Child and Adults at Risk Safeguarding Policy

(Updated 2018)
BMS CHILD AND ADULTS AT RISK SAFEGUARDING POLICY

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SECTION A  Introduction

BMS is committed to the safety and well-being of all our 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 of abuse or neglect has a fundamental duty of care towards them. In order to protect children and adults from abuse and exploitation, BMS workers are required to conduct themselves with the utmost professionalism and integrity at all times.

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 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, in these instances an enhanced disclosure with barred list check for those in ‘regulated activity’. As a UK based organisation, we obtain these through the Disclosure and Barring Service (DBS). Overseas personnel may not proceed to their placement if the appropriate person in BMS has not received confirmation that an enhanced disclosure has been obtained.

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

B5  In addition to those at BMS Birmingham, all staff who have charge of, or access to, children and adults at risk on a regular 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 UK staff in regulated activity will be required to undergo a DBS check every five years. Where possible, all BMS overseas mission personnel should obtain a local police check clearance certificate every five years, a copy of which should be sent to the Mission Personnel Coordinator.

B8  In line with best practice in a residential centre, all BMS Birmingham staff/employees are requested to obtain a DBS enhanced disclosure. This will be renewed every five years.

Approach to managing allegations

B9  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.

B10 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 (short and long-term) which includes familiarisation with the child and adults at risk 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

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

D1.4 All BMS staff 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 code 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 BMS Child and Adults at Risk Safeguarding Policy.

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

D6 BMS Child and Adults at Risk 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 Children and Adults at Risk Safeguarding Officers (see Appendix 10). Led by the Mission Personnel Coordinator, the team will meet on a yearly basis, as a minimum, to review BMS policy and practice.

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 9).
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 eights, are as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 years</td>
<td>1:3</td>
</tr>
<tr>
<td>2-3 years</td>
<td>1:4</td>
</tr>
<tr>
<td>4-8 years</td>
<td>1:6</td>
</tr>
<tr>
<td>9-12 years</td>
<td>1:8</td>
</tr>
<tr>
<td>13-18 years</td>
<td>1:10 or 2:20 (male and female if the group has mixed genders)</td>
</tr>
</tbody>
</table>

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, booster 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 outward 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 an agreed social media policy.

E6 Photography

E6.1 Photography and videos can be used as a source for 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 parents and carers or guardians are present, ask their permission first before taking a photograph of their child
- If a child or adult at risk is named, avoid using their image
- 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 Vulnerable Beneficiaries Policy (Section 7)
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 the designated safeguarding officer as listed in Appendix 10. (Allegations against designated safeguarding officers should be made to the General Director.)

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 – the designated person (see Appendix 10) 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 a child or adult at risk talks about abuse, or an incident takes place that gives rise to concern, a written record should be made (Appendix 8 ‘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 child's/adult at risk'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 child/adult at risk has said using the child's/adult at risk's words wherever possible
- note the child's/adult at risk's behaviour and demeanour
- note the context of the disclosure or discovery of abuse such as what the child/adult at risk 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 10 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 the BMS designated safeguarding officer (see Appendix 10).

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 regards to both internal and external reporting and procedures for BMS to follow in regards to the allegation.

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
Thirtyone:eight (formerly CCPAS) 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 current policy.

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 CCPAS 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 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 child and adults at risk 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 Team Leader for Mission Personnel or one of the other designated people (see Appendix 10) 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 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 Officer should liaise with the designated officer to discuss with them about the need to refer to the DBS. If a designated officer 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)


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
• 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 the designated safeguarding officer listed in Appendix 10.

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 behavior 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 the 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
instance 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, BMS have reviewed known safeguarding incidents.

Informing insurers

The Safeguarding Officer will immediately inform our insurers of any safeguarding concern, as per our insurance policy.

Charity Commission

All ‘serious incidents’ must be reported to the Charity Commission. A serious incident is an adverse event, whether actual or alleged, which results in or risks significant loss or reputational damage to the charity, this includes safeguarding issues. All serious incidents should be reported immediately to Safeguarding Officer who will inform designated safeguarding trustee or chair who will inform 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 a 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
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. **START HERE**
   1. Does the role involve working **only** with young people who are 16 or 17 and who are volunteers or employees?
      - **NO**
      - **YES**

      This role **does not** appear to be regulated activity.

      **Why?** 16 and 17 year olds are not considered vulnerable if they are in volunteering or employment situations.

2. Does the role involve providing personal care, healthcare, registered childminding or foster caring?
   - **NO**
   - **YES**

      This role **does** appear to be regulated activity.

3. Does the role involve volunteering for a school, children’s home, or childcare premises on a regular basis?
   - **NO**
   - **YES**

        Is the role **supervised**?¹

        - **YES**
        - **NO**

      **YES. This does not** appear to be regulated activity.

      **NO. This role does** appear to be regulated activity.

4. Does the role involve any of the following activities on an **unsupervised** basis? Teaching, training, instructing, caring for, supervising, providing advice or guidance on well-being or driving a vehicle for only children?
   - **NO**
   - **YES**

        Is the role **undertaken regularly**?²

        - **YES**
        - **NO**

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

      **NO. This does not** appear to be regulated activity.

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).
Regulated Activity Decision Making Flowchart

Start here

Is the activity a private arrangement between family; friends or neighbours?

YES

A Disclosure is not applicable as private and family arrangements are NOT covered by Safer Recruitment legislation or policy.

NO

Does the role involve working with children or vulnerable adults or supervising those that do?

YES

Is the role working directly with children?

YES

The role is unlikely to be in regulated activity or eligible for an Enhanced DBS Disclosure - please contact CCPAS if you need further guidance.

NO

Is the role working directly with adults?

YES

Does the role involve day to day management or supervision of a person who undertakes such services?

YES

Does the role involve frequent or intensive*** unsupervised teaching; training; instruction; caring for; supervising children; providing well-being advice and guidance or driving a vehicle solely for children?

YES

Does the role involve any personal care, for example washing, physical assistance with feeding, toileting or dressing - even if carried out on only one occasion?

YES

The role is Regulated Activity therefore an Enhanced Disclosure WITH a check of the relevant Barred List must be obtained PRIOR to the role being performed (following appropriate safer recruitment procedures).

NO

The role is not likely to be eligible for a barred lists check; however it may well be eligible for a disclosure without the barred lists check. See note 1 overleaf.

NO

The role involves the provision (albeit it only occasionally or even once) of health care*; personal care**; transporting adults to or from places where they will receive health care; personal care or social work services; assistance by virtue of a Power of Attorney or assisting with cash; paying bills or obtaining shopping? (For counselling see overleaf)

YES

Is the role always supervised?

YES

As the role is supervised, an Enhanced DBS Disclosure can be obtained but Barred List information cannot be accessed by law. See note 1 overleaf.
DBS checking process flow chart

1. Decide whether role involves substantial contact or is regulated activity.
   - If ineligible
     - Safely recruit for role where there is little or no contact and which does not require a DBS check. Check with CAS if unsure.
   - If eligible
     2. Decide whether eligible role requires a Barred List Enhanced check or a Non-Barred List Enhanced check
     - If appropriate
       3. Decide whether role is for Child or Adult Workforce or both
       - If clear
         - Undertake appropriate criminal record check through CAS
       - If blemished
       - Ask for Confidential Self-Declaration form if appropriate
     - If clear
       - Appoint candidate if disclosure certificate contains no relevant information
     - If blemished
       - Contact the applicant and ask to see a copy of blemished disclosure

4. Risk assess the blemished disclosure

5. Appoint or reject candidate based on outcome of risk assessment

6. Ensure renewal of criminal record check every five years for eligible roles
Appendix 7

Issues associated with BMS Birmingham

BMS Birmingham is situated in a unique position as far as BMS UK is concerned as it offers a home to personnel in periods of training, Global Gatherings and home assignment, whilst offering training and conference facilities to a wide variety of people and organisations.

In light of this unique mix the following guidelines are applicable:

- It is a parent’s responsibility to ensure the safety of their children with visitors and other residents of BMS Birmingham.
- Parents are responsible for their children at all times and in all areas of the building unless they are attending an after-school club for Third Culture Kids or children’s activities during the Gathering.
- Times of these activities will be clearly defined and parents will be given the name of the responsible adults, all of whom will have current DBS clearance.
- Parents must make children aware of the public nature of the building and advise them on safe behaviour e.g. not opening the doors to strangers.
- Clear guidance will be given to parents at the start of their stay at BMS Birmingham regarding these responsibilities.
- All BMS Birmingham staff will be requested to have a DBS clearance as an appropriate level based on their roles and responsibilities.
- All BMS Birmingham staff will have safeguarding training which will be updated annually in the summer term.
- BMS computers will be accessible only to users over 18 years of age.
- All residents of BMS Birmingham will be sent a weekly email regarding what is happening in the building and external groups that will be using the facilities.
Appendix 8

BMS Safeguarding incident report form

Confidential
Please complete as much of the following as possible

<table>
<thead>
<tr>
<th>Name of child/adult at risk:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age and date of birth:</td>
<td>Gender:</td>
</tr>
<tr>
<td>Parent/carer name(s):</td>
<td></td>
</tr>
<tr>
<td>Home address and phone number (if available):</td>
<td></td>
</tr>
<tr>
<td>Siblings:</td>
<td></td>
</tr>
<tr>
<td>Name of organisation or church:</td>
<td></td>
</tr>
<tr>
<td>Your name:</td>
<td></td>
</tr>
<tr>
<td>Your position and relationship to child/adult at risk:</td>
<td></td>
</tr>
<tr>
<td>In what capacity have you had contact with the child/adult at risk?</td>
<td></td>
</tr>
<tr>
<td>Are you reporting your own concerns or passing on those of someone else? Give details.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Any physical signs? Behavioural signs? Indirect signs?</td>
<td></td>
</tr>
</tbody>
</table>
Has the child/adult at risk spoken to you? If so, what was said? (Please report exactly what the child has said using their language and what you said). Remember not to lead the child. 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 THE BMS DESIGNATED OFFICER:

<table>
<thead>
<tr>
<th>Department</th>
<th>Designated Child and Adults at Risk Safeguarding Officer</th>
<th>Back up in designated officer’s absence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission Training and Hospitality</td>
<td>Director for Mission Training and Hospitality (MTH)</td>
<td>Mission Personnel Coordinator/Short-term Personnel Coordinator</td>
</tr>
<tr>
<td>Overseas personnel/Overseas Partners/UK Staff</td>
<td>Mission Personnel Coordinator</td>
<td>Short-term Personnel Coordinator/Director for MTH</td>
</tr>
</tbody>
</table>

BMS’ response and actions
Appendix 9

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 a BMS worker or volunteer may work alongside the partner helping them to develop such a policy.

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

- The policy should be written clearly, easily understandable, and translate 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
Appendix 10

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 to the lead BMS Designated Child and Adults at Risk Safeguarding Officer who is:

- The Mission Personnel Coordinator

In their absence, an allegation or query may be passed onto one of the other BMS Designated Child and Adults at Risk Safeguarding Officers as follows:

- The Short-term Personnel Coordinator
- The Director of MTH (Note: the Director of MTH should also be the first person to be contacted regarding a safeguarding issue occurring on the premises of BMS Birmingham)
- The Regional Leader for Asia
- The designated Safeguarding Team will report the matter to and involve other relevant directors as deemed appropriate.

Current contact details for Designated Child and Adults at Risk Safeguarding Officers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becky Hembery</td>
<td>Mission Personnel Coordinator</td>
<td><a href="mailto:bhembery@bmsworldmission.org">bhembery@bmsworldmission.org</a></td>
<td>+44 (0)1235 517 661</td>
</tr>
<tr>
<td>Roger Pearce</td>
<td>Regional Leader for Asia</td>
<td><a href="mailto:rpearce@bmsworldmission.org">rpearce@bmsworldmission.org</a></td>
<td>+44 (0)1235 517 659</td>
</tr>
<tr>
<td>Hannah Field</td>
<td>Short-term Personnel Coordinator</td>
<td><a href="mailto:hfield@bmsworldmission.org">hfield@bmsworldmission.org</a></td>
<td>+44 (0)1235 517 652</td>
</tr>
<tr>
<td>Mark Ord</td>
<td>Director of MTH</td>
<td><a href="mailto:mord@bmsworldmission.org">mord@bmsworldmission.org</a></td>
<td>+44 (0)121 683 7948</td>
</tr>
</tbody>
</table>

Allegations against BMS safeguarding officers should be made to the General Director.
Appendix 11

Policy read agreement

I, _____________________________________________ (name of mission worker/member of staff) have read, understood and agree to abide by the BMS Child and Adults at Risk Safeguarding policy contained within this policy document.

Name: ________________________________

Signed: ______________________________

Date: ______________________________

Please return this sheet signed and dated to the relevant coordinator:

<table>
<thead>
<tr>
<th>Area</th>
<th>Contact person</th>
<th>Role</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long/mid-term</td>
<td>Becky Hembery</td>
<td>Mission Personnel Coordinator</td>
<td><a href="mailto:bhembery@bmsworldmission.org">bhembery@bmsworldmission.org</a></td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td>HR Coordinator</td>
<td><a href="mailto:hr@bmsworldmission.org">hr@bmsworldmission.org</a></td>
</tr>
</tbody>
</table>

Teams/volunteers – will agree to abide by this policy when they sign their acceptance form as part of the Volunteer Information Pack.