Policy for Healthy Relationships
Safe Procedures between Generations
Manchester Church of the Brethren
January 2011

Our Commitment

God embraces children with love, placing their nurture and care in our hands. A new baby is brought before our whole congregation for dedication. Together we promise, with humility and seriousness, to share in the nurture and well-being of that child. This is our commitment to all children and youth in our midst: that we will relate to them in a manner that provides a healthy and safe space to grow and mature physically, emotionally, psychologically, and spiritually. We will be advocates for children and youth, protecting their rights and respecting their personhood.

We strive to be always attentive to the needs of children and youth. In addition to being aware, we have created the following ministries that seek to nurture growth:

- Sunday School
- Preschool
- Vacation Bible School
- Summer Camps
- Mentor Program
- Junior High Activities, including work camps, retreats and conferences
- Senior High Activities, including work camps, retreats and conferences

Policy Intention

This policy provides guidelines for the entire congregation and especially for those engaged in the ministries listed above. The intent of the policy is to create safe space in order to not only foster healthy relationships but to help those relationships flourish.

Procedures are designed to provide for physical safety for all in attendance, for assurance that all has been arranged to provide for emergencies and crises situations, and for emotional freedom to care well for the spiritual growth of children and youth.
Policy for Healthy Relationships
Safe Procedures between Generations

Procedures for Creating Safe Space

1. Two-Adult Rule - No fewer than two adults will be present at all times during any church-sponsored ministry or activity that involves children and youth.

2. Five-Years-Older Rule - Adults serving in ministries with children and youth need to be at least five years older than those attending.

3. Open-Door Rule - All doors will be open unless there is a window in the door or the wall when occupied by children or youth. Restroom doors will remain ajar unless a child is in the restroom alone or with a family member.

4. Individual Activities – One on one interactions must be preceded by parental consent and should be conducted in an environment that provides visibility by other adults.

5. Appropriate Interpersonal Boundaries for Older Children and Youth – Model respectful behavior. Adults are not to initiate a hug, but can give a hug when requested. Adults should always be the one to end the hug.

6. Gifts – No gifts are to be given to individual children or youth by adults without the prior consent of the parent or guardian.

7. Advance Notice to Parents – Always give parents advance notice and full information regarding the event(s) in which their children will be participating.

8. Discipline – Corporal punishment is not acceptable. Behavioral problems need to be discussed with staff and parents.

9. Reporting – Those in ministry with children and youth have a legal and moral obligation to report any suspected abuse as soon as possible. The pastoral staff and education directors will assist in making the report in compliance with Indiana State Law. Any suspected abuse should be kept in confidence.
Preparation for Serving in Ministries for Children and Youth

1. Six Month Discernment Period – A six month period of regular attendance is suggested prior to considering service in children and youth ministries.

2. Participation Covenant – All adults participating in any church-sponsored ministry or activity that involves children and youth will read this policy and sign the Covenant for Ministry prior to their participation.

3. Annual Orientation – Training for adults in ministry with children and youth will be offered annually with everyone expected to participate.

4. First Aid/CPR – Best practice is that someone with CPR training is present at all church sponsored activities. Please consider being trained in CPR.

Annual Review of Policy

The Policy for Healthy Relationships – Safe Procedures between Generations will be reviewed annually by the Education Commission.

Included in the Policy for Healthy Relationships Manual are:
   1. Statements of Commitment, Intention, Procedures and Preparation
   2. Covenant for Ministry
   3. Response Guidelines to Report Suspected Abuse
   4. Suspected Abuse Report Form
   5. Accident Report Form
   6. “The Duty to Report Child Abuse” from The Children’s Law Center of Indiana
Covenant for Ministry with Children and Youth
For all who are in ministry with children and youth in the Manchester Church of the Brethren

I accept the call to ministry with children or youth in the Manchester Church of the Brethren. I remember how Jesus welcomed the children, took them in his arms, and blessed them. I follow the ways of Jesus when I value young people and care for them with love and gentleness.

I recognize the importance of the responsibility entrusted to me. I realize that my words and actions toward children and youth will influence their faith in God and their lives for many years to come.

I promise to be responsible in all of my attitudes and actions, especially toward the children or youth under my care. I have read and agree with this congregation’s Policy for Healthy Relationships – Safe Procedures between Generations.

I attest that I have never: abused a child; been charged with nor convicted of child abuse, physical or sexual misconduct; contributed to the delinquency of a minor; nor participated in criminal conduct related to children or youth. I further attest that I will not engage in any inappropriate contact with children or youth. I will not abuse anyone physically, sexually, or emotionally.

I covenant and promise to be a good example to the children and youth. I will strive to honorably fulfill my responsibility with integrity.

____________________________________________ ____________________
Signature        Date

It is the hope of this congregation that all involved in ministry with children and youth will experience the joy and reward of their relationships and interpersonal interactions. May you feel blessed, encouraged, and supported!
RESPONSE GUIDELINES TO SUSPECTED CHILD ABUSE

Following the report of any suspected child abuse to a member of the pastoral staff and Christian Education Director, the pastoral staff shall initiate a report on the incident, documenting each conversation/contact as it takes place.

A. Pastoral Staff shall follow-up on the report in the following ways:
   - **Speak with the child/youth/vulnerable adult involved.** Staff may wish to have the volunteer staff reporting the incident present to ease the child. Staff should not question for details or ask leading questions.
   - **Determine next steps.** Pastoral staff may review plan for follow-up in any particular situation with legal counsel, prior to or during implementation follow-up.
   - **Report disclosure, per result of consultation, to Child Protective Services at 1-800-800-5556.** Although ordained clergy are not legally mandated to report confidential communication, we believe, in most instances, reporting is a necessary part of moving towards wholeness for all involved (reference “Ethics in Ministry Relations 1996” approved by 1996 Annual Conference of the Church of the Brethren, Section 111, O and T). According to Prevent Child Abuse, Indiana (pcain.org), failure to report or knowingly making a false report can lead to criminal and/or civil liability.
   - **Notify parents/guardians of alleged abuse, contingent upon advice from Child Protective Services or law enforcement agencies when the alleged abuser is parent/guardian.**

B. If the alleged abuser is a volunteer or paid staff of Manchester Church of the Brethren, the pastoral staff will request a Response Committee of at least two persons (at least one man and at least one woman). This committee, appointed by and accountable to pastoral staff, could include persons from the congregation with counseling experience (a pastor, a deacon, etc.)
   1. The committee will contact the alleged offender to:
      - Present him/her with a formal complaint informing him/her of the time and nature of alleged abuse.
      - Outline procedure to be followed.
      - Hear alleged offender’s response (verbal or written).

   2. The committee will also:
      - Consult an attorney regarding compliance with state reporting laws and cooperation with the investigation.
      - Make available a summary response to the complainant.
      - Notify liability insurance company.
      - Remove alleged offender temporarily from position(s) while a confidential investigation is being conducted.

If the allegations are unsubstantiated the following will occur:
   - Investigations will cease.
   - Every effort will be made to exonerate, reconcile and restore said member.
   - A public statement by the pastor or Response Committee will be made if said member so chooses.
   - The pastoral staff and Response Team will respond with love, care and concern to the complainant(s), to the congregation, to the accused and to his/her family.
If the allegations/investigations demonstrate poor judgment or unwise behavior but not abuse the following will occur:

• The pastoral staff and Response Committee will hold the offender responsible and accountable for his/her behavior. Grace and mercy will be extended in the context of repentance, accountability and justice.
• Education and/or counseling will be required to correct behavior patterns.
• Persons will be removed from susceptible church ministry settings for a period of six months.
• Actions taken will be communicated to the complainant(s) and congregation as necessary.

If the allegations/investigations substantiate sexual abuse the following will occur:

Ministry to the Victim:

• Ministry will be done with sensitivity and care.
• Pastoral care and spiritual support will be provided
  o One person will be named and offered to victim(s) to serve as an advocate and support and interpreter of the process.
  o A list of qualified counselors/therapists will be provided.
  o In the case of multiple victims, opportunity will be made for these persons to meet together for mutual support and prayer.

Ministry to the Offender:

• Specialized counseling will be offered by the pastoral staff, if appropriate (reference “Ethics in Ministry Relations 1996” approved by the 1996 Annual Conference of the Church of the Brethren, Section 111, U).
• Individual will be permanently removed from susceptible positions in the church’s ministry.
• Pastoral care and spiritual support will continue for the offender and family during rehabilitation.
• Rehabilitation will be monitored by the Response Committee; at the conclusion of successful rehabilitation there will be full reinstatement into church life with help to use spiritual gifts in non-susceptible ministries.

Ministry to the Congregation:

• The pastoral staff/Response Committee will report to the Church Board any confirmed abuse and follow-up, including disciplinary action taken.
• Trained people will be made available to assist any in the congregation in addressing their concerns to bring healing.

Ministry to the Accused/Offender’s Family:

• Ministry will be done with sensitivity and care providing support and prayer.
• One person will be named and offered to the family to serve as an advocate, support and interpreter of the process.
• A list of qualified counselors/therapists will be provided.
Report of Suspected Abuse
Manchester Church of the Brethren

To be completed by a member of the pastoral staff with the cooperation of the person reporting the suspected abuse.

1. Name of person observing or receiving disclosure of child abuse:

______________________________________________________________________

2. Victim’s Name: __________________________________________________________________________________________

3. Victim’s age/date of birth: __________________________________________________________________________________

4. Date/place of initial conversation with victim /report about victim: ____________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5. Victim’s statement – if appropriate, give detailed summary:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6. Name of person accused of abusing: __________________________________________________________________________

7. Relationship of accused to victim (paid staff, volunteer, family member, other):
   __________________________________________________________________________

8. Name of pastoral staff reported to: __________________________________________________________________________

   Name of education director reported to: _______________________________________________________________________
   a. Date/time: __________________________________________________________________________
   b. Summary of report: __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
9. Call to victim’s parent/guardian – Date/time: ____________________________
   a. Name of person contacted: ________________________________
   b. Summary: ________________________________________________
      __________________________________________________________
      __________________________________________________________

10. Call to local children and family service agency – Date/time: ___________________
    a. Name of agency: ____________________________________________
    b. Name of person contacted: _________________________________
    c. Summary: ________________________________________________
       __________________________________________________________
       __________________________________________________________
       __________________________________________________________

11. Call to local law enforcement agency – Date/time: ____________________________
    a. Name of agency: ____________________________________________
    b. Name of person contacted: _________________________________
    c. Summary: ________________________________________________
       __________________________________________________________
       __________________________________________________________
       __________________________________________________________

12. Other contacts – Date/time: ____________________________
    a. Name of person contacted: _________________________________
    b. Summary: ________________________________________________
       __________________________________________________________

____________________________________________ ___________________________
Signature of Person reporting the suspected abuse Date

____________________________________________ ___________________________
Signature of Pastoral Staff Date

____________________________________________ ___________________________
Signature of Other Assisting Staff (optional) Date
(Please print all information.)

Date of accident:___________________________ Time of accident:_______________

Name or person injured:__________________________________________________

Address of person:______________________________________________________
_____________________________________________________________________

Parent or guardian:______________________________________________________

Location of accident:_____________________________________________________

Name of person(s) who witnessed the accident:______________________________

Name:________________________________________ Phone:_______________
Name:________________________________________ Phone:_______________
Name:________________________________________ Phone:_______________

Describe accident:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

______________________________________________
Signature of Accident Reporter     Date