



OUT OF HARM'S WAY

SAFEGUARDING AT CORE ISSUES TRUST

Quick reference Guide to CIT Safeguarding

Our Safeguarding policy relates primarily to the protection of vulnerable adults (since **the charity does not work with children**) and to how we keep our officers, employees, consultants, volunteers and benefactors accountable and safe.

The CIT Safeguarding policy:

- Explains the purpose and scope of the policy and who must adhere to it, and how this affects the way we work within and outside the organisation.
- Explains how CIT is committed to protect vulnerable adults who come in contact with our organisation
- Provides the contact details of the Safeguarding Designated Officer

This document contextualises generally held principles of good practice on Safeguarding within Core Issues Trust and explains how concerns may be reported.

Some basic actions to consider when reporting:

- If the danger is immediate, call the police, or an ambulance, or both
- Within 24 hours of noticing the concern, contact the Safeguarding Designated Officer (details below) to discuss your concerns and to outline the problem.
- The information is confidential and should be reported to the Safeguarding Designated Officer in the first instance. Do not discuss the case with other colleagues, organizations, the presumed offender or the media.

CIT Designated Safeguarding Officer:

Name: Dermot O’Callaghan, Co-Director Core Issues Trust.

Phone: + 44 (0) 7801 299240

Email: dermot.ocallaghan@core-issues.org

Core Issues Trust is committed to keeping vulnerable adults safe and is serious in its obligation to protect those associated with the organisation: officers, volunteers, consultants and beneficiaries. Those associated with the organisation should pay careful attention to the following allied policies:

1. Code of Conduct for CIT officers, associates, volunteers and consultants
2. Values and Guidelines for Clients in Counselling or Therapy (IFTCC)
3. Continuing Education Commitment
4. The CIT Complaints Procedure
5. CIT Grievance Procedure
6. Whistleblowing

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THE ORIGINAL (2007) CORE ISSUES TRUST VISION STATEMENT

CORE seeks to provide support for relationally and sexually damaged adults, who are seeking wholeness, and have a desire to walk in obedience to the Gospel of Christ. This includes those whose sense of rejection and abandonment may have been worsened by the well-intentioned, but misinformed acts of Christians seeking to uphold the Biblical prohibition of homosexual acts. CORE seeks to explore appropriate patterns of relating in both singleness and marriage. It takes seriously the Biblical injunction to “love one another deeply, from the heart” (1 Peter 1:22), and promotes the idea that change is possible for those who seek it, even though it may be difficult.



SECTION 1

CIT adult Safeguarding Policy and its supporting procedures and guidelines

Introduction

Dear Friends of Core Issues Trust

Core Issues Trust supports the notion of preventive Safeguarding. Early in 2013, we first published “Out of Harm’s Way: Working Ethically with Same-Sex Attracted Persons”¹. In this document, Out of Harm’s Way: Safeguarding at Core Issues Trust (2020), we recognise the need to also have in place robust policies touching recruitment, volunteering and screening, and to ensure we develop a suitable code of conduct for all our associates and association. We recognise the need for suitable training, and for the need to regularly review our policies and procedures. At the heart of effective Safeguarding is empowerment. Officers, volunteers, consultants and those who benefit from our services must be empowered to take control of their own wellbeing, and to be mindful for the needs of others, not least the vulnerable with whom we may come into contact.

Attention has been paid to the minimum standards as laid out in “Keeping Adults Safe: A shared Responsibility” (2017)² in the writing of this document. Our intention has been to explain the reasonable steps the organisation must take to protect individuals from harm.

Our organisation is well aware of the political underpinnings of the “harm” narrative, especially in relation to sexuality and to the multiple accusations made around faith groups, in respect of how we engage with society more widely. According to some, there are no interventions that can or should be made around the issues of unwanted sexual feelings, identities and behaviours - and for them offering help is *ipso facto* harmful. For others, the only permissible interventions are necessarily to be affirmative, in which helpers simply dissuade persons with unwanted feelings from exploring this dilemma, encouraging them rather to celebrate such feelings and

¹ https://www.core-issues.org/UserFiles/File/Downloadable_publications/NewARTWORK2clr.pdf

² <https://www.volunteernow.co.uk/app/uploads/2019/04/Keeping-Adults-Safe-A-Shared-Responsibility.pdf>

embrace them fully. Those associating themselves with Core Issues Trust, recognize that both of these positions represent specific ideologies of sexuality that differ fundamentally from our own (see Appendix 1).

In the UK, the mental health professional bodies make it an ethical offence for any of their associates to offer therapeutic choice in the matter of unwanted sexual feelings and behaviours. Therefore an important role of the Trust is to show evidence of its reasoned position in disagreeing, and to root its arguments in the available science, which has an essential bearing on how we understand the issues.

The Trust recognises the need to be vigilant and to protect all of its people: those within the organisation, and those who participate in or benefit from its programmes – here and abroad. The Trust has already demonstrated that it can comply with charity rules and has achieved recognition in that context. We now embrace the opportunity to demonstrate that we are serious in maintaining a professional approach to Safeguarding that will make ours a safe space for all who contribute to and receive from the work. For an historical description of CIT's public engagement with these issues, please see Appendix 1:34.

Dr Mike Davidson
Chief Executive Officer, Core Issues Trust
Belfast, March 2020

Scope and purpose of the CIT Safeguarding Policy

In outlining this policy we aim to make it clear to all our officers, volunteers, consultants and beneficiaries that all reasonable steps will be taken:

- To protect vulnerable adults with whom the organisation comes into contact.
- To take responsibility for how its communications might be viewed by children, even though CIT does not engage directly with children in counselling or training.
- To explain the organisation's approach to safeguarding which promotes the welfare of its own people and any vulnerable adults with whom we come into contact.

The CIT Safeguarding policy must be adhered to by all those associated with the organization, whether as officers, consultants or volunteers. This will include international associates. The Trust is registered in the United Kingdom as a limited company with charitable status. (International associates should note that Northern Ireland is part of the United Kingdom.)

Failure to adhere to the policy or to raise issues with the Designated Safeguarding Officer is a serious omission, and may mean that volunteering is terminated, or official connections cease. A breach of policy by those contracted on project work may mean that the working relationship is terminated. CIT is hereby making it clear that there are minimum expected standards, and failure to adhere to these will have serious implications.

Definitions of roles

Officers: those listed in CIT official documents as fulfilling, in a paid or voluntary capacity offices as defined by the organisation. Normally Officers are individuals named at Companies House in our registration documents, or those named on the Charity Commission's website.

Employees are in paid roles.

Co-workers: those offering service to the organisation in a paid or voluntary capacity, who contribute upwards of 25 hours per week, who have a task definition and typically have high visibility in promoting the organisation's causes.

Consultants: those contracted on project work to complete specific and defined tasks – typically remotely but possibly in close association with the beneficiaries of the organisation's activities. These roles are reimbursed by the trust.

Volunteers: those supporting the organisation who typically offer time on project work – less than 25 hours per week, and usually are unpaid.

What sort of organisation is Core Issues Trust?

We are an educational organisation concerned with the promotion of learning and the understanding of Christian belief. We believe that our organisation contributes to the public benefit as a registered charity. Part of our work is one-to-one counselling and mentoring and the provision of information about therapeutic possibilities for those who seek clarification

about this or wish to be put in contact with professionals who might assist them. Core Issues Trust does not itself offer professional psychotherapy, but we may refer persons suitably qualified to work as psychotherapists. We want to ensure that our Safeguarding Policy is aligned to our values, mission statement, objects of association and related policy statements that we have developed since our inception (in 2007) and incorporation in 2011. An overview of the organisation's approach to our work is reflected in the following section:

1. The Objects of Association,
2. The General Principles the trust holds to in working with clients
3. The Statement on Prejudice towards those who experience unwanted same-sex attractions and Change Statement

The CIT Objects of Association:

1. The advancement of religion, namely to serve Jesus Christ in the church and in the world in a manner faithful to the Holy Scriptures; and
2. To be ambassadors for Jesus Christ in acts of service - providing educational and training resources, partnerships and support for individuals and local churches encouraging lifestyle choices consistent with Christian living, and, thereby
3. To promote the relevance, truth and authority of the Holy Scriptures (in accordance with the Core Issues Statement of Belief³) by equipping the church to lead others to trust and serve Jesus Christ in the church and in the world, and so
4. To uphold the view that any sexual relationship outside marriage is inconsistent with the Biblical view of "one flesh" relationships (Genesis 2.24), and the pattern for family life, premised on marriage between one man and one woman and to support those who seek to live according to that pattern.

Our belief includes a deep (anthropological) conviction about the importance of principles protecting autonomy and self-determination⁴

General principles the trust holds to in working with clients

1. Clients have the right to a safe space for self-exploration and self-determination with a therapist who honours their freely chosen values.
2. Clients have the right to integrate their personal values, spiritual beliefs, or religious faith into their therapy and their individual growth process.
3. Clients should never be treated against their will or encouraged to seek therapy in ways that use manipulation, coercion or authoritarianism.

³ <https://www.core-issues.org/statement-of-belief>

⁴ Clients Rights Division of the Alliance for Therapeutic Choice and Scientific Integrity, 2015

4. Clients have the right to discuss their concerns and identity distress without being reduced to diagnostic categories or labels.
5. Clients have the right to evaluate - with the help of the therapist - the risks and benefits of various options and conduct in order to promote personal responsibility and more effective choice making.
6. Clients have the right to seek therapy from a licensed mental health professional for any personal motivation, free from governmental obstruction or intrusion.

The CIT Statement on Prejudice regarding same-sex attraction:

Core Issues Trust does not believe that people who experience same-sex attraction were 'born gay'. But neither did they choose to have homosexual feelings.

Core Issues Trust will encourage the Church to treat them with love and understanding - never with intimidation or violence - encouraging them to live their lives in accordance with Christian teaching. We consider human sexuality in both men and women to be potentially fluid, and the adolescent brain to be particularly malleable. So sexual identity, feelings and patterning may change and be transformed. Core Issues Trust upholds the right of individuals to seek pastoral and clinical professional assistance in attempting to reduce or eliminate unwanted sexual feelings and patterning.

What do we mean by 'change'?

We all have desires that we do not choose to have, but we do have choices with respect to what we do about them. Core Issues Trust considers human sexuality in both men and women to be potentially fluid, so sexual identity, feelings and patterning may change. CORE recognizes that our sexuality can be reinforced or altered by either lifestyles or therapies or spirituality.

CIT works with adults who voluntarily seek to change from a "gay" lifestyle. CORE aims to support, with patience, understanding, sensitivity and respect, adults who choose to work through issues that may have contributed to their homosexuality. Goals are client-led and are not imposed by a counsellor. Methods are generally change-allowing, the same as the talking therapies used by secular counsellors. There are no set criteria to attain – and client goals should be realistic. Categorical change is rare and never promised – there is no guarantee. Change is characterised more by continuum than elimination, similar to other life-changing experiences such as grief, or relationship loss. The priority is the well-being of the client. The process of change needs the support of skillful mentors and a loving community.

Those who prefer their heterosexual attractions often aspire to marriage. However, there will always be those who choose to remain single. Such singleness should be valued and respected. However merely abstaining from homosexual activity cannot be regarded as healing. "Celibacy" is a term we associate with heterosexual attraction not with abstaining from homosexual practices.

There is a growing body of research evidence indicating that sexual preference is neither immutable nor innate. Broadly, sexual orientation encompasses three dimensions: sexual identity, attraction and behaviour. Population studies show that whilst for most people all three

measures coincide, other people experience difference between identity, attraction and behaviour. (Diamond and Rosky 2016⁵, Geary et al 2018⁶) These people in particular can experience change in their sexuality.

Like earlier twin studies, a 2019 large-scale genome-wide association study (GWAS) did not find genetic determination. (Ganna et al 2019⁷) The genetic loci they isolated predict less than 1% of same-sex behavior of individuals. They wrote “..... *there is certainly no single genetic determinant (sometimes referred to as the “gay gene” in the media).*”

This GWAS study corroborated the population studies, writing: “*We observed changes in prevalence of reported same-sex sexual behavior across time, raising questions about how genetic and sociocultural influences on sexual behavior might interact.*” They also challenged the Kinsey idea that the more someone is attracted to the same-sex, the less they are attracted to the opposite-sex, writing: ‘*on the genetic level, there is no single dimension from opposite-sex to same-sex preference*’. This corroborates the experience of those who describe themselves as ‘Mostly Heterosexual’ in population studies (Diamond and Rosky 2016).

‘ONS Sexual orientation, UK: 2017’⁸ found 12.7% LGB were in opposite sex marriages, including 27% of bisexuals. Core Issues Trust supports the right of same sex attracted people – however they identify - to prefer their heterosexual attractions and relationships and be able to access counselling support to do so.

The work of CIT is also reflected in specific ways in the projects that we support, namely:

1. Voices of the Silenced (a project seeking to communicate with the public)
2. The International Federation for Therapeutic and Counselling Choice (IFTCC)
3. X-Out-Loud, Europe
4. The Kenya Project

1. The Voices of the Silenced Project (VOS)

The Vos project sought to share the stories of ‘witnesses’ to transformation in the personal lives of individuals from a range of nations. These are now shared at voicesofthesilenced.com. These anecdotal accounts were supported by the accounts of ‘experts’ from a range of disciplines. The views and perspectives of these individuals also made available on the same website. The VOS project had to ensure that participants were well briefed on the project, and

⁵ Diamond LM and Rosky CJ, Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities, J. Sex Res. 2016 May-Jun;53 (4-5):363-91 DOI:10.1080/00224499.2016.1139665 <https://www.semanticscholar.org/paper/Scrutinizing-Immutability%3A-Research-on-Sexual-and-Diamond-Rosky/7a49cfc89f2a5e0bc60fc28e287b109890161b28>

⁶ Geary RS, Tanton C, Erens B, Clifton S, Prah P, Wellings K, et al. (2018) Sexual identity, attraction and behaviour in Britain: The implications of using different dimensions of sexual orientation to estimate the size of sexual minority populations and inform public health interventions. PLoS ONE 13(1): e0189607. <https://doi.org/10.1371/journal.pone.0189607>

⁷ Large-scale GWAS reveals insights into the genetic architecture of same-sex sexual behavior Ganna A. et al., Science 365, eaat7693 (2019). DOI: 10.1126/science.aat76 (See Science 365, 882 (2019) 30 August 2019)

⁸ Office for National Statistics ONS Sexual orientation, UK: 2017’ Genetic and Environmental Influences on Sexual Orientation and Its Correlates in an Australian Twin Sample [Personality Processes and Individual Differences] Bailey, J. Michael; Dunne, Michael; Martin, Nicholas G. Journal of Personality and Social Psychology 78, 3, 2000,s. 524-536

the relevant permissions sought for use of the footage taken at the various interviews conducted.

2. IFTCC - Towards Professionalisation: enhancing collegiality, accountability and best practice as a service to and between providers

Core Issues Trust is committed to supporting individuals who seek to leave unwanted sexual feelings and recognises the need for accountability, good practice, ethical guidelines and the need for continuing professional development for pastoral volunteers and associated persons caring for such people. Towards this end, it has taken a leadership role in encouraging networking that aims to maintain and professionalise standards of activity, and to standardize, as far as possible, approaches to such work.

The result of a networking initiative over the past five years has been the incorporation of The International Federation for Therapeutic and Counselling Choice (IFTCC).

The IFTCC's mission statement, objects of association and values have become an important frame of reference to Core Issues Trust's understanding of the accountability process and to the development and benefits of professional collegiality and networking. The values and guidelines agreed in the founding of that organization are integral to the CIT Safeguarding mind-set and Policy. These are recounted below:

IFTCC Mission Statement⁹

The International Federation for Therapeutic and Counselling Choice (IFTCC) is a multi-disciplinary organization that exists to support dedicated providers of services to individuals seeking change of their unwanted relational and sexual behaviours, attractions and patterns. It works to preserve the rights of clients to access such services, and of providers to offer services. It advocates for scientific integrity and research objectivity. Its anthropological approach is based on a Judeo-Christian understanding of the body, marriage and the family. It aspires to being guided by professional standards of association and practice, with transparent accountability. Those supporting the IFTCC include both professional and pastoral-care practitioners, educators, and legal and community leaders from around the world concerned with the promotion of psychosexual health for the individual, the family and the community.

Objects of Association¹⁰

1. The promotion of the rights and freedoms for individuals to seek, to offer, and to research professional psychotherapeutic, clinical, counselling and/or pastoral support to achieve client-centered goals of reducing, managing, or where possible, overcoming unwanted relational and sexual behaviours, feelings and attractions;
2. The dissemination of accurate scientific and research information relevant to the field of practice, reflecting shared and transparent ethical premises and standards;

⁹ <https://iftcc.org/about/> <11.05.2020>

¹⁰ *ibid*

3. Development of an international, self-regulating educative forum, offering professional and collegial support to those providing care to individuals with unwanted relational or sexual practices and attractions;
4. The provision of continuing professional development (CPD) and basic information for those offering interventions or support to individuals with unwanted relational or sexual behaviours and attractions;
5. Encouragement of accountable practices and research initiatives, utilising recognised standards of accuracy, duty and care among practitioners and providers;
6. Enhancement of understanding via cross-and inter-cultural competences, and research initiatives that respect proven family-centered values.

Values^{11,12}

Attitudes Toward Clients in Counselling or Therapy

Guideline 1. Practitioners are encouraged to respect the dignity and self-determination of all their clients and to respect their choices.

Guideline 2. Practitioners are encouraged to recognize the complexity and limitations in understanding the aetiology of unwanted sexual behaviours, attractions, and patterns.

Guideline 3. Practitioners are encouraged to understand how their values, attitudes and knowledge about identity and sexuality affect their assessment of and intervention with clients who present with unwanted attractions and behaviours.

Guideline 4. Practitioners are encouraged to respect the value of clients' religious faith and refrain from making disparaging assumptions about their motivations for pursuing change-oriented interventions.

Guideline 5. At the outset of support or treatment, practitioners are encouraged to provide clients with information on change-oriented processes and intervention outcomes that is both accurate and sufficient for informed consent.

Guideline 6. Practitioners are encouraged to consider and understand the pressures from culture, religion, and family that are confronted by clients who struggle with unwanted sexual attractions or want to explore their identity.

Guideline 7. Practitioners are encouraged to recognize the special difficulties and risks that exist for youth who experience unwanted sexual feelings, including same-sex attractions. They should also appreciate the greater fluidity of sexual orientation and identity that appears to exist among young people.

¹¹ Adapted from the NARTH Institute Guidelines: Practice Guidelines for the Treatment of Unwanted Same-Sex Attractions and Behavior(2008). <https://www.scribd.com/doc/115508811/NARTH-Institute-Practice-Guidelines> <11.05.20>

¹² <https://iftcc.org/standards/> <11.05.20>

Treatment and Support Considerations for Therapists

Guideline 8. Practitioners are encouraged to utilise accepted psychological approaches to therapeutic interventions.

Guideline 9. Practitioners are encouraged to be knowledgeable about the psychological and behavioural conditions that often accompany gender identity problems and unwanted relational or sexual behaviours, attractions and patterns.

Guideline 10. Practitioners are encouraged to offer or refer clients for relevant treatment services to help them manage their issues.

Continuing Education

Guideline 11. Practitioners are encouraged to make reasonable efforts to familiarize themselves with relevant medical, mental health, spiritual, and religious resources that can support clients in their pursuit of change.

Guideline 12. Practitioners are encouraged to increase their knowledge and understanding of the literature relevant to clients who seek change, and to seek continuing education, training, supervision, and consultation that will improve their work in these areas.

The IFTCC's "Preferred Provider" Programme

Recognising the need for accountability and collegiality with like-minded professional clinical and pastoral care-workers, the IFTCC offers a Preferred Provider Programme which underscores the Judeo-Christian understanding of the human body, marriage and the family, while recognising that human sexuality can be understood using different interpretive lenses. The IFTCC adheres to values based on these biblical precepts. The "Preferred Provider" training being made available, is the chief training arm of that organization from which CIT will benefit, together with other players in the movement.

The IFTCC preferred provider training is comprised of a set number of core courses and varying *ad hoc* elective courses offered at the annual IFTCC-Conferences or other events presenting new and trending topics. The core courses cover clinical, medical, social, pastoral, educational and research content relevant to therapists and counsellors supporting men and women with unwanted sexual attractions, behaviours or gender-confusion.

Programme Objectives of the Preferred Provider Programme

1. Participants will develop adequate knowledge about a variety of mainstream psychotherapy and counselling approaches to support men and women presenting with conflicting feelings about their same-sex attractions or gender identity (enquirer or client). This includes acquiring information of various science-based models on the aetiology of same-sex attraction and gender confusion, assessment processes, general goals, techniques and interventions appropriate for the presenting problem.

2. Participants will be able to appreciate IFTCC practice guidelines and ethical codes to a variety of ethical dilemmas, in support of client self-determination as an essential practice.
3. Participants will be able to identify the enquirers' cultural value conflicts and support or develop protocols for privileging client self-determination while practising culturally sensitive care.
4. Participants will aim to critically analyse the scientific literature regarding sexual attraction and gender identity, including aetiology, co-morbidities, fluidity, change – and to apply these findings to clinical or pastoral practice.
5. Participants will be aware of how different factors and variables impact findings in research reports, including the impact of political and advocacy interests.

The IFTCC's Preferred Provider programme is the means by which all associated with Core Issues Trust will provide evidence of continuing professional development (CPD), where appropriate. A personal portfolio of evidence is the eventual goal for those interested in pursuing a deeper level of understanding of best practice, who will need to demonstrate their commitment to and engagement with that goal.

An important aspect of the role of the IFTCC is that it will continue to make contributions to the debate on banning therapeutic choice and the politicisation of sexuality.

3. X-Out-Loud Project

2020-2021 will see the launch of "X-Out-Loud Europe," an initiative celebrating X-LGBT identity and platforming individuals from different countries, who raise concerns about the attempt to discredit the identities of those who were formerly LGBT (cf.xoutloud.com). This forms part of the CIT Vision and Strategic Plan for 2020-21. X-Out-Loud provides the human-interest stories of those who were LGBT and are now celebrating freedoms and identities consistent with their own primary values. These are typically Christian. The IFTCC aims to be cognisant of the scientific, research and praxis material applicable to the population group we are concerned with – those with unwanted same-sex attractions and gender confusions.

4. Kenya Project

The most recent addition to our activities includes links with a Kenyan Project which focuses on X-LGBT men in an attempt to empower them towards social rehabilitation, after they have found themselves isolated and rejected by Kenyan society, or the churches in Kenya.

Our Commitment to Safeguarding

We believe that:

- Those associated with Core Issues Trust, whether officers, co-workers, volunteers, consultants and above all beneficiaries should never experience abuse of any kind.
- It is essential that the leadership undertakes to promote the welfare of all those associated with or connected to us, in order to keep them safe and to practise in ways that protect the human rights and dignities of all.
- We have a duty of care to those who work with us.

Cascading and Ownership of the CIT policy on Safeguarding

Core Issues Trust will cascade to all participating in our work the full Safeguarding Policy document and use regular appraisal meetings to check on familiarity with the contents and procedures of the document. We recognise the need to be vigilant in the projects we initiate and support, namely:

1. Voices of the silenced (Communication)
2. The International Federation for Therapeutic and Counselling Choice
3. X-Out-Loud
4. Kenya Project

We pledge to appoint or request the appointment of safeguarding officers in each project.

Further reading:

Protecting the Rights to receive and Provide Professional Care for Unwanted SSA

Out of Harm's Way Working Ethically with Same-sex Attracted Persons. Questions of Harm, evidence and practice.



SECTION 2

Recruitment of Staff and Volunteers

Core Issues Trust historically has made use of a proportionally high number of volunteers and spends most of its available funding on actual projects, rather than on salaries. In 2019 and continuing in 2020, the Trust is entering into employment relationships with a small number of workers. Because of the nature of the work, starting as it does from a socially conservative Christian position, recruitment is from contacts that have emerged from the charity's interaction through the years.

For those roles that are undertaken by employees, the trust endeavors to provide the following:

- Job and role descriptions for positions
- Role specifications including key skill requirements
- A standard CIT role application form
- A standard CIT role application form for Voluntary Workers
- Information about annual appraisal opportunities
- Information about travel and other expense claims
- A description of CPD routes and on the job training during probationary periods
- Annual leave entitlements

The recruitment process will also make clear that the candidate must disclose any previous convictions or ongoing investigations.

The trust will require a consent form to be signed enabling us to undertake the standard and sometimes enhanced access report from the police in the UK and where possible in other countries.

Applicants will need to provide details of agreed reference persons. Successful candidates will be invited to a formal interview, and such persons will need to ensure that any professional qualifications and information about memberships of professional bodies are provided for the Trust. These will be copied, and stored, and the originals returned to the application. Only in

the case of the successful candidate will this information be retained. The information gathered (application form and accompanying documentation) of all unsuccessful candidates will be destroyed within one month of the interview date.

Film Participant Release Form

Much of our work involves communications and media presentations. We often rely on using the images of persons who are involved in our work, or of those who have benefitted from our services. For that purpose it is important that all persons filmed are filmed with advanced, informed consent and have signed the appropriate form (see Appendix 3:44)



SECTION 3

Supporting CIT Employees, Consultants and Volunteers with Supervision and Training

Those coming into Core Issues Trust as employees or volunteers are offered an **induction seminar**. This is typically an online, video conference call including the CEO or one of the Directors, and a selected range of other participants already immersed in the organisation's culture. Normally employee inductions are separate and distinct from those given to volunteers.

There normally is a 3-month trial period for volunteers and normally a 6 month probationary period for employees. Those given probationary periods will be notified once the probationary period has been completed, with an initial appraisal for the period. Probationers are encouraged to keep notes of issues and questions that they need answers to - and these should be responded to at the appraisal marking the end of the trial or probationary period.

An **induction week** during which the successful candidate is provided with documentation or guidance such as the following:

- The CIT Safeguarding Policy Document (this document: "Out of Harm's Way" 2020)
- Understanding the Code of Conduct for CIT workers (Appendix 4:46)
- Use of CIT equipment (desktops and/or laptops)

CIT Training for new officers, employees or volunteers

Relevant training for the posts and roles may typically involve the following:

1. Notification of required **attendance at the next major conference** or event relevant to the individuals work. This will normally be one of our own events (or those related to the IFTCC, or collegial organisation sharing similar values).
2. Consideration of inclusion or **participation in aspects of the "Preferred Provider Programme"** run by the IFTCC that might be of relevance.

3. Introduction to the “**Portfolio of Evidence for Pastoral Care Work**” as a means of documenting evidence of continuing professional development (CPD). This will include encouraging the post-holder to set personal goals that can be appraised at a future date.
4. The development of a **personal philosophy statement** written by the post-holder for inclusion in the Portfolio of Evidence that represents the worker’s approach to ministry, working with seekers, clients or colleagues. This might consider leadership styles, models of engagement and include both long-term and short-term goals.

Supervision and Mentoring opportunities

Core Issues Trust distinguishes between Supervision and Mentoring. Co-workers and those engaged in working with individuals seeking help are required to pay careful attention to boundaries.

Supervision is required when any CIT worker is offering one-to-one support for any person associated with the trust. CIT workers should not enter into formal or informal supporting relationships without the knowledge of the supervisor designated to each worker. Any support work will be considered to be under the supervision of Core issues Trust, if it is undertaken by a CIT employee or volunteer. If such support relationships are entered into without the knowledge of a CIT supervisor, the worker is working outside the agreed jurisdiction, and will be disciplined. This is to ensure that all support offered, is supervised. Supervision is therefore required for all CIT workers offering support to individuals seeking guidance on personal matters. Supervision may include some mentoring.

Mentoring does not require supervision, except where the boundaries are crossed in terms of offering support for personal issues. Mentoring offers role-modelling in professional or skills related areas. Mentoring is mainly restricted to employees or volunteers centrally associated with the organisation – rather than those seeking help.

CIT workers must ensure that they are adequately supervised and should not enter into support relationships without checking with the CEO and determining how much supervision is required, even if what is envisaged is a mentoring relationship. Ensuring that there is transparency in all relationships is vital and is an important part of our code of conduct.

Confidentiality is an important component of trust in building healthy relationships in supervision, and mentoring, between supervisors and co-workers, and between those seeking help, co-workers offering help and supervisors engaging with co-workers. Some general principles we promote are

1. Those we interact with must know what level of confidentiality we offer.
2. The conditions under which confidentiality will be breached (when crime has been committed for example relating to road use, terrorism, sexual interaction or abuse of authority).
3. How information is stored (about appointments etc)

Appraisal is mandatory. The CIT Appraisal System involves completion of the standard Appraisal Form. Goals are reviewed, achievements noted and new goals are set. Resources

needed to achieve goals are also identified and care is taken to ensure that expectations for both parties are realistic and balanced.

Record Keeping

Participation in CPD, mentoring and supervision should encourage participants to keep reflective notes observing confidentiality and respect for all colleagues, yet ensuring that such material is relevant for the Portfolio of Evidence as the means by which CIT workers show how their continuing professional development is proceeding.

The Trust will keep records, only as agreed with colleagues, employees, consultants and beneficiaries, under lock and key or behind secure password protected computer systems. The CIT office at the registered address will maintain an indexed filing system only of essential data. This will be reviewed annually to ensure unwanted information is removed when necessary.



SECTION 4

How CIT Reports concerns about actual or suspected incidents of abuse

How abuse of adults occurs

Adults as well as children are vulnerable to abuse, some more than others. Persons in social isolation, those with social phobias, those experiencing high levels of shame, those with attachment issues or prone to emotional dependencies are some of the specific contexts in which people might be more vulnerable to abuse. The abuse might be emotional, sexual or physical. Whatever takes advantage of disempowered people – because they are afraid, lonely or misinformed – is abuse. This population is also vulnerable to powerful people – those with leadership roles, those who seem socially successful and those who are confident. It's hard to tell who might potentially abuse, and for that reason there must be checks and balances and an openness and transparency in our culture that is mutually supportive. Unfortunately, abuse might happen in open spaces, in homes, offices, studios or cars. This means it's important for all CIT workers and associates to be vigilant and to follow procedures, especially in engaging with supervisions and learning from mentors. All persons associated with us, especially those who benefit from our work, including those contributing to the work, those affiliated via the projects we share in or have initiated need to be fully informed about procedures and protocols that are related to safeguarding. This will be achieved through Inductions, Appraisals and Review meetings, and will be raised at strategy planning and regular meetings for co-workers.

When and where abuse occurs

Disempowered people are victims of relationship abuse that has violated appropriate boundaries. It is important that we are all aware of appropriate boundaries and distance in all the relationships we build. It is important that “friendship” and “caring” are carefully delineated. Counselling, mentoring and supervision roles are not “friendships” – they are professional roles. CIT workers will need to establish clear boundaries and safeguard themselves from compromising situations. Sharing sleeping accommodation for example generally should be avoided unless in larger groups. Secrecy – rather than confidentiality – needs to be understood as a potential threat to workers and their “clients”.

The danger of suspicion and its antidote: transparency

CIT workers are encouraged in the code of conduct to avoid suspicion, and of being suspicious, by developing and encouraging the habit of transparency. Transparency means we are open and honest, engaging with supervisors and mentors, reflective about our work and seeking meaningful, continuing professional development goals.

How Staff and volunteers respond to, record and report adult safeguarding concerns.

There are some general guidelines in dealing with disclosures and reports of abuse that all should bear in mind.

Under no circumstances should any employee, voluntary worker or project leader investigate or try to resolve the abuse allegation or incident on their own. It is essential to make the Safeguarding Officer aware in every circumstance. Never stop anyone from disclosing to you, but do not question the person disclosing, beyond listening, getting clarification and checking the basic verifiable facts, but leaving the detailed questioning to the Safeguarding Officer.

How to respond to an adult person who discloses they have been exposed to abuse:

Be reassuring...

1. Listen carefully to what they are saying
2. Be restrained and remain calm making sure that you do not show signs of disbelief or shock
3. Assure the person that the concerns raised will be taken seriously, and that you are duty-bound to share them with the Safeguarding Officer
4. Explain why you can't keep it a secret
5. Ask what they would like to see happen
6. Record what you have been told in detail, at your earliest convenience and contact the Safeguarding Officer on the same day as the disclosure.

CIT Designated Safeguarding Officer (SO) for the Charity is:

Name: Dermot O'Callaghan, Director Core Issues Trust

Phone: + 44 (0) 7801 299240

Email: dermot.ocallaghan@core-issues.org

The role of the SO is to determine whether the issue raised is a safeguarding issue or not. When there is immediate danger, he is expected to take immediate action, ensuring medical assistance if acquired, or the relevant protection secured – possibly requiring police involvement.

Where it is determined that there is no safeguarding, [should this be 'no safeguarding *issue*?] the relevant support and follow-up should be identified and put in place. Records of the concern raised must be kept.

Designated Safeguarding Officer for CIT Projects

Safeguarding officers for communications work (Voices of the Silenced Project) the International Federation for Therapeutic and Counselling Choice (IFTCC), X-Out-Loud and the Kenya Project are all appointed separately, and must report to Dermot O’Callaghan, Director, Core Issues Trust. Annual reviews of the CIT Safeguarding Policy will be led by the CIT Safeguarding Officer, Dermot O’Callaghan supported by those co-opted for the task.

Whistleblowing

Transparency requires all workers associated with the Trust to be vigilant so that together we ensure the highest levels of accountability and honesty. As an organisation we deplore poor ethical practice, especially in relation to working with those who seek our support and help. The Safeguarding Officer is an important resource and is accessible outside of the “line-manager” structure. This means that concerns can be raised directly with him, without going through a line manager. All workers have access to confidential advice from the Safeguarding Officer and anything he requests should be provided to assist him in any given situation. Whistleblowing does not stigmatise in our organisation and should not be penalised.



SECTION 5

Risk assessment Procedures for managing and safeguarding adults benefitting from or associated with CIT

The central purpose of the CIT Safeguarding Policy is to manage the risk of abuse to adults by ensuring an organisational culture exists in which the rights and freedoms of adults are respected, transparency is valued and encouraged, and reflection on feedback is welcomed.

Our Safeguarding Policy should

1. Conduct risk assessments to identify and evaluate risks to adults benefitting from our services, and/or participating in our events and activities
2. Encourage risk-reducing measures where necessary, after risks have been identified
3. Record risks and review these annually, or more frequently when necessary
4. Recognise that risk-taking is an important part of development - adults have the right to take risks - but when this involves the Trust or its projects, we should seek to provide help and support towards managing potential risk.
5. Maintain a system where accidents, near-misses and incidents are recorded, and which can inform and improve our practice, risk assessment and management procedures.

Recognising the signs of abuse:

Whilst the Trust is not responsible to identify whether harm has taken place, it is responsible to look out for any potential signs of harm and to act accordingly.

Our workers should be aware of the potential for harm or abuse in the following areas:

- Physical abuse
- Domestic abuse
- Sexual abuse
- Emotional abuse
- Financial abuse
- Workplace abuse
- Extremism and radicalisation
- Bullying and harassment

- Stalking
- Modern slavery
- Abuse through acts of self-abuse
- Self-neglect
- Abuse because of discrimination
- Abuse within organisations

Our risk assessment relating to the work of Core Issues Trust relates mainly to the following areas.

1. Those who ask for help and engage with us in one-to-one conversations must be asked if they are on medication.
2. Are they engaging with us under sufferance or direction from a third party?
3. Does the person who contacts us show indications of suicidal ideation?
4. Are they using drugs or alcohol to self-medicate?
5. Do they have disabilities, revealed or hidden?
6. Is there evidence of risky behaviours that might damage themselves or others, due to injury, neglect or abuse.
7. What support levels are in place for individuals working with us or seeking help?

The level of risk is a balance between the right of our clients to be safeguarded and our duty of care towards them. The organisation also has a duty of care towards those associated with us either as employees or volunteers. Nothing is risk free, but we must identify and manage the risks associated with our work in:

1. One-to-one interactions (counselling work)
2. Public events (Conferences and workshops)
3. Online distribution of information
4. Interaction on social media.
5. Interaction with the media.

A special note on Emotional Dependency

In our own field, working with those with unwanted homosexual, or gender issues, our clients may be prone to emotional dependency or addiction to a person. Emotional dependency occurs when another person is believed to be necessary for personal security and a sense of wellbeing. When the nurturer (friend, lover) withdraws, the person who experiences emotional dependency can experience acute loss, depression and fear. Such people may feel very ashamed, let down or begin a grieving process that will need to be understood.

For a brief summary of this condition see

1. Rentzel, Lori Thorkelson 1973 "Emotional Dependency" pp 32

For Counselling and Therapeutic Work:

2. Hallman, Janelle (2008) *The Heart of Female Same Sex Attraction. A Comprehensive Counselling Resource.* Illinois IVP

Also for a more general discussion:

3. Halpem, Howard PhD. (2003) How to Break your Addiction to a Person. Bantam Books.

For more scholarly information:

4. Bowlby, John. (1998). Attachment and Loss Volume 2 Separation, Anger and Anxiety. London: Pimlico

Some things to remember when considering risk whether it is high or low:

- Risk may be minimised but is hardly ever eliminated
- Risk-assessment should encourage independence and social inclusion
- As circumstances and situations change, so do risks
- Information may be incomplete, which makes assessment difficult
- Risk-assessment discussion aims to achieve positive outcomes.
- Confidentiality is not an absolute right and may be breached in exceptional circumstance



SECTION 6

Listening to concerns and complaints about CIT

Core Issues Trust accepts the fact that our activities will be scrutinized. As an organisation that has taken a stand that is not in agreement with the views of the mental health fraternities, governmental agencies and even some faith groups in their normalisation of homosexual activity and gender confusion, it is vital that Core Issues Trust maintains a high level of transparency and accepts the fact that our activities will be scrutinised. We seek to be open to feedback from those who use our services, engage with our activities, volunteer to work with us, or otherwise contribute to our work. We recognise the need to invite constructive feedback, welcome it and engage with it.

How we will maintain and further develop our listening capacity within the organisation:

1. Our weekly meetings, whether general staff or strategic meetings, and when in place, project development meetings - will invite feedback, and work to maintain an empowering open ethos.
2. We will invite past participants to share their reflections on any aspect of the counselling work we have done together, welcoming others who were engaged in that work.
3. We will indicate how and where our **Complaints Procedure** can be accessed.
4. Any minutes we take should reflect all the suggestions that are made at such meetings.
5. We will look to learn from the management structures and approaches of other like-minded organisations and how this might impact on workers from different backgrounds.
6. We will endeavour to develop strong values consistent our international and cross-cultural working environment.

The CIT Grievance Procedure

Officers and workers, including volunteers may wish to use our CIT Grievance Procedure, which is currently being developed. This involves:

1. writing a letter to the line-manager setting out the details of your grievance. A reply should be received within 14 days maximum, unless the issue is more urgent
2. a meeting with your line manager to discuss the issue
3. the opportunity to appeal your line manager's decision outlined in a follow-up meeting &/or written communication.
4. Whistleblowing, as already mentioned, is an important part of safeguarding procedures. It should be valued and received without recrimination.

CIT Complaints Policy and Procedure for any Participant associated with or benefitting from Core Issues Trust.

The aim of Core Issues Trust is to provide counselling and pastoral care support with a consistently high quality of service, where events are safe, materials offer a balance of critique and balanced reflection on our viewpoints, and reporting is fair and age-appropriate. The purpose of the CIT Complaints Policy is to provide a procedure for examining a complaint against any individual associated with the Trust which alleges a violation of the Core Safeguarding Policy, Code of Conduct or the IFTCC Values and Guidelines for Practice with which CIT identifies its working practices. The Trust endeavours to examine complaints with a view to establishing and maintaining empathy, openness, respect, genuineness and mutual regard. Interpersonal issues will be addressed in the light of this philosophy and policies interpreted and implemented in an encouraging, supportive and affirming framework.

Should a client consider that they have cause to make a complaint, the Core Issues Trust requests that the following procedure be adopted:

Stage 1 - Informal: Complaints should, where possible, be taken up in the first instance with the Counsellor associated with Core issues Trust, either verbally or in writing. A meeting between the complainant and the person complained about is encouraged, with both parties having the right to have a support person or advocate with them. Core will attempt to arrange a meeting with the client as soon as possible, ideally within 7 days. Notes of this meeting (agreed if possible) will be sent to the Executive Director.

Stage 2 – Formal: If a satisfactory conclusion is not reached by adhering to Stage 1 of the procedure, then the complaint should be taken up, in writing, with one of the Co-Directors of Core Issues Trust or the Chairman of the Management Committee, where applicable.

A written acknowledgement of such a complaint will be made within 14 days of receipt of that letter, together with a follow-up response within 28 days either to:

- a) provide an opportunity for a Co-Director (or Chairman of the Management Committee) to liaise with the Counsellor and Client (should they be willing to do so) in an endeavour to achieve a satisfactory outcome, and/or

b) explain whether or not the complaint has been upheld and stating what action (if any) is being taken.

The Current Chairman of the CIT Board of Trustees is also the current Safeguarding Officer: Mr Dermot O'Callaghan.

Stage 3: Mediation. If there is still no satisfactory conclusion after this preliminary action has been taken, a client may write to the Core Chairman of the Board of Trustees requesting a Mediation Meeting. The Chairman of the Board of Trustees (who will be or will nominate a Complaints Manager) will consult with the complainant to agree a mutually acceptable mediator and an opportunity for this person to hear the complaint. The complainant and counsellor would both have the right to be accompanied by an advocate. As guidance, it is proposed that such a mediation meeting would be set up in a mutually agreed location and venue within 28 days of written notification to the Chairman of Trustees, with a judgement and recommendations (if any) within 14 days of the hearing.

Executive Board of the International Federation for Therapeutic and Counselling Choice

If the complainant is dissatisfied with Stage 3, they may write to the Chairman of the Executive Board of the International Federation for Therapeutic and Counselling Choice (IFTCC)¹³ and may copy this (at the same address) to any of the named or preferred Executive members¹⁴.

Such documentation should be addressed as "to be opened by the Addressee only,

CONFIDENTIAL"

The records of the Mediation meeting will be sent to the IFTCC Executive by Core Issues Trust, namely by the Chairman of the Board of Trustees. The process of hearing the complaint will be administered by the IFTCC and their decision shall be final.

¹³ IFTCC Address: 70 Wimpole St, Marylebone, London W1G 8AX marked CONFIDENTIAL and addressed to the IFTCC Chairman and any other selected Executive Board members.

¹⁴ <https://iftcc.org/people/>



SECTION 7

Managing records, maintaining confidentiality and sharing information

The CIT policy for managing, maintaining and sharing information is informed by three principles:

1. Individuals have a fundamental right to the confidentiality and privacy of information related to their health and social care;
2. Individuals have a right to control access to and the disclosure of their own health and social care information by giving, withholding or withdrawing consent;
3. For any disclosure of confidential information, health and social care staff should have regard to its necessity, proportionality and any risks attached to it.

The gathering, storage, and use of personal information must be in line with the Data Protection Act of 1998. **The Data Sharing Code of Practice**¹⁵ published by the Information Commission's Office is an important document that helps us to comply with the Data Protection Act.

The **principles we will seek to follow**¹⁶

Personal data:

- Shall be processed fairly and lawfully;
- Shall be obtained only for specified and lawful purposes, and shall not be further processed in any manner incompatible with such purposes;
- Shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed;
- Shall be accurate and, where necessary, kept up to date;

¹⁵ https://ico.org.uk/media/for-organisations/documents/1068/data_sharing_code_of_practice.pdf

¹⁶ P 4, Standard 7 <https://www.volunteernow.co.uk/app/uploads/2019/04/Keeping-Adults-Safe-A-Shared-Responsibility.pdf> <1 April 2020>

- Shall not be kept for longer than is necessary for the purposes intended;
- Shall be processed in accordance with the rights of the data under the Data Protection Act;
- Shall be protected against accidental loss or destruction of, or damage to, personal data by way of appropriate technical and organisational measures;
- Shall not be transferred to a country or territory outside the European Economic Area, unless that country or territory ensures an adequate level of protection of the rights and freedoms of data subjects in relation to processing of personal data.

Our policy endeavours to indicate:

- What personal information is needed and why;
- How that information should be securely stored;
- Who should have access to information;
- How long information should be kept;
- With whom information should be shared;
- An adult's right of access to his/her own records; and
- How records will be disposed of.

Our Special Needs for Confidentiality in Core Issues Trust

The basis on which beneficiaries engage with us is around confidentiality – we do not pass on any personal details of any person to any other organisation or agency except where by law we are required to do so (when the person concerned has broken the law, or is in danger of harming either themselves, or another person).

Any data we do hold will be electronic, and is password protected in the registered office.

What we say to those who come for one-to-one help about confidentiality:

CIT Confidentiality

You have the right to absolute confidentiality, and I will not mention your name in any supervisory context in which I am involved, unless you give me permission to do so. There are however specific and limited exceptions to this confidentiality which include the following:

1. When there is risk or danger to yourself or any other person, I am ethically bound to take necessary steps to prevent such danger.
2. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, I am legally required to take steps to protect the individuals concerned, and to inform the proper authorities.
3. When a court of law or other enforcement body requires it, I am bound by law to comply with their requests.

Anything you submit to me in writing will be kept securely (electronically, using a password) and will not be passed onto any other individual or organisation or agency without your express permission. Such documentation will be removed from my records upon termination of this working relationship, or upon your request. I will sometimes take minimal notes about each session, when it took place, the issues discussed and the interventions or techniques applied.



SECTION 8

The CIT written code of the belief and behaviour expected of everyone involved in the organisation

Core Issues Trust is a Christian charity concerned to promote education and the Christian faith. Those holding office, employed by or volunteering for the organisation all hold to the same values.

We believe ...

- in the historic Christian Creeds.
- that the Church of Jesus Christ is composed of all those who confess that Jesus is Lord and believe that God raised Him from the dead, and who serve Christ as their Saviour and Lord, regardless of their denominational preference;
- that the Christian Scriptures, rightly understood, are authoritative for Christian behaviour and understanding.
- that Christ and the Scriptures clearly taught that marriage was intended by God to be a life-long union between one man and one woman; and that sexual relationships outside marriage fall short of God's declared purposes. (see Matt 19:3-9)
- That all people have equal standing before God. "There is neither Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus". (Gal 3:28)
- that the Church of Jesus Christ, when true to the Scriptures, properly provides a spiritual home and sensitive support for believers and seekers who struggle with issues of sexual brokenness, including homosexuality.

We therefore seek as an organisation to act lovingly and respectfully, ensuring the dignity of all those with whom we interact. It is our privilege to serve all those who seek help from us but the help we offer does not depend on them sharing our faith. (While we care for the vulnerable, our Charity is not registered to work with children.)

The Core Issues Trust Code of Conduct (Appendix 3) expresses the values of the organization in the day-to-day working of those associated with us. It is to be found in Appendix 3.

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| Reviewed by the CIT Strategy Group, March 2020 |
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| Document to be reviewed March 2021 |
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APPENDICES



APPENDIX 1

CIT's Perspective and Involvement in public debate around human sexuality

Important Scientific Debate about Suicide and Harm

"A suicide attempt is not a strong predictor of completed suicide."

Talking About Suicide & LGBT Populations 2011 Movement Advancement Project¹⁷

Whilst there is evidence that LGB people self-harm more often than others, there's no comparable evidence that they have a higher suicide rate.

Introduction

It is widely believed that LGB people commit suicide much more often than heterosexuals. But research suggests otherwise: "the elevated rates of attempted suicide seen among men with minority sexual orientation in numerous studies ... may not be matched by a similar elevated risk for suicide mortality."¹⁸

Researcher RM Mathy¹⁹ has written, "King et al (2003) ... erred in asserting that, 'No study has examined whether gay and lesbian people have elevated rates of completed suicide....'. This is important because studies of sexual orientation and attempted versus completed suicide have yielded different results. Nearly all studies of sexual orientation and attempted suicide have found that gay men and lesbians have higher rates of self-harm than heterosexuals. Conversely, all studies of sexual orientation and completed suicide have concluded that gay men and lesbians do not die by suicide at a higher rate than heterosexuals."

In short, we must differentiate between 'attempted suicide', in which LGB people have higher rates of incidence, and completed suicide, where they do not. Researcher Ritch Savin-Williams

¹⁷ Talking About Suicide & LGBT Populations 2011 Movement Advancement Project

¹⁸ Cochran and Mays Am J Public Health. 2011 June; 101(6): 1133–1138

¹⁹ <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/suicide-and-sexual-orientation/FDE5ACDE43B4A28C9F95F114F48E62DF/core-reader>

made a similar voyage of discovery: In 1994 he wrote²⁰: “The empirical documentation is of one accord: The rate of suicide among gay male, bisexual, and lesbian youths is considerably higher than it is for heterosexual youths.”

By 2001 his view had changed completely, however²¹: “Consistent with previous findings, results from the studies indicate that sexual - minority youths report higher suicide attempts than do heterosexual youths. However, because many of these reports were false and because life-threatening true attempts did not vary by sexual orientation, the assertion that sexual-minority youths as a class of individuals are at increased risk for suicide is not warranted.”

In other words, he’s saying,

- suicide ‘attempts’ are subjective self-reports, and for gays are reported more frequently
- but completed suicides are objective facts, with similar frequencies between gay and straight individuals.

Exceptions:

An important exception to this is that people who see themselves as transgender have a very high suicide rate. This is not surprising; they are seriously distressed and no theory of ‘homophobia’ need be invoked as the cause. A further exception is that a study of men in Registered Domestic Partnerships (i.e. in ‘gay marriages’) in Denmark showed elevated levels of suicide. But the author of this study has said that it has methodological difficulties which mean that it cannot be generalised. Both this and the transgender group consist of very small numbers of people and do not affect the overall figures.

Also “WSW evidenced greater risk for suicide mortality than presumptively heterosexual women, but there was no evidence of similar sexual orientation–associated risk among men”.²² These apparent exceptions need to be part of the ongoing discussion.

Gay activist Kevin Jennings (Obama ‘safe schools czar’), saw an opportunity to weaponise suicide and play on people’s fears: “In Massachusetts the effective reframing of this issue was the key to the success of the Governor’s Commission on Gay and Lesbian Youth. We immediately seized upon the opponent’s calling card – safety – and explained how homophobia represents a threat to student safety by creating a climate where violence, name-calling, health problems, and suicide are common. Titling our report ‘Making Schools Safe for Gay and Lesbian Youth,’ we automatically threw our opponents onto the defensive and stole their best line of attack. This framing short-circuited their arguments and left them back-peddling from day one.”

²³

²⁰ (Savin-Williams, “Verbal And Physical Abuse as Stressors in the Lives of Lesbian, Gay Male and Bisexual Youth: Associations With School Problems, Running Away, Substance Abuse, Prostitution, and Suicide.” *Journal of Consulting and Clinical Psychology*, 1994, vol 62(2), p261-269.).

²¹ (Savin-Williams, “Suicide Attempts Among Sexual - Minority Youths: Population and Measurement Issues.” p.989) *Journal of Consulting and Clinical Psychology* 2001. Vol. 69, No. 6, 983-991

²² Cochran and Mays *Am J Public Health*. 2015 Feb; 105(2): 358–364

²³ https://books.google.co.uk/books?id=ZtuMCwAAQBAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0 - v=onepage&q&f=false

Suicide Causation

But what are the causes of suicide? Bell & Weinberg long ago said that the largest factor in LGB suicide was relationship breakdown between same-sex partners. Australian researchers were recently surprised to confirm this: “We tend to assume that the psychological distress LGBTI people are often going through is due to family rejection. But it seems that’s not so much the case. The conflict seems to be largely related to relationship problems, with partners,” said Dr Delaney Skerrett of the Australian Institute for Suicide Research and Prevention.

School suicide-awareness programmes and coming out

Remafedi²⁴ et al found that “For each year’s delay in bisexual or homosexual self-labelling, the odds of a suicide attempt diminished by 80 percent. Muehrer (2010) commented that “recent evaluations of some school suicide-awareness programmes suggest that these programmes are ineffective and may actually have unintended negative effects. The “premature dissemination of unproven programs is unwarranted.”²⁵

Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH).²⁶

We are grateful for this tragic and insightful report. NCISH University of Manchester, 2017 studied 440 out of the 922 suicides by people aged under 25 in England and Wales during 2014 and 2015. This included all 316 deaths of people aged 10-19. Their information came mainly from coroners, who take evidence from families and professionals. Since these guidelines are about adults, we will focus here on the 20-24 year olds.

Sexuality was not defined as an antecedent in the study. Some antecedents were more likely in the LGB eg However the antecedents reflected the stresses experienced at different ages. For example, academic pressures and bullying (including LGB) were more common before suicide in under 20s, while workplace, housing and financial problems occurred more often in 20-24 year olds. Sexuality is component but not defining in this picture. The most significant antecedents to suicide were: suicidal ideas, self-harm, illicit drugs, and excessive alcohol (up to 42% of 20-24 year olds). Bereavement was antecedent in 28% of 20-24 year olds.

²⁴ Remafedi, Farrow, Deisher, “Risk Factors for Attempted Suicide in Gay and Bisexual Youth.” p.495)

²⁵ <https://www.ncbi.nlm.nih.gov/pubmed/8553431>

²⁶ Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2017.

Table 10: Antecedents of suicide in students aged 20-24

| | Number (%) |
|--|------------|
| Previous self-harm | 8 (53%) |
| Suicidal ideas at any time | 10 (67%) |
| Any diagnosis of mental illness | 10 (67%) |
| Affective disorder (bipolar or depression) | 4 (27%) |
| Excessive alcohol use | 6 (40%) |
| Illicit drug use | 6 (40%) |

“3% of 20-24 year olds were reported to be lesbian, gay, bisexual, or transgender (LGBT) or uncertain of their sexuality”. This is about the same as the proportions found in Natsal-3 for that age group. (Mercer et al)²⁷

Of the suicides of 20-24 year olds in this study: ‘Eighty-seven (82%) were male. Eight (13%) were from a black or minority ethnic group. Three were known to be LGBT young people—all were male.’

The media convey the impression that LGBT are most likely to suicide, but these data do not allow us to agree.

Conservative and Liberal Churches

Conservative churches are often blamed for harming LGB people’s health, but a 2013 study by Barnes & Meyer says that, if anything, the opposite is the case. Similarly, a study by Lease and others (2005) found that LGB people’s mental health did not improve if they attended a liberal church. The churches should continue to preach their historic message.

“Suicide ... has no place on anyone’s political agenda, no matter how worthy.” [David Shaffer]²⁸

“Among the most pressing questions for future research is whether LGBT people are overrepresented among suicide deaths, and if so, why.”²⁹ [Haas et al]

²⁷ Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal) Mercer, Catherine H et al. The Lancet , Volume 382 , Issue 9907 , 1781 – 1794 Nov 26 2013

²⁸ Schaffer, “Political Science” p.116

²⁹ Haas, Eliason, Mays, Mathy, Cochran, Remafedi, Beautrais, Garofalo et al J Homosex. 2011 Jan; 58(1): 10–51

Our own history in positioning our organisation in the Safeguarding Context

Considering the Memorandum and Consensus Document on ‘Conversion Therapy’

In February 2014, a ‘Consensus Document on Conversion Therapy’ was drafted by the UK Council for Psychotherapy and other UK mental health bodies, including some gay activist organisations. It asked three ‘important questions’:

- What is Conversion Therapy?
- Why do professionals consider it unethical?
- What does research tell us about it?

The document described itself as being informed by a position that “efforts to try to change or alter sexual orientation through psychological therapies are unethical and potentially harmful.” This amounted to assuming what they were required to prove.

Core Issues Trust pointed out that the answers given in the document to each of the above three questions used the words, “We believe”. The document was more like an ideological than a scientific treatise.

This document was followed by two successive versions of a ‘Memorandum of Understanding on Conversion Therapy in the UK’, in November 2015 and October 2017 respectively. The first of these was notable for bearing the logo of the Royal College of Psychiatrists and not referring to gender identity (G.I.) in the text. The second document did refer to G.I. but was not signed by the Royal College.

The force of both versions of the document is their claim that “(several) professional bodies have reviewed the evidence around conversion therapy and concluded there is no good evidence that it works, while there is evidence that it has the potential to cause harm.’ They produced no evidence that it causes actual harm. Yet when the American Psychological Association reviewed the same evidence in 2009 they said, “There are no scientifically rigorous studies of recent [conversion therapy] that would enable us to make a definitive statement about whether recent [therapy] is safe or harmful and for whom.”³⁰ In truth, there is no evidence that would justify banning therapy for those who want it.

CIT Engaging with the Royal College of Psychiatrists

In 2007, the Royal College of Psychiatrists made a submission to the Church of England’s Listening Process on LGB issues. Core Issues Trust critiqued the submission (publicly available on the College’s website) and shared the critique with the College. There were numerous deficiencies in the College’s submission. In particular it promoted the ‘born gay’ notion and denied that the upbringing of a child can shape its sexuality. That position was already scientifically unjustifiable at that time and is even more so today. In 2013 the Church conducted a second review of the evidence, by a working group led by Sir Joseph Pilling³¹, and both the College and Core Issues Trust made submissions. The Pilling group looked *inter alia* at the

³⁰ <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf> (p.83)

³¹ https://www.churchofengland.org/sites/default/files/2018-01/GS%201929%20Working%20Group%20on%20human%20sexuality_0.pdf

reasons for the higher level of mental illness experienced in the gay community. It said (paras 205 – 211),

One view [held by the Royal College of Psychiatrists] is that it is due to the discrimination that gay and lesbian people continue to face. On the other hand, the Core Issues Trust point out that the three scientific papers referred to by the Royal College of Psychiatrists on this point actually refuse to attribute the causation of mental health issues among gay and lesbian people to societal factors. For example, one of these papers cited states, “It may be that prejudice in society against gay men and lesbians leads to greater psychological distress... conversely, gay men and lesbians may have lifestyles that make them vulnerable to psychological disorder.”

Both here and on the reasons for the short-term nature of many gay relationships, Pilling made it clear that CIT’s view fairly reflected the science, while RCPsych’s view did not.

Most egregious of all, though not commented on by Pilling, was the fact that the College misreported a scientific study of people who were seeking to move from gay to straight, which found that the majority of the participants had significantly achieved their objectives. The study said,

“The majority of participants gave reports of change from a predominantly or exclusively homosexual orientation before therapy to a predominantly or exclusively heterosexual orientation in the past year”³²

The Royal College’s reporting of the study could not have been more different. They said the study

“claimed that change was possible for a small minority (13%) of LGB people, most of whom could be regarded as bisexual at the outset of the therapy”³³

CIT cited the best available study on sexual orientation change, by Jones and Yarhouse, which said that their findings, “contradict the commonly expressed view ... that change of sexual orientation is impossible and that the attempt to change is highly likely to produce harm ...”³⁴

CIT also quoted the opinion of Douglas Haldeman, a pro-gay activist cited by the College, who said,

“We must respect the choices of all who seek to live life in accordance with their own identities; and if there are those who seek to resolve the conflict between sexual orientation and spirituality with conversion therapy, they must not be discouraged. It is their choice”

In April 2013 CIT wrote to the President of the College expressing in detail our concerns about their position statement. We also critiqued the submission made by the College in 2012 to the Government’s consultation on Equal Marriage, challenging the College’s contention that mental

³² RL Spitzer *Arch Sex Behav*. 2003 Oct;32(5):403-17; discussion 419-72.

³³ https://www.rcpsych.ac.uk/docs/default-source/members/sigs/rainbow/rainbow-sig-rcpsych-response-human-sexuality.pdf?sfvrsn=5a9b8eb0_2

³⁴ <https://www.pinknews.co.uk/2011/10/05/conflict-over-gay-cure-study/>

health problems in the LGB community could be improved by introducing Equal Marriage as a public health strategy. We pointed out that their argument was based on a single study from the USA, whose findings were irrelevant and ambiguous.

Two months later we received a reply, not from the President but from the Registrar. The letter didn't address any of the points we had raised. It merely brushed them aside. (Nevertheless, the College gave a *de facto* response to our criticisms by issuing a new position statement early in 2014, which was clearly influenced by what we had written.)

Complaint to the General Medical Council

In March 2015 we made an official complaint to the General Medical Council in respect of three senior officers of the Royal College. We said that 'as a result of their actions the College presented reports to both Church and State that distorted evidence, withheld information and misrepresented research papers.'

The GMC deliberated on these things but concluded that they did not materially affect the 'fitness to practise', which is the main guiding principle used by the GMC. Our view is that distortion of science does affect a person's fitness to practise.

CIT Engaging with UKCP

The UK Council for Psychotherapy's Ethical Principles document [EP] says that there is "overwhelming evidence that undergoing such (conversion) therapy is at considerable psychological and emotional cost." Core Issues Trust challenged this and in February 2012 wrote to Prof Andrew Samuels, Chair of UKCP, asking for evidence to support this claim, and giving the example of a person who had unwanted same-sex attraction but wanted to shape their family life according to the traditional Judaeo-Christian pattern. Why should such a person be denied the therapy of their choice?

Prof Samuels did not reply, so CIT sent a letter to the organisation indicating that we wished to make a complaint, to be submitted to their own internal complaints procedures. From February to July 2012, there was correspondence with several senior staff members, including the CEO, but with no result except that they said that the difference between us was merely a difference of opinion.

Then on 3rd February 2013 Dr Di Hodgson, Chair of the UKCP's Diversity, Equalities and Social Responsibility Committee was interviewed on BBC Radio 4's 'Sunday' programme. Speaking of reparative therapy she said, "I think there is very conflicting evidence, but in some ways, to me that's really not the right question to ask, if I may say, because whether or not something works doesn't mean that it is ethical or in the public interest, or the right thing to do for someone. So we have taken a view in a way which is regardless of the scientific findings. We still believe that it is unethical to seek to agree or work towards changing someone's sexual orientation through psychotherapy." No argument can be given against such irrational ideology, when it admits there is no scientific basis for their healthcare policy. Yet the UKCP is in the vanguard of those who claim that science shows that therapy is ineffective and harmful.

Complaint to Professional Standards Authority

In February 2015 CIT sent a complaint regarding UKCP to the Professional Standards Authority. The Authority's response referred to "the respected body of professional opinion from the Royal College of Psychiatrists ... who consider that this form of therapy is potentially harmful." This demonstrates how once an ideological viewpoint is widely adopted, it becomes almost impossible to persuade people to examine their beliefs in the light of actual evidence.

The Dangers of view-point discrimination and monocultures of ideology

ONS and Ozanne (Faith and Sexuality Study)

The Faith and Sexuality Study (FSS) was undertaken recently by the Ozanne Foundation. A recent survey by the Office for National Statistics estimates LGB people are about 2% of the UK population. By contrast, 52% of the FSS sample was LGBTQ+. This gross distortion indicates a heavy preponderance of Ozanne 'camp followers', who knew the purpose of the survey and were motivated to vote in a particular way. The results cannot be generalised to the wider population.

Some data items were listed twice in one table – with different values. Of the 16 'forms of attempt to change sexual orientation' some were abandoned in the last century. Others include such spiritual practices as prayer and fasting. It is ominous that attempts should be made to control such private disciplines; they should be guarded as precious religious and personal freedoms for people of all faiths and none.

Only those who had had 'therapy' were asked about their mental health – presumably based on the unjustified assumption that such mental illness was caused by therapy. This is a fatal flaw in the survey. It gives us no way of knowing whether their ill health could be attributed to the experience of therapy or whether those who did not have therapy were more unwell than those who did. The mental health data set out in the 2018 survey 'Life in Scotland for LGBT young people (who did not have therapy) are similar to those in the FSS survey. It is simply a fact that LGBT people have more mental illness than the general population – there is no evidence that this is caused by therapy. The FSS is so badly flawed that it should never be used to support policy regarding sexual orientation.



APPENDIX 2

Vision and Values Statements associated with Commissioned Projects or Partners (xoutloud.com)

X-Out-Loud Vision

We are X-Out-Loud...

a thriving European community, celebrating the transformation and freedom men and women find when they voluntarily choose to leave unwanted same-sex or gender identities.

As a movement, we empower people from all walks of life to express the change they experience, restoring their God-given dignity. We encourage them to reject any labelling imposed on them by others.

Values

We believe in the sanctity of the biblical family model - which we understand as one man and one woman in holy matrimony. For this reason, we believe men and women from every culture who aspire to live accordingly should receive adequate support, together with recognition, honour and respect.

Furthermore, everyone should have the freedom and right to seek to reduce sexual or gender feelings or behaviours:

- to preserve their marriage and family, so that they may go on being lifetime mothers and fathers as they desire.
- to live lives that are consistent with their deeply held values and beliefs
- to find freedom from past traumas they don't feel they had a choice over

We are convinced that to take these freedoms and rights away from those seeking such support is both harmful and unjust. They, not politicians or activists in mental health professions, should make their own choices.

X-Out-Loud encourages participants to:

- Speak the truth in love, boldly and fearlessly
- Recognise the ideological basis of sexual politics that promotes gender fluidity
- Promote their experience of change as individuals who witness transformation personally as an on-going process
- Respect the opinions of those who hold different views and who express their views differently
- Value research and scientific endeavour that seeks to clarify understanding of human sexuality
- Acknowledge the value of change-allowing counselling and therapy for those who seek it
- Encourage those seeking professional support to work with those who reject the mainstream narrative of a fixed and unchangeable sexual orientation.



APPENDIX 3

Example of CIT Generic Film Release Form (for CIT, VOS, IFTCC or X-Out-Loud)

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilising this material for educational purposes.

Full Name

Street Address

City

Postal Code

Phone

Email Address

Signature

Date

Signed Producer

Date



APPENDIX 4

The Core Issues Trust Code of Conduct

The Induction and training of any CIT officer, employee, voluntary worker will include the CIT Code of Conduct being brought their attention, and a discussion on the contents of this documents discussed which will include opportunity to discuss it fully.

In order to fulfil my role, I will:

- 1. Ensure that both my personal and professional conduct reflect the values of Core Issues Trust and its associated or partnering projects or organisations.**
 - 1.1. As far as is within my power I will be at peace with all men.
 - 1.2. Quickly settle disputes and grievances
 - 1.3. I will abide by Core Issues Trust's Safeguarding Policy (Out of Harm's Way) in all matters pertaining to my relationships with others and the work I undertake as an employee or volunteer.
 - 1.4. I will uphold the central teachings of the Trust around human sexuality which are based on the Biblical anthropology that there are just two genders or properly sexes, (male and female) and that these are not fluid and that marriage is only ever properly between the opposite sexes. I understand that sexuality on the other hand may be fluid, and hence the trust seeks to offer help to those whose sexual fluidity contradicts their own primary values.
 - 1.5. I will maintain the best possible relationship with my local church contributing where I am able.
 - 1.6. I will avoid any relationship that may lead to sexual impropriety, emotional dependency or compromise of the Christian principles that underscore the work of Core Issues Trust and its partnering organisations or projects.
 - 1.7. I will endeavour to "take every thought captive in obedience to Christ" and to seek holiness of heart and life.

2. Contribute to the health and wellbeing of our teams by:

- 2.1. Conscientiously and diligently attending planning, strategic and prayer meetings when requested to do so.
- 2.2. Looking out for my colleagues' reputations
- 2.3. Seeking the mind of the group wherever possible before making decisions that will affect other members of the teams within the organisation.

3. Conduct my private and professional affairs in ways that are not in conflict with the interests of the charity or any of its partnering organisations, and recognise that I represent the organisation whether I am an officer, an employee of a volunteer. To this end I will:

- 3.1. declare when there is any financial interest in projects I am working with and any personal, family or close relationship that may benefit financially from the work I do. I will declare this through a declaration with my line manager.
- 3.2. exempt myself from any procurement that may lead to a conflict of interests. I recognise that any equipment bought for the pursuance of my tasks by the Trust belongs to the Trust and should be returned to the Trust on completion of the task, or if I terminate or am terminated in my role.
- 3.3. not accept any gifts from suppliers or partners or associated groups without declaring these and being careful to seek guidance on the matter.
- 3.4. not enter into agreements with other organisations, accept additional roles or become part of political activities without seeking permission from my line-manager.
- 3.5. not accept additional employment or take on additional projects from other organisations without permission if I am employed by Core Issues Trust or any of its associated organisations or projects

4. Be responsible for the use of information and resources provided to me in order to do the tasks I am undertaking in association with the charity, by observing confidentiality, reporting abuse, offering nurturing feedback and being constructive in any criticism I may want or need to offer. To enable this I will:

- 4.1. refrain from collecting unnecessary information or storing information that is not central to the task I am associated with
- 4.2. report any infringements that may jeopardise the name of the charity and any of its officers, or my colleagues, either employees or volunteers.
- 4.3. speak to the media only with the knowledge and support of my line manager, even if I am asked to participate in this way in a private capacity (with no intended association with the Trust).
- 4.4. I will only accept speaking or travelling engagements with the knowledge of my line manager

5. Recognise the danger of being misinterpreted in my interactions with others, especially in private. I shall be careful to protect myself and those I work with and those I come in contact with by:

- 5.1. Maintaining appropriate boundaries in my relationships with others by being careful to maintain a professional relationship with those who contact the Trust.
- 5.2. Being careful to distinguish between my personal friendships and those I seek to help and support or lead or direct in my working relationships.
- 5.3. Being careful in the use of social media, encrypted or otherwise messaging services remembering always who we serve and whose we are.
- 5.4. Be careful in physical expressions such as hugging – knowing that this can be misunderstood. Avoid private meetings where close contact can develop inappropriately – because those involved are clients (or those seeking help).
- 5.5. Be alert to the dangers of emotional dependency developing in any helping relationship I am involved in.

6. Avoid any activities or situations that may lead to restraining any individual – or may become a threat to my safety. If I am threatened, in public, in private, online or telephonically, inform my line manager. I may need to report it to the police. I can do this by:

- 6.1. avoiding aggressive presentations that are dogmatic and inflexible and refusing to allow interactions with those who have a different viewpoint.
- 6.2. walking away when necessary – remembering that “a soft answer turns wrath away”.
- 6.3. checking with my colleagues and certainly my line manager before undertaking any face to face encounters with those who oppose our work, activists or the media who are sometimes wanting to create confrontational contexts.

7. Treat members of the LGBTIQ+ community and their advocates with sincere respect. Core Issues Trust supports LGBT dignity.

- 7.3. Remember winning an argument often is unlikely to achieve communication that is winsome.
- 7.4. Speak the truth in Love; try to build relationships and know that sometimes we have to aim at continuing our conversations at another point.

8. Because our work depends on visual communication, we must be very careful to respect the rights of others when capturing and reproducing imagery whether in stills or video imagery. We should be careful to:

- 8.1. obtain licenses by purchase of any images used on any platform or make use only of those images we own. Always cite our source and avoid plagiarism of images or text. “Reasonable usage” of materials we use that belong to others (media recordings of interviews we have participated in) needs to be considered carefully. I must seek advice from my line manager if I don’t know the rules.
- 8.2. avoid showing others’ faces including those caught in background photographs that might link them with our initiatives – even if they are participants.

8.3. use the standard release format and ensure the document is safely recorded and stored in the central CIT Office. This will mean that I scan or photograph the form immediately and then get the original to the office for safe storage at an agreed later date.

9. We are all responsible to ensure that our work environment is invigorating, creative, empowering and affirming. Respect is key in all our dealings with those we serve and with each other. We have a shared responsibility for the tone of our meetings. Let's create positive affirming and encouraging interactions (online, or when we are together physically) that are infectious and bring joy as far as possible!



Registered in Northern Ireland, company number NI606015, Charity Commission number 105095

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