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# handle with care

ANGLICAN DIOCESES OF NEW ZEALAND

## child protection policy

*For those ministering with infants, children,  
youth or vulnerable adults*

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This resource is part of a Safety Toolkit of resources.

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# Introduction

The Anglican Dioceses of New Zealand believe that we have a responsibility to promote the welfare of all children, young people and vulnerable adults, and to keep them safe. We are committed to ensuring they are protected within our organisation from all forms of abuse. The Church is called by God to love, to stand alongside and advocate for those at the margins, those less powerful, and those without a voice in our society.

Christian communities within the Anglican Dioceses of New Zealand should be places where all people feel welcomed, respected and safe. In such communities, every human being has infinite worth and unique value as a child of God, irrespective of origin, ethnicity, gender, sexual orientation, age, beliefs, social or economic status, ability to contribute, their past contribution to society, or present psychological, physical or spiritual state. Partnering with children, young people and their parents, carers and other agencies is essential in promoting young people's welfare.

## Purpose

### *Why do we have a child protection policy?*

It is both a legal requirement and our responsibility as loving Christian communities, to ensure the safety of our young people, our vulnerable adults and our stipendiary or employed ministry leaders, and our volunteers.

This policy affirms that this Diocese is committed to ensuring our communities of faith are safe and life giving for all people. At all times, best practice will be adhered to, to ensure the safety of all children, young people and vulnerable adults.

## Scope

### *Who does this policy apply to and where does it apply?*

This policy is for every person regularly assisting in a ministry for children, young people and/or vulnerable adults, in the Anglican Dioceses of New Zealand. This includes all clergy, lay, paid and/or volunteer leaders.

## Related policies and legislation

This policy acknowledges the following legislation:

- Treaty of Waitangi, 1840
- Children, Young Person and their Families Act, 1989
- United Nations Rights of a Child, 1989
- Domestic Violence Act, 1995
- Vulnerable Children's Act, 2014

# Responsibility and Review

The Vulnerable Children's Act requires organisations to ensure that those working with children understand the nature of abuse and neglect.

All churches must now also develop policy for:

- Defining and Identifying Abuse and Neglect
- Dealing with Disclosures of Abuse
- Recording, Reporting and Responding to Suspected Abuse

All (stipendiary, employed and volunteer) ministry personnel must have a thorough understanding of this policy and be seen to be practising this policy.

Other resources on best practice are available upon request, such as guidelines for social media, travel, food and hygiene.

This policy should be reviewed:

- Annually
- Following any significant event.

## Training

We acknowledge that there are a variety of leadership levels and roles, and the training required will depend on their level of responsibility.

### All leaders

Every person regularly assisting in a ministry for children, young people and/or vulnerable adults, must have completed:

- Two safety modules
  - » Safety and Boundaries (refreshed every three years)
  - » Protection and Abuse (refreshed every three years)
- A Safety Check (refreshed every three years) (see p.5)

This is the required minimum level for someone to be "cleared" for working with children, adolescents or vulnerable adults unsupervised, and be recognised as a team member.

### Planning and Leading a programme

Every person responsible for planning an event/activity/programme, is also to have completed one additional safety-training module:

- Risk Management and Incidents (refreshed every three years)

It is a requirement to have at least one team member onsite with a current First Aid Certificate, with immediate access to an up-to-date first aid kit, a mobile phone, and all relevant telephone numbers (e.g. emergency services, nearest medical centre, and emergency contact numbers for all participants)

A team leader is someone responsible for leading a ministry team, and is to also have completed one additional safety-training module:

- Leading Safe Teams and Appointments (refreshed every three years)

They should also:

- hold a Bishop's license
- have an agreed Covenant or Employment Agreement, if appropriate, (reviewed annually) specifying:
  - a. Role parameters and expectations (including key tasks and hours of work)
  - b. Accountability
  - c. Supervision
  - d. Spiritual Direction
  - e. Allowances (if any)
  - f. Reimbursement for expenses (if any)
  - g. Remuneration Rates (if any)

### **Safety Coordinator**

Each parish or archdeaconry (depending on your setting) is to have an appointed Safety Coordinator to oversee the safety of the parish/region, who is also to have completed one additional safety-training module:

- Coordinating Safety (refreshed every three years)

### **Diocesan Risk Management Officer**

The Diocesan Council is to appoint a Risk Management Officer, a designated person to oversee and advocate for safety best practice in the diocese. They are to have completed one additional safety-training module:

- Emergency Response and Risk Management (refreshed every three years)

The Risk Management Officer is to establish a Diocesan Emergency Response Plan, to respond well to significant incidents and provide advice to parish safety officers. They would also advocate for regular training in the diocese.

### **Use of Helpers**

It is understood that for practical purposes it will be necessary from time-to-time to have help from other people to fill in for absentees at late notice, or to provide extra assistance in the crèche on a busy day, for example. These people will be working either in the presence, or under the direct supervision, of Team Leaders and they will not be expected to have undergone the above training, or have passed a Safety Check (p.5).

However, if such people become regular helpers for any activity, and/or their task involves them being unsupervised for any period of time, the relevant training and Safety Check procedures must be followed.

### **Use of Guest Ministry**

Just as a teacher must stay in a classroom when a visitor is present, so must a Team Leader or a senior team member stay with a visiting worker.

As these people will be working either in the presence, or under the direct supervision, of Team Leaders and/or senior Team Members, they will not be expected to have undergone the above training or have passed a Safety Check.

### **A Recommended Procedure for inviting Guest Ministry**

1. Check Suitability. Get a written or verbal reference provided by an appropriate person who can attest to the suggested worker's character and relevant skills
2. Get evidence of appropriate qualifications. For example, Instructor's qualification, current first aid certificate. This is crucial with all activities involving a moderate to high degree of risk.
3. Issue an Invitation, and once the invitation has been accepted, meet (in person whenever possible) to clarify expectations.

# The Safety Check

All aspects of the Safety Check must be completed before any person may commence ministry. Keep a secure record of the Safety Check in a separate file for each applicant.

## The Safety Check process for Voluntary personnel

For voluntary personnel it is recommended that there be a 6 months minimum period of attendance in the congregation, prior to applying for any leadership or ministry role. All applicants must undergo a complete Safety Check, which includes:

1. Identity verification
2. Minimum of 3 Referee Checks
  - » Including a previous Ministry Referee Check (if any)
  - » If church attendance is less than 6 months, a Referee Check from the Leader of their previous Church is required.
3. Interview
4. New Zealand Police Vetting (Vetting type is for a Non-Core Worker)
5. International Police Certificate, if they do not hold New Zealand residency.
6. Evaluation and Risk Assessment

If the volunteer has a regular ministry (other than merely incidental contact with young people or vulnerable adults) it is recommended that they have an agreed Covenant.

## The Safety Check process for Stipendiary or Employed personnel

1. Identity verification
2. Minimum of 4 Referee Checks
  - » Including a previous Ministry Referee Check
  - » Including a previous Work History Referee Check
3. Interview
4. New Zealand Police Vetting (Vetting type is for a Core Worker)
5. International Police Certificate, if they do not hold New Zealand residency
6. Evaluation and Risk Assessment
7. Negotiated Covenant or Employment Agreement.

## The Safety Check is to be refreshed every three years

For all (voluntary, stipendiary, or employed) personnel the Safety Check to be refreshed every three years. This requirement to recheck runs from the date the last Safety Check was completed.

When updating a Safety Check every three years the following checks are required:

1. Confirmation of any changes of officially recorded name
2. A fresh New Zealand Police vet, and
3. A fresh Evaluation and Risk Assessment

It is also recommended practice to recheck previous personnel if there has been a significant period of absence.

# Defining and Identifying Abuse and Neglect

Abuse may be broadly defined as any act that endangers another person's physical or emotional health or development.

The Children, Young Persons and their Families Act, 1989, defines child abuse as "...the harming (whether physically, emotionally, sexually), ill-treatment, abuse, neglect, or deprivation of any child or young person".

## Psychological Abuse

Psychological Abuse (also known as Emotional Abuse) is the on-going emotional maltreatment or emotional neglect of a child such as to cause a severe and persistent adverse effect on the child's emotional development. This can include a pattern of rejecting, degrading, ignoring, isolating, corrupting, exploiting or terrorising a child. It may also include age or developmentally inappropriate expectations being imposed on children. It also includes seeing or hearing about the ill treatment of others.

This includes any act including confinement, isolation, verbal assault, humiliation, intimidation, infantilisation, or any other treatment that may diminish the sense of identity, dignity, and self-worth.

Such abuse is often associated with situations of power imbalance, such as abusive relationships and bullying.

There may be physical indicators that a child is being psychologically abused. Some examples of this are:

- Bed-wetting or bed soiling that has no medical cause
- Frequent psychosomatic complaints (e.g. headaches, nausea, abdominal pains)
- Prolonged vomiting or diarrhoea
- Has not attained significant developmental milestones
- Dressed differently from other children in the family
- Has deprived physical living conditions compared with other children in the family

There may also be indicators in a child's behaviour that could indicate psychological abuse. Some examples of this are:

- Suffers from severe developmental gaps
- Severe symptoms of depression, anxiety, withdrawal or aggression
- Severe symptoms of self-destructive behaviour – self-harming, suicide attempts, engaging in drug or alcohol abuse
- Overly compliant; too well-mannered; too neat and clean
- Displays attention seeking behaviours or displays extreme inhibition in play
- When at play, behaviour may model or copy negative behaviour and language used at home

There may be indicators in adult behaviour that could indicate psychological abuse. Some examples of this are:

- Constantly calls the child names, labels the child or publicly humiliates the child
- Continually threatens the child with physical harm or forces the child to witness physical harm inflicted on a loved one
- Has unrealistic expectations of the child
- Involves the child in "adult issues", such as separation or access issues
- Keeps the child at home in a role of subservient or surrogate parent

## Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the person'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); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Neglect is any situation in which a caregiver fails to provide the child with the basic necessities of life to the extent that the person's health and development is, or is likely to be significantly harmed.

There may be physical indicators that a child is being neglected. Some examples of this are:

- Inappropriate dress for the weather
- Extremely dirty or unbathed
- Inadequately supervised or left alone for unacceptable periods of time
- Malnourished
- May have severe nappy rash or other persistent skin disorders or rashes resulting from improper care or lack of hygiene

There may also be indicators in a child's behaviour that could indicate neglect. Some examples of this are:

- Demonstrates severe lack of attachment to other adults
- Poor school attendance or school performance
- Poor social skills
- May steal food
- Is very demanding of affection or attention
- Has no understanding of basic hygiene

There may be indicators in adult behaviour that could indicate neglect. Some examples of this are:

- Fails to provide for the child's basic needs, such as housing, nutrition, medical and psychological care
- Fails to enrol a child in school or permits truancy
- Leaves the child home alone
- Is overwhelmed with own problems and puts own needs ahead of the child's needs

## Physical Abuse

Physical Abuse is a situation in which a child suffers or is likely to suffer significant harm from an injury inflicted by a person.

Physical abuse can be caused from punching, beating, kicking, shaking, biting, burning or throwing the child. Physical abuse may also result from excessive or inappropriate discipline or violence within the family, and is considered abuse regardless of whether or not it was intended to hurt the child. Physical abuse may be the result of a single episode or of a series of episodes.

Injuries to a child may vary in severity and range from minor bruising, burns, welts or bite marks, major fractures of the long bones or skull, to its most extreme form, the death of a child.

There may be physical indicators that a child is being physically abused. Some examples of this are:

- Unexplained bruises, welts, cuts, abrasions
- Unexplained burns
- Unexplained fractures or disclosures

There may also be indicators in a child's behaviour that could indicate physical abuse. Some examples of this are:

- Is wary of adults, or of a particular individual
- Is violent to animals or other children
- Is dressed inappropriately to hide bruises or other injuries
- May be extremely aggressive or extremely withdrawn
- Cannot recall how the injuries occurred or gives inconsistent explanations

There may be indicators in adult behaviour that could indicate physical abuse. Some examples of this are:

- May be vague about the details or the cause of injury and the account of the injury may change from time to time
- May blame the accident on a sibling, friend, relative or the injured child
- Shakes an infant
- Threats or attempts to injure a child
- Is aggressive towards a child in front of others
- May delay in seeking medical attention for a child

## Sexual Abuse

Sexual Abuse is a situation in which a person uses power or authority over a child to involve the child in sexual activity. It includes: any touching for sexual purpose; fondling of breasts, buttocks, genitals; oral sex; sexual intercourse; an adult exposing themselves to the child; or seeking to have a child touch them for a sexual purpose. It also includes voyeurism, photographing children inappropriately, involving the child in pornographic activities or prostitution or using the internet and phone to initiate sexual conversations with children.

An adult, an adolescent or a child with greater power can perpetrate sexual abuse. While it may involve a stranger, most sexual abuse is perpetrated by someone the child knows and trusts.

All ministry personnel should be aware of their 'duty of care', which precludes developing a sexual relationship with, or the grooming of a child. A sexual relationship between an adult and a child will always be wrong, unequal and unacceptable.

There may be physical indicators that a child is being sexually abused. Some examples of this are:

- Torn, stained or bloody underclothing
- Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area
- Blood in urine or faeces
- Sexually transmitted disease
- Unusual or excessive itching or pain in the genital or anal area

There may also be indicators in a child's behaviour that could indicate sexual abuse. Some examples of this in young children are:

- Age-inappropriate sexual play with toys, self, others
- Bizarre, sophisticated or unusual sexual knowledge
- Comments such as "I've got a secret", or "I don't like..."
- Fire lighting by boys
- Fear of certain places e.g. bedroom or bathroom

Some examples of this in older children are:

- Eating disorders
- Promiscuity or prostitution
- Uses younger children in sexual acts
- Tries to make self as unattractive as possible

There may be indicators in adult behaviour that could indicate sexual abuse. Some examples of this are:

- May be unusually over-protective of a child
- Is jealous of a child's relationships with peers or other adults or is controlling of the child
- May favour the victim over other children
- Demonstrates physical contact or affection to a child which appears sexual in nature or has sexual overtones

## Identifying Abuse

It is not always easy to recognise that a child is being hurt or is at risk, so abuse is often undetected. There are indicators (signs, symptoms or clues) that when found, either on their own or in various combinations, can point to possible abuse, neglect or family violence.

Indicators can be:

- Physical – such as bruises or burns and relate to a child's physical condition.
- Behavioural – such as a child cringing or flinching if touched unexpectedly; or a caregiver constantly calling a child 'stupid' or 'dumb'. Behavioural indicators can be displayed by a child or by the alleged abuser.

Indicators do not necessarily prove that a child has been harmed. They alert us that abuse may have occurred and that a child may require help or protection. Sometimes indicators can result from life events that do not involve abuse, such as divorce, accidental injury, the arrival of a new sibling, etc.



# Dealing with Disclosures of Abuse

Any issues of suspected child abuse must be taken seriously and handled in an appropriate manner that ensures the child's safety.

Only a minority of children actively disclose abuse. Most child abuse is disclosed accidentally or through observation by an adult of a child's behaviour, words and physical appearance. So when a child does disclose abuse, this needs to be taken very seriously. It is important that any disclosure is dealt with appropriately, both for the wellbeing of the child and also to ensure that your actions do not jeopardise any future legal action against the abuser.

People who work with children can play a vital role in preventing child abuse because, through regular contact, they may get to know the children and families well. As a consequence, they may recognise changes in behaviour or appearance, the presence of emotionally disturbed behaviours or the child may trust enough to disclose.

When ministry personnel witness disclosures the most commonly expressed emotions include:

- Shock - this is greatest when we are inadequately prepared or informed. Shock is not a helpful reaction if it inhibits us from taking appropriate action to stop the abuse and help the child. Shocked adults tend to concentrate on their own emotional needs and forget the feelings and needs of the child.
- Denial - I can't believe it. They must be mistaken. It can't be as bad as they say. This is a normal response when information is unbearable and we want to distance ourselves from it.
- Sympathy, pity and the desire to help victims - giving immediate help has no long-term benefit unless it is accompanied by a report to the authorities and support for the parents.
- Frustration - about our own limited ability to protect children, about the failings of the 'system', about inadequate responses to disclosure. Frustration may deter us from responding appropriately.
- Anger - angry people are more likely to report suspicions of abuse.
- Distress or anxiety - this is reduced when people are trained and informed about the issues.
- Guilt and self-recrimination - when suspicions or cries for help were ignored or misinterpreted.

- Blame - there is only one person to blame and that is the offender
- Sadness or depression
- Revulsion, horror and disgust - it is important not to transfer these strong feelings onto the victim.
- Revenge and the desire for punishment.

Education and training and implementing the procedures dictated by this organisational safety policy have proven to be the best ways to minimise these reactions. When people are well informed and follow required procedures, they are more likely to be able to cope with their own strong emotional reactions to child abuse. Participation in training is essential.

Because perpetrators are usually very careful about secrecy, it can be difficult for adults to discover what is happening. Usually the only way that we can know that a child has been sexually abused is if they tell us. The majority of disclosures of abuse are not intentional. It is often the case that a child will make a comment that arouses suspicion and alerts an informed worker.

Commonly, a child's disclosure of sexual abuse is a process that occurs over time in stages.

1. There may be initial stages of denial and tentative disclosure.
2. This may be followed by some acknowledgement that something is happening, with the child appearing confused and uncertain.
3. As trust increases, the child may give more details and even actively disclose. This stage can still be followed by the child changing their story as a result of pressure from the perpetrator or the family or from negative reactions to the investigation process.
4. A final stage could include a reaffirmation of the story.

It is important to understand that every situation is unique. We should never deal with issues of abuse on our own and should always involve our Team Leader as soon as possible (except when a Team Leader is involved in the allegation or suspicion, then any voluntary, stipendiary, or employed personnel who suspects abuse must discuss this directly with a Safety Coordinator).

# Guidelines for safe handling of disclosure

There are a number of basic guidelines that should be followed to ensure the safe handling of any disclosures of abuse from a child:

- Don't panic.
- Believe children when they talk with you.
  - » Look at the child directly, try not to appear shocked.
  - » Listen to what is being said and accept what they say.
- Stay with the child if they become upset and until they have said all that they wish to say.
  - » Don't seek help while the child is talking to you.
  - » Reassure them that they did the right thing by telling someone.
  - » Assure them that it is not their fault and you will do your best to help.
- Involve your Team Leader as soon as there is a disclosure or even suspicion of abuse.
  - » Let the child/victim know that you need to tell someone else.
  - » Let child/victim know what you are going to do next and that you will let them know what happens
  - » Be aware that the child may have been threatened.
- Documenting, as soon as possible, what was said and what you have done as a result.
  - » Write down what the child has said in their own words.
  - » Record what you have seen and heard.
  - » Make certain you distinguish between what the child has actually said and the inferences you may have made. Accuracy is paramount in this stage of the procedure.
- Remember that the safety and well-being of the child come before the interests of any other person.

The same action should be taken if the allegation is about abuse that has taken place in the past. It will be important to find out if the person is still working with or has access to children.

Dealing with an allegation that a professional, ministry colleague, foster carer or volunteer has abused a child is difficult, but must be taken seriously and dealt with carefully and fairly.



# Recording, Reporting and Responding to Suspected Abuse

Children do not generally have the power to stop abuse. They rely on others to help them. We must act in their best interests and take all reasonable steps to ensure their safety. Our legal obligations vary according to differing legislation, but our moral responsibility is to report suspected or disclosed child abuse.

Any voluntary, stipendiary, or employed ministry personnel who suspects abuse, or has had a child disclose abuse to them must, as soon as practicable, discuss this with their Team Leader. They must also fully document the suspicion and/or disclosure with a detailed transcript of what was actually said. Providing details of what was seen with date and times. Give this document to your Team Leader, who will also date and sign the document before handing it to a Safety Officer.

Having heard a report from a member of the team, or has themselves discovered a suspicion of abuse, the **Team Leader** must, as soon as practicable, discuss this with a **Safety Coordinator**.

In the case of a **Team Leader** being involved in the allegation or suspicion, then any voluntary, stipendiary, or employed personnel who suspects abuse or has any concerns, must discuss this directly with the **Safety Coordinator**.

It is the responsibility of the **Safety Coordinator** to take any action and to ensure that the correct procedure for recording and responding to concerns is followed.

Child Abuse is best dealt with by specialist Police Officers who work alongside Oranga Tamariki to investigate concerns of abuse. Early intervention by child protection services reduces harm to victims before the abuse has the opportunity to escalate. It is not our role to prove that abuse or neglect is happening. Our obligation is to ensure that we have formed a belief that based on reasonable grounds and is held in good faith. Our report may add to information that the child protection services already have received from other sources.

Reports of abuse and/or neglect must be notified as soon as practicable so that an early assessment of the child's safety can be made.

It is always preferable that the parent/caregiver is involved and or informed of any concerns but the **Safety Coordinator's** first priority will always be ensuring the safety of the child, and this may require the **Safety Coordinator** to immediately contact Oranga Tamariki or Police if they have concerns about the child's immediate safety.

# Procedure for Responding to Suspected Abuse

All members of ministry teams are trained to be alert for signs of abuse.

Once an abuse is suspected or disclosed:

1. No one should ever deal with issues of abuse on their own. As soon as possible, **CONSULT** in confidence with your Team Leader.

Your Team leader will then discuss the situation with a Safety Coordinator.

If a child is believed to be in immediate danger the Team Leader is to phone the Police on 111.

However, if your Team Leader is involved in the allegation, then you are to consult directly with a Safety Coordinator.

2. Make a confidential **ASSESSMENT**.

Write down everything. Produce a detail transcript of what was actually said, and provide details of what you saw with date/times. Separately, you may include your suspicions. Date and sign the document.

Give this document to your Team Leader, who will also date and sign the document before handing it to a Safety Coordinator.

It is important that the child is not required to repeat their disclosure. Interviewing of the child is best left to trained people who are skilled in the process.

3. Any member(s) of the team involved in the allegation will be immediately **SUSPENDED** from all ministry duties while the NZ Police and Oranga Tamariki are investigating the matter. The Safety Coordinator is to inform the Risk Management Officer to arrange this suspension. Additionally, if the alleged abuse occurred during a ministry programme, that programme is to be suspended also.

Please note that both the child and the alleged abuser have rights and need protection and due process. This is a confidential process.

4. The Safety Coordinator is to make an **ASSESSMENT** as to whether there are reasonable grounds for notifying child protection services. The bias must be to err on the side of notification. If unsure, contact Oranga Tamariki and discuss the situation. Early intervention by child

protection services reduces harm to victims before the abuse has the opportunity to escalate. It is not our role to prove that abuse or neglect is happening. Our obligation is to ensure that we have formed a belief that is based on reasonable grounds and is held in good faith.

If any voluntary, employed, or stipendiary ministry personnel are accused in the allegation, the suspected abuse **MUST** be notified to the authorities.

5. Having made an assessment to notify, the Safety Coordinator is to **REPORT** the suspected abuse to Oranga Tamariki

- Phone 0508 FAMILY (0508 326 459). Lines are open 24/7
- Email contact@ot.govt.nz

Once the authorities have been notified, they should be left to conduct the investigation.

6. If having made an assessment that there are no reasonable grounds to proceed with the allegation, the Safety Coordinator is then to inform the original team member of this decision. Together the Team Leader and the Safety Coordinator are to arrange for the situation to be closely **MONITORED** and documented.
7. The Safety Coordinator is to be in **COMMUNICATION** with the Risk Management Officer throughout this process, who will be updating the Bishop. The Bishop (with the advice of both the Risk Management Officer and the Safety Coordinator) will now decide who needs to be brought into the process for:
  - pastoral support of the child and their family,
  - pastoral support of the accused,
  - ministry continuance (if needed),
  - support for the congregation and families involved in the wider pastoral situation, where required.



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