

Perfecting Dunamis UK Limited commits ourselves to the nurturing, protection and safeguarding of all our members and visitors associated with our organisation regardless age, gender, ethnicity or ability.

We will follow legislation, statutory guidance and recognised good practice in order to protect our members, staff and visitors.

We will implement, maintain and regularly review the procedures outlined in this policy, which are designed to promote health and safety, wellbeing and to alert and prevent abuse.

We will appoint a Designated Safeguarding Lead (DSL) and a Designated Safeguarding Officer (DSO), although we recognise that safeguarding is the responsibility of all members of Perfecting Dunamis UK Limited.

We will organise activities in such a way as to promote a safe environment and minimise the risk of harm to children and adults.

We will follow a safer recruitment process for the selection and appointment of people to work with children or adults, whether voluntary or paid.

We will seek to establish a caring environment in which there is an informed vigilance about the dangers of abuse and a working practice of Health and Safety.

We will commit to providing support, supervision, resources and training to those who work with children and adults.

We will implement rigorous checks to ensure that any worker, interacting with our staff, members and visitors in a working capacity are suitable candidates.

We believe that abuse in all its forms is unacceptable and recognise that it can affect both adults and children. All concerns and allegations of abuse will be responded to appropriately, including referring to the statutory authorities if necessary.

We will co-operate with the statutory authorities in any investigation.

We will follow multi-agency decisions.

We will maintain confidentiality of any investigations to those directly involved.

We will refer concerns about staff, (volunteers or paid), members and visitors that meet the relevant criteria to the Local Authority Designated Officer.

Aim and purpose

The aim of this policy is to provide procedures for promoting safeguarding, preventing abuse and protecting children, adults at risk and staff. This includes clear procedures for taking appropriate action when safeguarding concerns are raised involving children and adults within our organisation or those who attend our activities and events.

Who this policy applies to:

All members, visitors and staff paid and volunteers.

Duty of care and confidentiality

Staff, members children and parents/carers will be informed of this policy and our procedures. The term 'children' refers to those under the age of 18 years.

We have a duty of care to all beneficiaries of the organisation, whether adults or children. We will maintain confidentiality at all times, except in circumstances where the individual or another individual at risk of harm.

Our designated Safeguarding Lead

The organization has a Designated Safeguarding Lead (DSL) responsible for ensuring the implementation of this policy and for acting as a main point of contact for all safeguarding concerns

Name: Marcia Anderson- McKenzie

Contact detail: marcia@perfectingdunamis.com

In the absence of the DSL, a Deputy Safeguarding Lead will be available to address any concerns. All safeguarding issues must be reported to the DSL or the deputy without delay.

Safe working practices

The organisation will appoint Designated Safeguarding Lead (DSL) and Designated Safeguarding Officer(s) for safeguarding children and adults. The role of a Designated Safeguarding Lead job description is attached (Appendix 1).

For each event, risk assessments will be carried out, appropriate consent forms will be used (for children's activities), appropriate records will be kept and adequate insurance will be in place.

Safe working practices

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Safe Recruitment

We are committed to safer recruitment and selection of all paid staff and volunteers and will ensure that these procedures are followed, which include:

- Asking applicants to complete an application form.
- Providing workers with job descriptions and person specifications.
- Completion of self-declaration forms.
- Obtaining satisfactory Disclosure and Barring Service (DBS)
- Taking up two references (not from family members).
- Interviewing candidates.
- Safeguarding training will be provided, and volunteers and paid staff will be given support and supervision in their role.
- Right to work in the UK
- Personal identity check
- Confirmation of safeguarding training for employees and volunteers

If we become aware of someone within our organisation known to have harmed children or adults, this could possibly lead to a suspension or termination. We will inform the appointed Safeguarding team and co-operate with them and the relevant statutory authorities to put in place a plan to minimise the risk of harm to children and adults.

Categories of abuse

The definition of abuse differs between children and adults. A copy of the definitions relating to children is attached to this policy (Appendix 2). The definitions of abuse in relation to adults is attached (Appendix 3).

How to recognise abuse

It is important to be aware of the possible signs and symptoms of abuse. Please see attachment for those relating to children and relating to adults at risk (Appendix 4 & 5). Some signs could be indicators of a number of different categories of abuse. It is essential to note that these are only indicators of possible abuse. There may be other, innocent, reasons for these signs and/or behaviour. They will, however, be a guide to assist in assessing whether abuse of one form or another is a possible explanation for a child or adult's behaviour.

What to do if there is a disclosure or allegation of abuse

If a child, young person or adult makes a disclosure that they are being abused and / or an allegation of abuse against someone, it is important that the person being told:

- Stay calm and listens carefully.
- Reassure them that they have done the right thing in telling.
- Does not investigate or ask leading questions.
- Explains that they will need to tell someone else if anyone is at risk of harm, in order to help them.
- Does not promise to keep secret what they have been told
- Informs the organisation Designated Safeguarding Lead as soon as possible (if they are implicated in the allegation, inform a Designated Safeguarding Officer(s)).
- Make a written record of the, disclosure or incident and sign and date this record. See attachment for recording incident (Appendix 6). This should be given to the organisation's Designated Safeguarding Lead in the absence of the DSL the form should be given to a Designated Safeguarding Officer and stored securely in a locked filing cabinet.

Procedure in the event of a concern of abuse

If there is an immediate threat of harm, the Police should be contacted without delay. Where it is judged that there is no immediate threat of harm, the following will occur:

- The concern should be discussed with the Designated Safeguarding Lead and a decision made as to whether the concern warrants a referral to the statutory authorities.
- A confidential record must be made of the discussion and the circumstances surrounding it using the Safeguarding Incident Recording Form (appendix 6).
- This record will be kept securely in a locked cabinet and a copy passed to statutory authorities if a referral is made. The person about whom the allegation is made must not be informed by anyone in the organisation; if it is judged it could place a child or adult at increased risk.
- If someone in the organisation is alleged or known to have harmed children or adults. We will inform the relevant statutory authority so that they can offer advice and support.
- If the allegation concerns staff, member or volunteer of the organisation for any concerns relating to children, the Local Authority Designated Officer (LADO) will be informed. The timing and method of any action to be taken will be discussed and agreed with the LADO. This will cover communication with the individual, suspension, investigation and possible strategy meetings. A decision will be taken by the LADO about when to inform the individual and the organisation will follow this advice.

Home visits

Most visits to adults in their own home will be straightforward as they will be well known to the organisation. However, when visiting someone new for the first time, visitors should let someone else know whom they are visiting and when. Visiting in twos may be advisable, especially if the adult lacks capacity.

- Do not call unannounced. Call by appointment, telephoning the person just before visiting if appropriate.
- Be clear about what support can be offered to the adult if they ask for help with problems and refer back to the organisation if uncertain.
- Do not make referrals to any agency that could provide help without the adult's permission, and ideally encourage them to set up the contact.
- Never offer 'over the counter' remedies to people on visits or administer prescribed medicines, even if asked to do so (also relates to Section 6.11 Health).
- Do not accept any gifts from adults other than token items, to avoid misunderstandings or subsequent accusations from the person or their family. If someone wants to make a donation to the organisation, put it in an envelope, mark it on the outside as a donation, record donation and obtain a receipt (this also relates to Section 6.10 Financial integrity).

- Pastoral visitors are encouraged to note the date when they visit people, to document their visit reporting concerns or what is going well. Safeguarding concerns to be reported to Designated Safeguarding Lead (Appendix 7).

Social Media

Perfecting Dunamis embraces and recognises the opportunities and benefits that social media offers. While members and visitors are encouraged to innovate, engage and collaborate through social media, Perfecting Dunamis is aware that there are some associated risks, especially around issues of safeguarding, bullying and personal reputation. Individuals under the age of sixteen years old will need written parental/carer consent (Appendix 8) to engage on social platforms associated with the organisation.

Review

The Safeguarding team will meet annually to update safeguarding Policy to ensure the safety and wellbeing of all members, visitors and staff of Perfecting Dunamis UK Limited (Appendix 9).

Appendix 1 The Role of a Designated Safeguarding Lead

Perfecting Dunamis UK Limited believe that children and adults at risk deserve the best possible care that the organisation can provide.

Purpose of the role:

- To coordinate safeguarding policies and procedures in the organisation:
- To be the first point of contact for safeguarding issues.
- To be an advocate for good safeguarding practice in the organisation.

Responsibilities:

- To coordinate safeguarding policies and procedures in the organisation.
- To be the first point of contact for safeguarding issues.
- To familiarise themselves with the organisation's policies and procedures, good practice guidelines in safeguarding and to keep abreast of any changes and developments.
- To ensure that organisation's policies and procedures are reviewed annually, kept up to date, and are fit for purpose.
- To make others in the organisation aware of the organisation's safeguarding policy and procedures.
- To ensure safer recruitment practices are operated in the recruitment of all workers (both volunteers and paid) including and ensuring that the relevant workers have up to date Disclosure and Barring Service (DBS).
- To be a named person that children/adults at risk can talk to regarding any issue to do with safeguarding.
- To be aware of the names and telephone numbers of appropriate contacts within local authority and the Police in the event of a referral needing to be made.
- To be aware of when to seek advice, and when it is necessary to inform Social Care, the Police or the Local Authority Designated Officer (LADO).
- To take appropriate action in relation to any safeguarding concerns which arise within the organisation.
- To cooperate with Social Care or the Police in safeguarding investigations relating to people within the organisation.
- To be an advocate for good safeguarding practice in the church

- To ensure that appropriate records are kept by the organisation, and that information in relation to safeguarding issues is handled confidentially and stored securely.
- To promote sensitivity within the organisation towards all those affected by the impact of abuse.
- To promote positive safeguarding procedures and practice and ensure procedures are adhered to.
- To arrange and/or promote opportunities for training in safeguarding to any relevant members of the leadership team and members, including both paid staff and volunteers.
- To update their own safeguarding training every two years.
- To make arrangements for a suitable person to carry out this role when they are on leave, and to publicise who this is and the dates of the alternative arrangements.

Appendix 2 What is abuse and neglect of children?

The below definitions are taken from Working Together to Safeguard Children 2018.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger, for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

- It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction.
- It may involve seeing or hearing the ill-treatment of another.
- It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment.

Appendix 3 What is abuse of adults at risk?

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subjected to it.

Physical abuse

This is the infliction of pain or physical injury, which is either caused deliberately, or through lack of care.

Psychological or emotional abuse

These are acts or behaviour, which cause mental distress or anguish or negates the wishes of the adult at risk. It is also behaviour that has a harmful effect on the adult at risk's emotional health and development or any other form of mental cruelty.

Sexual abuse

This is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent.

Neglect, or Act of Omission

This is the repeated deprivation of assistance that the adult at risk needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the adult at risk or to others. A vulnerable person may be suffering from neglect when their general well-being or development is impaired.

Financial or material abuse

This is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions.

Discriminatory abuse

This is the inappropriate treatment of an adult at risk because of their age, gender, race, religion, cultural background, sexuality, disability, etc.

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. Discriminatory abuse links to all other forms of abuse.

Institutional abuse

This is the mistreatment or abuse of an adult at risk by a regime or individuals within an institution (e.g. hospital or care home) or in the community. It can be through repeated acts of poor or inadequate care and neglect or poor professional practice.

Appendix 4 Signs of possible abuse in children

Signs of physical abuse

- Injuries that are inconsistent with the explanation
- Injuries that reflect an article being used e.g. an iron
- Bruising, especially the trunk, upper arm, shoulders, neck or finger tip bruising Burns/scalds, especially from a cigarette
- Human bite marks
- Fractures, especially spiral
- Swelling and lack of normal use of limbs
- Serious injury with lack of / inconsistent explanation
- Untreated injuries

Signs of psychological/emotional abuse

- Unusually fearful/withdrawn
- Unnaturally compliant
- Refusal to discuss injuries/fear of medical help Withdrawal from physical contact
- Aggression towards others.
- Wears cover up clothing.
- Fictitious illness by proxy. This is a psychiatric illness, whereby a parent or carer deliberately inflicts harm onto a child, normally the child's mother. The child has commonly had genuine serious illness in the first year of life and a dependency on medical attention has developed in the mother. It is very difficult to diagnose/evidence.
- Female Genital Mutilation. A cultural (not religious) procedure whereby parts of female genitalia are removed - also referred to as female circumcision. This is normally undertaken on pre-pubescent girls, who are either taken abroad for procedure or "practitioners" come to the UK. There can be no anesthetic and no sterile equipment used. Complications include serious infection, septicemia, numerous gynecological problems and in some cases, death.
- Acceptance of punishments, which appear excessive

- Over reaction to mistakes
- Continual self-depreciation
- Sudden speech disorders
- Fear of new situations
- Neurotic behaviour (such as rocking, hair twisting, thumb sucking)
- Self-harm
- Extremes of passivity or aggressive
- Drugs/solvent abuse
- Running away
- Bullying/Aggression
- Overly compliant behaviour
- Overeating or loss of appetite
- Clingy
- Fearful/withdrawn
- Sleep disorders
- Tired/listless
- Poor personal hygiene
- Poor state of clothing
- Poor skin tone and hair tone
- Untreated medical problems
- Failure to thrive with no medical reason

Signs of neglect

- Constant hunger
- Constant tiredness
- Destructive tendencies
- Low self esteem
- Neurotic behaviour
- No social relationships
- Running away
- Compulsive stealing/scavenging
- Multiple accidents/accidental injuries
- Unclean and dishevelled appearance
- Unhealthy skin

Sign of sexual abuse

- Damage to genitalia, anus or mouth
- Sexually transmitted disease
- Unexpected pregnancy, especially in very young girls
- Soreness to genitalia area, anus or mouth
- Repeated stomach aches
- Loss of weight
- Gaining weight
- Unexplained recurrent urinary tract infections, discharges or abdominal pain
- Unexplained gifts/money
- Sexual knowledge inappropriate for the child's age Sexualised behaviour in young children
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Sudden changes in personality
- Lack of concentration, restlessness
- Socially withdrawn
- Overly compliant behaviour
- Poor trust in significant adults
- Regressive behaviour, onset of wetting – day or night Suicide attempts, Eating disorders

Appendix 5 Signs of possible abuse in adults

Signs of physical abuse

- A history of unexplained falls, fractures, bruises, burns, minor injuries

Signs of physiological/emotional abuse

- Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
Intimidated or subdued in the presence of the carer
- Fearful, flinching or frightened of making choices or expressing wishes
Unexplained paranoia

Signs of sexual abuse

- Pregnant woman who is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually implicit/explicit behaviour
- Torn, stained or bloody underclothing
- Unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosure or hints of sexual abuse
- Self-harming

Signs of neglect

- Malnutrition, weight loss and /or persistent hunger
- Poor physical condition, poor hygiene, pressure sores, being left in wet clothing or bedding and/or clothing in a poor condition
- Failure to access appropriate health, educational services or social care
- No callers or visitors

Signs of financial or material abuse

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents
- Sudden inability to pay bills

- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property

Signs of discriminatory abuse

- Inappropriate remarks, comments or lack of respect Poor quality or avoidance of care

Signs of organisational abuse

- Lack of flexibility or choice over meals, bedtimes, visitors, phone calls, etc
Inadequate medical care and misuse of medication
- Inappropriate use of restraint
- Sensory deprivation e.g. denial of use of spectacles or hearing aids
- Missing documents and/or absence of individual care plan
- Public discussion of private matter
- Lack of opportunity for social, educational or recreational activity.

**Appendix 6
Safeguarding Incident Recording Form**

Basic information

Full name of child, young person or adult concerned:

Address (including postcode):

Email address

Telephone Number:

Date of birth:

Date and time of incident:

Location of incident:

Other people present (witnesses):

Person spoken to about the incident (Please circle):

Police, NSPCC, Parent / Carer, Children's Services, Adult Service,
Designated Safeguarding Officer, Other

Position / Organisation:

Name:

Email:

Telephone Number:

- Record of incident (continue a separate sheet if necessary)
- **Please ensure you are as accurate and detailed as possible. Use quotes wherever possible – do not interpret what was said using your own words.**

- Include details such as tone of voice, facial expression and body language.
- Record what you said as well as what the child, young person or adult said.
- If you have formed an opinion, please state it, making it clear that it is your opinion and give reasons for forming that opinion.

Appendix 7
Home visit

Name: (person who completed this report)

Position held in organisation:

Signed:

Date:

Name of visitor(s)

- 1.
- 2.

Name of Person visited

- 1.
- 2.
- 3.

Telephone number of person visited:

Address of visit:

Date of visit:

Discussion:

Agreed action:

Safeguarding concerns:

APPENDIX 8

Parental consent form to engage on social media platform

I/we(name(s).....
the parent(s)/guardian(s) of

child's full name.....

child's full name

give(s) Perfecting Dunamis permission to allow my/our child/children to
engage on the social media platforms associated with the organisation.

Signed.....Date.....

Signed.....Date.....

Address.....

Email.....

Mobile.....

Appendix 9
Review

The Safeguarding Team will review this policy annually, amending and updating it as required, and informing members of the organisation of any updates.

Date of the most recent review:

Date of the next review:

Sign:

(Designated Safeguarding Lead)