



ECMI
Safeguarding
Policy & Procedures
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INTRODUCTION

The abuse of children and vulnerable adults is a matter of huge public concern and, sadly, Christian organisations have not been immune from the problem. A number of scandals in recent years have led to the need for all organisations which have any involvement with children and vulnerable adults to ensure that their members conform to 'best practice' in the interests of safeguarding the children under their care. We are committed to seeing this happen within a safe environment by safeguarding the welfare of children and vulnerable adults by protecting them from physical, sexual, and emotional harm.

1. WHY DOES ECMI NEED A SAFEGUARDING POLICY?

There are four main reasons for the need of a Safeguarding policy:

1.1 A LEGAL REQUIREMENT

UK law rightly requires ECMI to have a policy in place and says we have a duty of care to children, young people and vulnerable adults that we work with. The UN Convention on the Rights of the Child stipulates that "children have the right to be protected from all forms of violence. They must be kept safe from harm. They must be given proper care by those looking after them".

1.2 BIBLICAL BASIS

As well as a legal imperative, there is also a biblical one. We have our own duty of care found in the Bible. Old Testament laws were enacted for the protection of children so that Israel would stand in stark contrast to the nations around it. Further, Jesus valued children and as servants of his it is our responsibility to ensure a safe and caring environment.

1.3 OUR OWN PROTECTION

A policy and guidelines document is not there only to protect children, young people and vulnerable adults; it protects leaders and staff too and ultimately the whole of the mission. Sometimes leaders may think that aspects of the guidelines are not necessary. However, it should be remembered that it is for their own protection and they should not rely on their reputation to protect them.

1.4 THE WORLD WE LIVE IN

No organisation is immune from the problem of trusted adults misusing their position. This requires a response which is aimed at both prevention and care for those who may have been mistreated. We must not be naïve to the fact that there are people in the world today who want to harm children and vulnerable adults. We must do all that we can to protect everyone in our care, promote good practice and prevent abuse.

2. AREAS OF RESPONSIBILITY

2.1 THE ROLE OF ECMI LEADERS

The Trustees have the overall responsibility for the protection of children and vulnerable adults within ECMI.

Appoint a Safeguarding Trustee

The Board of Trustees should always include at least one trustee whose responsibility includes maintaining awareness of Safeguarding issues and keeping Safeguarding on the agenda at board meetings.

Appoint a Designated Person

The Trustees are responsible for ensuring the appointment of one Designated Safeguarding Person and one Safeguarding deputy whose role is to co-ordinate the area of Safeguarding within the mission. Once appointed, it is important that the Designated Safeguarding Person is supported in his or her role. In order to carry out his or her responsibilities thoroughly the Designated Person will need help from Trustees and other leaders. The appointment of a Designated Person is very important and should be considered carefully. The people best suited for this task are those whose occupations, or lengthy voluntary experience, have brought them into contact with children. Those who have already participated in foundation training in Safeguarding e.g. nurses, doctors, teachers, social workers or probation officers may be particularly suitable.

The deputy designated person should also be able to act when the Designated Person is not available.

Adopt a child protection policy and review it regularly

It is the responsibility of the Trustees to ensure the mission formally adopts a Safeguarding policy and to carry out a review of the policy annually.

Keep Safeguarding on the agenda

The Trustees have the responsibility to ensure all new leaders are appointed according to the appointment process. It is the responsibility of the Trustees to be aware of Safeguarding issues and concerns relevant to ECMI. That said, not all of the Trustees need be made aware of every incident or issue because of confidentiality reasons, and in some cases they may simply be informed that there was an incident and no other specifics will be given. In order to ensure that Trustees are kept up to date, Safeguarding should be an item on each Trustees' meeting agenda. Even if there is nothing to report, it should be recorded that this is the case.

2.2 THE ROLE OF THE DESIGNATED PERSON

The role of the Designated Person includes the following:

- 1.** To ensure that everyone in the mission is aware how to raise safeguarding concerns;
- 2.** To ensure that everyone understands the symptoms of child abuse and neglect;
- 3.** To ensure that a Safeguarding refresher course is a regular feature on the Biennial programme;
- 4.** To report to the Trustees on a regular basis about any Safeguarding issues. This does not include specific details about a Safeguarding incident (as this information may have to remain confidential) but for example, changes to the vetting system, information about a training session or concerns to do with leader compliance of the policy in one of the organisations.

5. The Designated Safeguarding Person must be consulted with if a Safeguarding incident arises within the mission. If this were to occur the guidelines in section 4 should be followed.

2.3 THE ROLE OF MOBILISING TEAMS

It is the responsibility of the Director of each Mobilising Team to:

1. adopt Safe Recruiting procedures;
2. appoint a Mobilising Team Safeguarding Person whose role is to co-ordinate the area of Safeguarding within their Mobilising Team;
3. review Safeguarding procedures annually;
4. ensure that any member of ECM who is likely to be working with children or vulnerable adults once on their field has undergone police checks to verify that they are safe to do so, as far as possible in their sending country and country of origin (NB: Vetting is only a part of the appointment process. Just because a person does not have a criminal record, does not mean that they are suitable to work with children. It simply means they have no criminal record).
5. ensure that Safeguarding Training is part of orientation training for new missionaries;
6. ensure that missionaries take advantage of the ECMI Safeguarding seminar to update and refresh their Safeguarding training.

2.4 THE ROLE OF THE FIELD LEADERS

It is the responsibility of Field Leaders to:

1. ensure that Safeguarding procedures are maintained and followed within their field. These procedures must be kept up-to-date and meet the relevant legal standards.
2. ensure that any churches or organisations working in partnership with ECMI missionaries have Safeguarding procedures;
3. appoint at least one field Safeguarding Person whose role is to co-ordinate the area of Safeguarding within their field (Once appointed, it is important that the Safeguarding Person is supported in his or her role. In order to carry out his or her responsibilities thoroughly the Safeguarding Person will need help from other leaders).
4. To include Safeguarding on the agenda of FMET meetings, and to report any issues to ECMI.
5. To be aware of any ECM ministry activities involving children and vulnerable adults (regulated ministry activities) on their field.

2.5 THE ROLE OF THE SAFEGUARDING PERSON WITHIN EACH FIELD

The responsibilities of each Field Safeguarding Person include:

1. To ensure that any member of ECM working with children or vulnerable adults within their field has undergone police checks to verify that they are safe to do so, as far as possible in their country or field.
2. To be aware of any ECM ministry activities involving children and vulnerable adults (regulated ministry activities) on their field.
3. To check with the leaders of any regulated activities that Consent Forms (see Appendix 6) are being completed for children and vulnerable adults involved in these activities.
4. The field Safeguarding Person must be consulted with if a child protection incident arises within their field. If this were to occur the guidelines in section 4 should be followed.

2.6 EVERYONE'S ROLE

The safeguarding of children and vulnerable adults in our care is the responsibility of all ECM members.

Everyone should ensure that they know how to respond to safeguarding incidents or concerns (see section 4.1).

Creating a safe welcoming environment

Churches and faith communities should be safe places for all, both children and adults, where everyone is made to feel welcome, are valued, respected and cared for. We can promote this by ensuring that our buildings are accessible, recognising the limitations that the design of some buildings cause and addressing them, together with the acoustics and lighting. Negative and uncaring attitudes are also a major barrier to access. We should also be careful to use appropriate language and suitable vocabulary, which can often reflect people's attitudes towards others.

3. ABUSE

3.1 CHILD ABUSE

The following are the definitions for Child Abuse as found in the Children (NI) Order 1995 guidelines "Co-operating to safeguard children (2003)"

Physical Abuse: Is the deliberate physical injury to a child or the wilful or neglectful failure to prevent physical injury or suffering;

Emotional or Psychological Abuse: Is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;

Sexual Abuse: This involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. This may include physical activities or non-contact activities such as forcing the child to view pornography;

Neglect: Is the persistent failure to meet a child's physical and/or psychological needs, likely to result in significant harm. It may involve failing to provide adequate foods, shelter, clothing, and medical care;

3.2 ABUSE OF VULNERABLE ADULTS

It is important to recognise that any adult can be subject to abuse. Our organisations should be safe, welcoming places for all people, whether or not they are defined as vulnerable.

An adult is defined as vulnerable when they are in receipt of services because of age, illness, physical or mental infirmity or mental disorder.

Abuse can take many forms:

Physical Abuse: is to inflict deliberate physical injury, or using inappropriate restraint or sanctions or the wilful or neglectful failure to prevent physical injury or suffering;

Emotional or Psychological abuse is ill treatment which causes mental distress or anguish or negates the wishes of the adult. It is also the emotional ill treatment of a vulnerable adult such as to cause adverse effects on the adult's emotional development. This includes verbal abuse, humiliation, bullying, blaming, the use of threats of harm or abandonment, being deprived of social or any other form of contact, or being prevented from receiving services or support.

Sexual abuse is the involvement in sexual activities to which the person has not consented, or does not truly comprehend and so cannot give informed consent. Or it may occur where the other party is in a position of trust, power or authority and uses it to override or overcome lack of consent or to which they felt pressurised into consenting such as rape, or sexual assault.

Financial or material abuse is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions including theft, fraud, exploitation, applying pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

Neglect or acts of omission are the repeated deprivation of help that an adult needs which, if withdrawn, will cause them to suffer. This includes failing to intervene in behaviour which is dangerous to the adult, or to others.

3.3 BULLYING

All kinds of bullying are wrong and should not be tolerated.

Our organisations should be safe and welcoming places for all people. All organisations should develop a culture of openness where anyone is able to say if they or anyone they know is being bullied. Bullying is deliberately hurtful behaviour repeated often over a period of time. Bullying can happen anywhere to anyone; anyone has the potential to bully others.

What forms does it take?

Bullying can be name calling or teasing. Bullying is often physical; victims are pushed, punched, kicked and hit. Victims can be forced to do things they don't want to do or are left out of activities or ignored by others. Cyber bullying is when bullies contact their victims via text messaging or social media. This often intensifies the bullying as victims have little escape from their bullies.

Preventative Measures

All leaders should try to prevent bullying within their organisation. However, if it does happen, leaders must deal with it and not ignore it. Having friends is one of the best defences against bullying.

See Appendix 4 for 'How to deal with Bullying'

3.4 SELF-HARM AND SUICIDE

Self-harm

'Deliberate self-harm is a term used when someone injures or harms themselves on purpose. In very basic terms it is 'the inflicting of physical pain to mask an emotional imbalance'. Anyone in this

situation needs to be supported. Common examples include “overdosing” (self-poisoning), hitting, cutting, or burning oneself, pulling hair, or picking skin, or self-strangulation. It can also include taking illegal drugs and excessive amounts of alcohol. Self-harm is always a sign of something being seriously wrong.¹ Disclosure of any self-harm should never be ignored; it is a clear sign that someone needs help and that self-esteem is low. Care should always be taken in how this problem is managed and advice should be sought at all times.

Suicide

Whilst self-harm does not always lead to suicide, nor do all those who attempt suicide self-harm, suicide can at times be seen as the ultimate act of self-harm.

See Appendix 5 for ‘What to do if you think or know that a person is suicidal’

3.5 WARNING SIGNS

You may suspect abuse because:

- You have a general concern about someone’s wellbeing
- You see or hear something which could be abusive
- Someone tells you that something has happened or is happening to them which could be abusive

In these circumstances, do not delay. Pass on your concerns to the Safeguarding Co-ordinator (or deputy) immediately.

If anyone discloses that they are suicidal then YOU MUST inform your Field Safeguarding Person.

Possible signs of Abuse

The following indicators are warning signs that a person might be suffering abuse or getting bullied:

- reluctance to take part in activities
- stress-caused illnesses – headaches, and stomach aches which seem unexplained
- physical signs (unexplained bruises, scratches, or damage to belongings)
- fearful behaviour (fear of walking alone, going different routes, asking to be driven)
- frequent loss of money or shortage of money with vague explanations
- having few friends
- changes in behaviour (withdrawn, stammering, moody, irritable, upset, distressed)
- not eating
- attempting suicide or hinting at suicide
- anxiety (shown by nail-biting, fearfulness, tics)

It must be remembered that there are other possible reasons for any of the above behaviour patterns.

Signs of risk of suicide:

- Withdrawing from friends and family
- Loss of interest in usual activities
- Signs of sadness, hopelessness and irritability
- Making negative remarks about themselves

¹ Royal College of Psychiatrists Self Harm factsheet 26, 2004

- Talking or writing about suicide
- Putting their affairs in order
- Giving away personal items
- A sudden change from extreme depression to appearing to cope and being calm

These signs are not definitive but are some of the signs that may be displayed by someone who is suicidal. Others may show no sign of their pain at all. The only way to address our concern is to ask.

4. PROCEDURES FOR REPORTING CONCERNS

4.1 RESPONDING TO INCIDENTS/ACCIDENTS/CONCERNS

Responding to concerns must be based upon a clearly defined reporting process. Knowing what to do, who to contact and who needs to know will ensure that the concern is dealt with appropriately. The primary responsibility is to report any concern as soon as possible and ensure that the concern is taken seriously.

ECMI ministries that provide services to children and vulnerable adults should have copies of the Accident/Incident Report form. These forms should be used for the recording of accidents, incidents, injuries and any action taken. Each entry should be signed by the leader in charge and kept in a secure place after the accident/incident. Parents/guardians should be informed in person or by phone of the accident/incident as soon as possible. (See Appendix 2 for Accident/Incident Report form).

Responding to concerns about abuse

A concern about a child or vulnerable adult may refer to an instance when;

- A child or vulnerable adult has shown signs of abuse or
- There has been a disclosure of abuse by the child or vulnerable adult or another person or
- An adult has shown inappropriate or difficult behaviour towards a child or
- An adult has shown inappropriate or difficult behaviour towards a vulnerable adult.

In the event of a concern that involves alleged or suspected child abuse a Report of Concern form (see Appendix 3) must be completed and passed to the Designated Person who should be made aware of the situation as soon as possible.

What to do and what not to do if a child or vulnerable adult discloses to you:

Do

- Stay calm
- Listen
- Give time for the child or vulnerable adult to say what they want
- Reassure them that they have done the right thing in telling
- Write down what was said to you or what you observed as soon as possible
- Write down the exact words that the child or vulnerable adult used
- Use the Report of Concern form
- Ensure that the Designated Person is informed without delay

Don't

- panic
- make a child or vulnerable adult repeat the story unnecessarily
- promise to keep secrets
- investigate
- Under no circumstances should you attempt to deal with the problem alone

4.2 THE REPORTING PROCESS

1. The person who has the concern should tell the leader in charge.
2. A Reporting of concern form (appendix 3) should be completed.
3. The leader-in-charge should inform the Designated Person or the Field Safeguarding Person.
4. If a child or vulnerable adult is in danger or a criminal offence is suspected, then the relevant Social Services must be informed immediately. Do not delay this by having a meeting. Remember that the task of deciding whether or not abuse has occurred rests with the professional agencies.
 - If there is disagreement on whether or not to refer a concern to a child protection agency, any individual, as a concerned citizen, can still make a referral.
 - If the Field Safeguarding Person is not sure whether an official referral is warranted, but they nevertheless have legitimate concerns, they should still contact Social Services to discuss the matter. Alternatively, they may contact CCPAS for advice via the ECM International Designated Person.
 - The primary responsibility for managing any investigation process rests with the Social Services. Where a crime may have been committed, the police will investigate.
5. The Field Safeguarding Person should inform the ECMI Designated Person. The ECMI Designated Person should consult with the Safeguarding Trustee as soon as possible and inform them that a referral has been made.
6. Consideration should be given by the Designated Person and the Safeguarding Trustee to offering support to the leader or other person who made the initial report.
7. Information should be restricted to the Field Safeguarding Person, the Designated Person and the Safeguarding Trustee as appropriate.

4.3 PROCEDURE FOR DEALING WITH AN ALLEGATION AGAINST A LEADER/WORKER

In the event of an allegation against a leader or other worker the following procedures will be followed:

- Where there is a concern regarding the actions of a leader/worker with respect to the safeguarding of children or vulnerable adults then it is essential that the co-worker of the leader/worker fills out a "Reporting of Concern" form (appendix 3). The form must be handed to the Field Safeguarding Person as soon as possible.

- The Field Safeguarding Person should make the Designated Person and the Director of Human Resources aware that an allegation has been received and a note of the allegation, the date/time received should be recorded.
- In certain circumstances (eg where a crime may have been committed or where a child or vulnerable adult is in danger), it is necessary to immediately advise the relevant statutory authority of the allegation and to seek advice about the way forward before taking any other action. In other cases the Field Safeguarding Person may seek advice from the Director of HR. The Designated Officer or Statutory Authority will provide advice regarding the management of the case and in particular whether the allegation is such that immediate suspension from employment or involvement in the child related activity is required.
- At any point in the process, the Director of Human Resources and/or Designated Person may advise the Trustee responsible for Safeguarding of the allegation and seek further advice.
- Prior to a decision to suspend, it may be appropriate to advise the individual of the allegation received. This would not be appropriate if it would put an alleged victim at risk.
- If advised to do so, the Director of Human Resources should inform the leader/worker of the nature of the allegation and provide them with an opportunity to respond to the allegation. The response should be fully recorded. Such an interview is an “establishment of the facts” but does not preclude a full internal investigation at a later date.
- Suspension is a neutral act and it is action taken to ensure that no child or vulnerable adult is exposed to unnecessary risk.
- Depending on the nature of the allegation, the statutory authorities may decide to undertake their own investigation into the matter. In the event of a worker being suspended, ECMI will undertake an internal investigation into the allegation and this will be carried out by an appropriate person from within ECMI or by an investigating officer commissioned for the purpose. The investigation should be proportionate to the allegation.
- The outcome of any internal investigation may lead to a recommendation by the Investigating Officer that action should be taken under the ECMI Disciplinary Procedure or similar procedure of a Mobilisation Section.
- Great care and sensitivity should be taken to determine the way in which a suspension is managed and an investigation is conducted. Until there is evidence to prove otherwise, an allegation remains an allegation. Consideration should be given to the support and pastoral needs of the individual about whom an allegation has been raised.
- **It is very important to maintain close links with the statutory authorities in order to ensure that no actions by ECMI might undermine any external investigations.**

4.4 CONSULTATION WITH THE STATUTORY AUTHORITIES

The Field Safeguarding Person must inform the statutory authorities if a leader or volunteer:

- is suspected of being engaged in relevant conduct. Examples include conduct which endangers a child or vulnerable adult or is likely to endanger them and conduct of a sexual nature involving a child. This conduct could be acts of omission or commission.
- Satisfies the harm test. The harm test is where it is thought that a person may harm a child or vulnerable adult, cause them to be harmed, or where a person has put a child/vulnerable

adult at risk of harm, attempted to harm a child/vulnerable adult or incited another to harm a child/vulnerable adult (For example, if a volunteer confided in a leader that he had a sexual interest in children but had never acted upon this interest).

Field Leaders must ensure that the legal procedures relevant to their field are followed within their field. All Mobilising Teams must ensure that legal procedures are followed regarding workers from their Sections.

4.5 ALLEGATIONS AGAINST THE DESIGNATED PERSON

If an allegation is made against the Designated Person, the Safeguarding Trustee of ECMI should be informed **immediately**. *The Reporting of Concern form* should be **given directly to the Safeguarding Trustee** as soon as possible. The Safeguarding Trustee will deal with the allegation according to the procedure outlined above.

4.6 RECORDING CONCERNS

The words of the Child or Vulnerable Adult

It is very important that any words a child or vulnerable adult says are recorded accurately. If a child or vulnerable adult says something of concern to a leader or activity provider, this should be recorded immediately on any piece of paper at hand and then the Report of Concern form written up at a later stage. Once completed, the Report of Concern form should be given to the Designated Person or minister and kept confidentially.

Report of Concern form

The person who has reported the concern should complete a Report of Concern form (See Appendix 3).

Try to have available the following information:

- The name and address of the child or vulnerable adult
- Age of the child (if the victim is a child)
- The nature of any injury or complaint
- The need for medical attention (if any)
- What your concern actually is
- What course of action you have already taken (if any)
- Any other information you may have e.g. what school they attend, the name of their GP

Record of Meeting form

A record should be kept of any meetings held in relation to a Safeguarding concern. It should be recorded what the concern was and whether or not the decision was taken to report to an outside agency. Such a record should be kept confidentially in a safe place as such records may be sought and examined if an investigation is carried out.

4.7 MANAGING OFFENDERS

Within the context of grace and forgiveness, attendance at events and ministry activities should be open to everyone. At the same time, the protection of children and vulnerable adults must remain paramount at all times. If a person has convictions of abuse against children or vulnerable adults then they should never be in a position of leadership with children or vulnerable adults, or be alone

with children or vulnerable adults. If the correct procedure of having all new leaders in regulated positions vetted, then any convictions will be known through this process.

If it becomes known that a person who has been convicted of offences against children or vulnerable adults is wishing to attend ECM events, this may be facilitated through the development of a safeguarding plan drawn up in partnership with the relevant Probation Services.

4.8 CONFIDENTIALITY

Who needs to know what?

It is always important that Safeguarding issues are treated confidentially, only those who need to know about an incident or concern should be informed. This will mean that where the Designated Person considers that a child or vulnerable adult is at risk of abuse, or that a criminal offence may have been committed, it should be reported to Social Services.

5. CODE OF BEHAVIOUR

This code of behaviour is to be put into practice at all times by our leaders and workers.

5.1 GENERAL PRINCIPLES

In all ECM activities, workers should give children and vulnerable adults appropriate time to express their opinions. All children and vulnerable adults should be valued and respected as individuals and workers should be available to listen to children and vulnerable adults whenever necessary.

Workers should ensure that activities are carefully planned in advance and that children are adequately supervised at all times. All workers are expected to be good examples to children and to work together for the safety and benefit of children and vulnerable adults.

5.2 GUIDELINES FOR THE PROTECTION OF CHILDREN AND LEADERS/WORKERS

Leaders/helpers MUST NOT

- Spend excessive amounts of time alone with children away from others.
- Engage in sexually provocative or rough physical games, including horseplay - apart from structured sports activities
- Allow or engage in inappropriate touching of any form
- Make unnecessary physical contact with children or vulnerable adults
- Allow children to use inappropriate language unchallenged
- Make sexually suggestive comments about, or to, a child or vulnerable adult
- Let allegations made by a child or vulnerable adult go without being addressed and recorded
- Do things of a personal nature for a child or vulnerable adult that they can do themselves
- Form a relationship with a child or vulnerable adult that is an abuse of trust
- Use physical punishment

5.3 PHYSICAL CONTACT

- Be mindful of how and where you touch a child or vulnerable adult.
- Physical contact with children should be child initiated and appropriate to the age and gender of the child. If a child is in distress it may be perfectly acceptable (and sometimes necessary) to offer comfort and reassurance by placing a hand on their shoulder or taking their hand. This is a valid way of expressing concern and care for children and most children will feel comfortable with it. Making staff and volunteers frightened of any physical contact with children is not an effective way of reducing abuse.

5.4 MEETING WITH INDIVIDUAL CHILDREN FOR COUNSELLING/GUIDANCE

- Meeting with individual children or vulnerable adults should take place as openly as possible
- If privacy is needed, the door should be left open and other leaders/workers informed of the meeting or use a room with a glass viewing panel
- Ensure there is another leader/worker on the premises for the duration of the counselling/guidance session.
- If counselling/guidance is taking place other than at an organised event, then it may be advisable to not go alone. The worker should agree an appointment date, time and venue, confirm all details with the appropriate leader-in-charge and gain parental consent.

5.5 PERSONAL RELATIONSHIPS

Workers involved in relationships with other workers should ensure that their personal relationships do not affect their role within the ministry or put children or vulnerable adults in a potentially harmful situation.

5.6 PERSONAL CARE

It may sometimes be necessary for leaders to do things of a personal nature for children or vulnerable adults, particularly if they are very young or have disabilities. In such situations leaders need to be sensitive to the child or vulnerable adult and undertake personal care with the utmost discretion. For a child, written consent must be given by the child's parent/guardian.

6. RECRUITMENT AND APPOINTMENT PROCESS

6.1 THE NEED FOR A RECRUITMENT AND APPOINTMENT PROCESS

It is necessary to have a recruitment and appointment policy in place to select leaders in order to provide a safe environment for children and vulnerable adults. A proper appointment procedure is one of the most sensible and effective ways of assessing a person's suitability to work with children and vulnerable adults, and may in itself act as a deterrent to potential abusers.

By having good standards of practice in our organisations, people are more likely to want to join.

Care needs to be taken to ensure that anyone who may be unsuitable for working with children and vulnerable adults is not given the opportunity to become a leader.

6.2 THE RECRUITMENT PROCESS

Application Form: An application form must be completed by everyone applying to work with ECM.

Interview: Representatives from the Leadership of ECM should meet the person and ensure that they have the ability and commitment required for the role. At the interview the Safeguarding policy will be provided.

Referees: The names of two referees should be given by the applicant. The referees should **NOT** be family members, the Designated Person or any of the interviewers. References should be from people who have had first-hand knowledge of their work and have known the applicant for at least two years. (See appendix 7 for a sample reference request form)

ECM Leadership approval: All application forms must be signed by the Interviewers to say that as far as the ECM Leaders are aware, the applicant is suitable for the role for which they are applying.

Form presented to the Mobilising Team Safeguarding Person: It is at this stage that appropriate Safeguarding checks will take place in line with current legislation and practice.

Appointment Decision: On successful completion of the vetting process, the appointment will be ratified. Procedures for appointment of an individual to a role will be carried out and the applicant will be informed of the decision.

6.3 REGISTER OF ALL LEADERS

The Designated Safeguarding Person will hold a register of all leaders working with children or vulnerable adults within ECM. This should include their vetting status with relevant local authorities and should be reviewed on a regular basis.

7. SUPERVISION, SUPPORT AND TRAINING

Working with children and vulnerable adults is both worthwhile and fulfilling, but also challenging.

Once appointed all leaders and workers will be well informed, trained, supervised, and supported, so that they are less likely to become involved in actions which can lead to harm, or can be misunderstood.

7.1 TRAINING

As newcomers, workers will be made aware of the tasks they will be performing and ECMI's Safeguarding policy and procedures and Code of Behaviour.

Training is a continual process and will include:

- Raising awareness in safeguarding
- Health and safety

7.2 SUPERVISION AND SUPPORT OF WORKERS

It is the Designated Person's responsibility to supervise and support workers and to keep them up-to-date with Safeguarding issues and with other policies as they arise.

Workers should feel free to approach the person in charge in order to share anxieties, concerns, or worries, especially about the work in which they are involved. This includes any concerns of a practical nature - transport, health and safety, programme, etc

8 SUPERVISION OF CHILDREN IN ECMI MINISTRY ACTIVITIES

8.1 RECOMMENDED SUPERVISION RATIOS

Ratios for indoor activities

Under 8 years

0 to 2 years = 1 leader to 3 children

2 to 3 years = 1 leader to 4 children

3 to 7 years = 1 leader to 8 children

8 years and over

8 years and over = 1 leader to 10 children/young people.

It is preferable to have a gender mix of leaders with a mixed gender group of children.

Ratios for outdoor activities

Under 8 years

0 to 2 years = 1 leader to 3 children

2 to 3 years = 1 leader to 4 children

3 to 7 years = 1 leader to 6 children

8 to 13 years

The recommended ratios for children after 8 to 13 years and over are 2 leaders to 15 children. One additional leader for every 8 extra children, or part thereof.

13 years and over

The recommended ratios for young people aged 13 and over are 2 leaders to 20 children (preferably one of each gender). One additional leader for every 10 young people, or part thereof.

The ratio of workers to children with disabilities is dependent upon the needs of the individual child.

8.2 GENERAL GUIDELINES FOR THE SUPERVISION OF CHILDREN IN MINISTRY ACTIVITIES

- Children should never be left unsupervised while in our care.
- Leaders-in-charge must be satisfied that those workers who supervise children and young people are fully competent to do so.
- Bus drivers should not be left to supervise children.
- Children will always be safer when supervised by two or more adults.

- When only two adults are present in the room, as far as possible they should be one male and one female.
- Workers should know at all times where children are and what they are doing.
- Any activity using potentially dangerous equipment should have constant adult supervision;
- Dangerous behaviour by children should not be allowed.

8.3 GUIDELINES ABOUT MODERN TECHNOLOGY

A blanket ban on mobile phones is not necessary as mobiles may be useful in emergencies but their use should not be such that it compromises the leader/worker's ability to maintain a safe environment and give their full attention to the supervision of children.

Contacting children and young people by phone, text or email should not be undertaken without parental consent. Workers should not normally make their mobile phone numbers or email addresses available to the children.

Photographs, video or other images of children should not be taken without the consent of the parents and children. The purpose for which these images will be used should be made clear. ECMI will take all steps to ensure that these images are used solely for the purposes they are intended.

Photographs, videos and other images of children will not be displayed on the internet without parental consent. Group photographs should be used in preference to individual photographs and avoid naming the children.

8.4 GUIDELINES ON WORKING WITH CHILDREN WITH DISABILITIES

ECMI has a duty to be inclusive and to provide opportunities for children and young people of all abilities.

Leaders and workers need to be aware that children and young people who have a disability can be at a greater risk of abuse.

Children with disabilities and learning difficulties are welcome at ECMI events and activities. We will work in partnership with the child, parents and any professionals to establish how the child can be included.

Workers should be made aware of the child's special needs and how to deal with them. Additional training will be provided if deemed necessary.

Higher worker ratios may be required if the child has additional needs or behavioural issues.

8.5 EXPECTATIONS FROM CHILDREN AND YOUNG PEOPLE

1. Respect the authority of the leaders/ workers.
2. Respect the views and feelings of other children/ young people at the meetings and activities.
3. Respect the right that all children/ young people in attendance have to express their views and to be heard.
4. The following behaviours are deemed unacceptable at any of ECMI's meetings or activities:
 - The misuse of drugs/substances
 - The wilful destruction of property

- The physical or verbal abuse of any of the leaders, workers, or other children/young people.

If any children persistently do not adhere to this code of behaviour, their parents may be asked to remove them from the activity.

9. SHARING INFORMATION

9.1 SHARING INFORMATION WITH CHILDREN, YOUNG PEOPLE, PARENTS/GUARDIANS, STAFF AND VOLUNTEERS.

It is the responsibility of everyone who organises ministry activities in the name of ECM to ensure that all participants are aware of this policy, and who they should contact in the event of any concern being raised.

9.2 SHARING INFORMATION WITH OTHER AGENCIES

The field Safeguarding Person will share information with agencies who need to know about any allegation or actual abuse or neglect that is reported. These will be dealt with following the procedure outlined in this policy.

10. CONFIDENTIALITY

10.1 CONFIDENTIALITY POLICY

It is the policy of ECMI to only communicate information of a confidential nature on a 'need to know' basis.

Personal and sensitive details which parents or carers have confided about their children or family situations will not be talked about or passed on to others without their consent.

All leaders, workers, children and vulnerable adults must be aware that there are some situations in which confidentiality needs to be broken, specifically, if you are concerned that a person is in danger, either to themselves or from someone else, or if you suspect that an offence may have been committed.

10.2 DATA PROTECTION

Under the UK Data Protection Act (1998) ECMI, along with all registered organisations, must be careful when handling personal data e.g., names, phone numbers, addresses and medical information. Organisations must only hold data which is adequate, relevant and not excessive in relation to the purpose for which it is held. They must ensure that personal data is accurate and where necessary, kept up to date. Organisations must do what they can to prevent unauthorised or accidental access to personal data and must hold data for no longer than necessary. Therefore, the following principles should be followed for all organisations in answer to the questions below:

Where should forms be kept?

- All consent forms, accident forms, or any information on vulnerable adults, children or leaders should be kept in a confidential but accessible location. A locked filing cabinet on ECMI premises is a good example.
- All consent forms, accident forms, or any information on vulnerable adults, children or leaders should not be kept in a person's own home for long periods of time.
- Ministry activity organisers must ensure that they have easy access to relevant data such as children's contact details and medical information when the organisation is meeting.
- Incident/accident forms should also be held securely on ECMI premises.

Who should have access to information on children and leaders?

- Information about vulnerable adults, children and leaders should be on a need-to-know basis.
- The exception to this is medical information where it is important that all leaders in a supervisory role are aware of conditions that children have.
- Information about vulnerable adults, leaders and children should not be given to any external party but only used for the purpose for which it was given.

What about data kept on computers?

- The same rules apply for data kept on computers; data is confidential and should be kept on ECMI premises. In order to keep the data protected, it should be held on a dedicated password protected file.

How long should records on vulnerable adults, children and leaders be kept?

- Consent forms (basic information such as name, date of birth and address) should be kept for up to six years after the child has left the organisation. Thereafter, it should either be destroyed (i.e. shredded or burnt) or given back to the child or parent.
- The same applies to information on leaders – i.e. it is retained for up to six years after they have left their position.
- Incident/accident forms and the register of all leaders should be kept indefinitely.

11 MINISTRY GUIDELINES

11.1 CONSENT FORMS

There is a general consent form (appendix 6) which will be filled in for all regulated activities. The Field Safeguarding Person will check with the leaders of any regulated activities that these are being completed.

11.2 FIRST AID

The group leaders of any childrens' groups should be aware of any medical conditions or allergies that children have and any medication they are currently taking. This information should be provided on parental consent forms. Medication should never be given without written consent from parents or doctors; it should be clearly marked and be kept out of reach of children.

Each activity should have at least one nominated first aider. All activity leaders should be aware who the first aiders are and alert them in the event of an injury or accident. Once first aid has been administered, an accident form should be completed and leaders should make every effort to communicate with parents/carers what has happened and any treatment that has been given.

If a child needs taken to the hospital leaders should make every effort to contact parents/carers as soon as possible. See section 3.1 for more information on accident/incident forms. A first aid kit should always be available on ECMI premises and at planned events. It is important that the first aid kit is stocked with all the appropriate in-date items and equipment and that a person has responsibility for replacing items especially if it is used by various organisations within ECMI.

11.3 TRANSPORTATION

Leaders in charge must exercise discretion as to who is permitted to drive cars or mini-buses. The following should be considered at all times:

- Insurance cover must be adequate and up to date. Be aware of the limitations of third party insurance.
- The driver needs to be sufficiently aware of his/her responsibility towards the passengers.
- Speed limits should never be exceeded.
- The driver needs to know what to do in the event of breakdown or accident.

In addition, leaders/workers should observe the guidelines below which will help ensure protection for both them and the young people.

Private cars

- Seat belts should be worn by each passenger in a private car at all times and booster seats used for children under 12 years of age.
- Avoid transporting a child or young person on your own. Try to ensure that another worker or other children/young people are with you. If a situation occurs when you have to transport a child alone, ensure other workers know this is happening, and that the child is in the rear seat.

Mini-buses/ buses/ coaches

- There should only be one child per seat on all mini-buses, buses and coaches with seat belts. But three seated children under 14 years of age may be allowed on two seats where there are no belts.
- Seat belts should be worn when provided on the bus. Leaders/workers should try to persuade children to do so for their own safety. A single seat belt must not be used by more than one child, nor should a belt be placed around a child who is on an adult's lap.
- There should be at least two adults supervising children on the bus, preferably of mixed gender and not relatives.

APPENDIX 1: EXAMPLE WORKERS IN CHARGE CONTACT DETAILS FORM

Activity	Workers in Charge	Telephone No.
Crèche		
Sunday School		
Youth Group		

Signed: _____

Date: _____

APPENDIX 2: ACCIDENT/INCIDENT REPORT FORM

Use this form for the recording of accidents, incidents, injuries and any action taken.

Name of Group _____

Name of Child/Vulnerable Adult: _____

Name of Person Reporting Event _____

Date ___/___/___ Time _____

Sequence of Events / Observations

Action Taken

Name of Parent or Guardian Contacted:

Date ___/___/___ Time _____

Space for extra notes (if needed):

APPENDIX 3: REPORT OF CONCERN FORM

Confidential

Use this form to record any concerns you have that abuse may be taking place. This may include when:

- Someone tells you about abuse happening to them or to someone they know
- You observe bruises, injuries or unusual behaviour.

Fill in this form as soon as possible after your discussion with the child / vulnerable adult. Do not fill it in with them. Use their actual words as much as you can, and what you said in reply. Keep this form secure and private, but show it to the Field Safeguarding Person or Deputy as soon as you can.

Name of Group _____

Name of Child/Vulnerable Adult: _____

Address _____

Date of Birth ____/____/____

Name of Person Reporting Event _____

Date ____/____/____ Time _____

Sequence of Events / Actual Words Used / Observations (draw body part affected if it helps; note left or right side) _____

Action Taken

Name of Person Contacted: _____

Date ____/____/____ Time _____

Notes:

APPENDIX 4: HOW TO DEAL WITH BULLYING

- Talk to the target(s) and find out what has happened. Reassure them that it is not their fault and they have made the right decision in telling you. Make sure they are supported throughout the process.
- Meet with those involved. It might be suitable to discuss the issue with all members of the group, not just those who are bullying. It is not necessary to mention the victim by name. Talk about how they would feel if they were being left out/called names etc.
- Discuss how the situation could be improved - if bullying is happening how it can be stopped and how everyone can feel happier in the group. Make sure everyone within the group is adhering to the code of conduct or anti-bullying policy. Once everyone has agreed that bullying should not take place, agree what the consequences should be if it were to continue.
- If the bullying continues, make sure the agreed consequences are carried out.
- Report it to the Designated Person and to parents, following advice from Designated Person.
- Leader in charge should record the details on an Accident/Incident Report form (see Appendix 3).
- Ensure that adequate support is in place for the one who has been doing the bullying and all attempts have been made for them to be discouraged from repeating this behaviour.
- Keep the situation under constant review.

APPENDIX 5: WHAT TO DO IF YOU THINK OR KNOW A PERSON IS SUICIDAL

- Listen to how they feel
- Take them seriously
- Offer your support
- Encourage them to seek further help i.e. a doctor, professional counsellor, family member or friend
- Follow the reporting process (See Section 4)
- If they appear acutely suicidal it may be necessary to seek immediate help through hospital casualty department.
- If the suicidal person is a child, their parent/guardian should be informed.

APPENDIX 6: EXAMPLE CONSENT FORM

Name of Activity:

Consent and Medical Information Form

To be completed by the parent or Guardian of each child attending

Please complete and return this form to the designated leader whose name is given below. It is important that the form be filled in as accurately as possible so that those in charge of your son/daughter are in possession of the medical information should he/she require medical treatment. All information given will be regarded as confidential. Children who do not return a consent form cannot be allowed to attend the event.

Ministry

The designated leaders with overall responsibility for this event are:

Your Child

Name
Date of Birth/.../...
Address
.....

Your Consent

I give my permission for my child to attend this programme.

Parent's signature
Parent's name
Contact Mobile Phone Number.....

Home Contact (the name of a person not at the ECM Biennial who should be contacted in an emergency)

Name
Relationship to child
Contact Telephone Number

Medical Information

Doctor's Name
Address
.....
Telephone Number
Medical Card Number

Please answer the following questions about your child's health:

- | | | |
|--|-----|-----------------------|
| 1. Does he/she suffer from any illness? | Yes | <input type="radio"/> |
| | No | <input type="radio"/> |
| 2. Has he/she had any serious illness in the past of which we should be aware? | Yes | <input type="radio"/> |
| | No | <input type="radio"/> |
| 3. Does he/she suffer from any allergies? | Yes | <input type="radio"/> |
| | No | <input type="radio"/> |
| 4. Has he/she or any family member ever had an adverse reaction to an anaesthetic? | Yes | <input type="radio"/> |
| | No | <input type="radio"/> |
| 5. Can he/she take Paracetamol? | Yes | <input type="radio"/> |
| | No | <input type="radio"/> |
| 6. Does he/she require any medication or treatment? ¹ | Yes | <input type="radio"/> |

- | | | | |
|----|---|-----|---|
| 7. | Have you any other health information you wish the designated leader to have? | No | o |
| | | Yes | o |
| 8. | When did he/she last have a tetanus vaccination?/...../..... | No | o |

If the answer to any of the above questions is yes please give details in the space below.

Medical Consent

In the event of an emergency arising, and if I cannot be reached, I give my permission any emergency medical treatment necessary for my child to be commenced, including any emergency surgical procedure.

Parents signature:

Additional Medical Information

If required, please supply enough medication for the duration of the programme and provide detailed instructions of any medication to be given, stating the name of each medication, how much is to be taken and how often it is to be taken. It is essential that all medication is clearly labelled with the child's name and the dose required and then given to the designated leader of the residential programme for safe keeping. If necessary, speak to the designated leader.