership) in which they confirm that "they know of no reason which prevents them from acting as a Trustee of the Charity".

3. Safeguarding Strategy

BMS World Mission is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults engaged in the breadth of its activities. Policies relating to the areas of personnel, partners, and communications are detailed below.

4. Safeguarding Strategy for mission personnel

BMS is committed to the safety and well-being of all their mission personnel and their children as well as other vulnerable people. It is recognised that everyone involved in working with children and/or adults at risk has a fundamental duty of care towards them. In order to protect

children and adults at risk from abuse and exploitation, BMS workers are required to conduct themselves with the utmost professionalism and integrity at all times.

The BMS safeguarding policy is informed both by biblical principles and principles which derive from the UN Convention on the Rights of a Child together with current best practice as advised by various UK legal and safeguarding bodies.

All BMS mission workers and staff are expected to abide by the BMS 'Safeguarding Policy'. The policy is reviewed every year to accommodate changes in legislation. All BMS mission workers and staff must read and familiarise themselves with the policy and sign to agree to abide by it.

The policy advocates for best practice in the areas of recruitment, training and overseas service. Covered in the guidelines are best practice principles, practical guidelines relating to the care and interaction with children and adults at risk, practical guidelines concerning the response to a safeguarding issue including naming those responsible for responding to an incident. Further sections cover theological principles pertaining to safeguarding, definitions, and practical details on the limits of criminal record checks.

There is an induction process for all workers which includes familiarisation with the 'Safeguarding Policy' and procedures. All staff members travelling overseas with BMS should also be briefed on these issues before travelling.

BMS follows best practice guidelines in the questions asked in the Disclosure and Barring Service (DBS) application forms and references. All volunteers, personnel and staff taking part in regulated activity will be asked for an appropriate level of disclosure from the DBS. Overseas personnel may not proceed to their placement if the appropriate person in BMS has not received confirmation that an appropriate disclosure has been obtained.

5. Safeguarding Strategy for mission partners

For the purposes of this policy a partner is defined as any organisation holding a valid partnership agreement with BMS, in receipt of project funds or hosting BMS seconded personnel.

For the purposes of this section, it is further understood that vulnerable beneficiaries will necessarily include the communities that partners work with, particularly those facing reduced choice, compromise of rights, humanitarian disasters or circumstances of exclusion.

People are at the heart of mission action, which is guided by the dignifying love of God resulting in impartiality and seeking transformation of vulnerable beneficiaries.

All partners of BMS undertake to provide a standard of care for all children and vulnerable adults in line with this document.

BMS alongside its partners affirms the eight key principles of the Core Humanitarian Standard 2014 in our collective commitment to vulnerable beneficiaries. BMS expects that its partners will affirm these widely agreed standards in relationship to beneficiary care.

This will result in:

- effective, timely and appropriate assistance to beneficiary communities in order to enable them to live their lives with dignity.
- strengthening local capacities and avoiding negative effects. Vulnerable beneficiaries are more resilient, empowered and less vulnerable as a result of our partnership interventions.
- communication and participation. Vulnerable beneficiaries are able to participate in all decisions that affect them.
- addressing grievance. Vulnerable beneficiaries have access to a safe, accessible and responsive complaints mechanisms.
- coordination, complementarity and partnerships. Vulnerable beneficiaries receive coordinated and complementary assistance that meets their needs.
- monitoring, learning and continuous improvement. On behalf of vulnerable beneficiaries, in partnership we will examine and adjust programmes and performance to improve outcomes for beneficiaries.
- staff capacity and support. BMS seeks to ensure that the local partner has leadership and management practices that are equitable, legally compliant and ensure staff have the support, skills and attitudes to achieve agreed standards of delivery on behalf of vulnerable beneficiaries.
- good use and management of resources. BMS in relationship with local partners will use resources efficiently and effectively for their intended purpose.

6. Images and stories within BMS communications

BMS staff making visits to mission locations are required as part of their tasks to secure video and still images of the mission context and people. We also receive images from partners, mission workers and a variety of other sources outside of our control and direction.

Regardless of the source of the video or still images, the overriding standard we will aspire to will be to ensure that we do not use those materials in any BMS resource in a way which would, in a UK context, be generally considered to be exploitative (even if the original source context would view such context differently).

That means that we will adopt a rigorous approach to perceived exploitation, regardless of the original source context or the intended audience for resources featuring such material. Our approach to the use of images, footage and stories is outlined in the Informed Consent policy.