

# LEGACY MINISTRIES INTERNATIONAL

## LMI SAFEGUARDING POLICY

As a member with [Thirtyone:eight](#), the UK's leading independent Christian safeguarding charity, we have access to a full range of safeguarding guidance, advice and training to support us in our commitment to becoming a safer place for all.

### Policy Statement

**Our aim is to make a positive contribution to a safe community and recognizes the right of every individual to stay safe.**

Our Safeguarding policy will be made known to, and accessible to anyone on request. The policy seeks to ensure that we undertake our responsibilities to protect vulnerable people and that we will respond to any concerns appropriately.

In all our activities, our contact will be mainly with adults.

Our work is always connected to adults but if an adult brings a child to a meeting, we will have the correct procedures and responses in place in the event of an incident.

This policy will be a framework of good practice to support all staff, making clear our expectations of them.

The Trustees will sign this policy to show they have read and adhere to it. The policy will be reviewed annually.

### Implementation

Amanda Heath and Joe Braker will be joint Safeguarding lead responsible for implementing the policy. The leads will receive adequate training to ensure the policy remains in line with changes to demand and legislation.

Should an incident occur, there will be an immediate review to stop a similar occurrence. E.G. Urgent Trustee meeting, conversations with Friends of LMI, conversations with 31-8. Safeguarding will always be on the agenda for LMI to ensure everyone's safety.

This policy is based on all current relevant legislation with particular reference to the Care Act of 2014.

The safeguarding policy will be on the church suite and the website so all volunteers have access to it. How to report incidences will also be added to church suite.

## **Good practice guidelines**

A robust Safeguarding policy will also safeguard staff and volunteers from false allegations.

It is not our responsibility to investigate any matters of abuse which are disclosed to us in the course of any meetings, and we will gather information and seek advice from 31:8 when needed.

Catchers information and guidelines will be on the website and churchsuite. It will also be mentioned at meetings when at all possible. The guidelines are that if you feel that you are going to fall down, please sit down. Cachers will be given training so that this is done safely.

A statement will be added to the website and church suite stating 'Any life changing decisions should not be backed up on a prophecy alone. Any changes to medication should be backed up by the medical profession and not stopped immediately.'

Anyone attending events that are known to be a risk to children will have a behavior risk assessment filled out and conversations to manage any risks.

## **Training**

All Trustees and staff will attend training and refresher training at least every 2 years.

The safeguarding lead training will also be refreshed every 2 years

## **Different types of abuse**

### **Definitions and signs of abuse**

There are four recognised types of abuse and it is important that all staff and volunteers know what they are and how to recognise them.

The following definitions are based on those from Working Together to Safeguard Children (Department of Health, Home Office, Department for Education and Employment, 1999)

## **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 feigns the symptoms of, or deliberately causes ill health to, a child whom they are looking after. A person might do this because they enjoy or need the attention, they get through having a sick child. Physical abuse, as well as being a result of an act of commission can also be caused through omission or the failure to act to protect.

## **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 making conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. 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 participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, 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, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual on-line images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Boys and girls can be sexually abused by males and/or females, by adults and by other young people. This includes people from all different walks of life.

## **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 it may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failure to ensure adequate supervision (including the use of inadequate care givers) or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**Here is a list of possible signs of abuse.**

### **Physical signs of abuse:**

- Any injuries not consistent with the explanation given for them,
- Injuries which occur to the body in places which are not normally exposed to falls or games,
- Unexplained bruising, marks or injuries on any part of the body,
- Bruises which reflect hand marks or fingertips (from slapping or pinching),
- Cigarette burns,
- Bite marks,
- Broken bones,
- Scalds,
- Injuries which have not received medical attention,
- Neglect-under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care,
- Repeated urinary infections or unexplained stomach pains.

### **Changes in behaviour which can also indicate physical abuse:**

- Fear of parents being approached for an explanation,
- Aggressive behaviour or severe temper outbursts,
- Flinching when approached or touched,
- Reluctance to get changed, for example, wearing long sleeves in hot weather,
- Depression,
- Withdrawn behaviour,
- Running away from home.

### **Emotional signs of abuse**

#### **The physical signs of emotional abuse may include:**

- A failure to thrive or grow particularly if a child puts on weight in other circumstances: e.g. in hospital or away from their parents' care,
- Sudden speech disorders,
- Persistent tiredness,
- Development delay, either in terms of physical or emotional progress.

#### **Changes in behaviour which can also indicate emotional abuse include:**

- Obsessions or phobias,
- Sudden under-achievement or lack of concentration,
- Inappropriate relationships with peers and/or adults,
- Being unable to play,
- Attention seeking behaviour,
- Fear of making mistakes,
- Self-harm,
- Fear of parent being approached regarding their behaviour.

## **Sexual Abuse**

**The physical signs of sexual abuse may include:**

- Pain or itching in the genital/anal area,
- Bruising or bleeding near genital/anal areas,
- Sexually transmitted disease,
- Vaginal discharge or infection,
- Stomach pains,
- Discomfort when walking or sitting down,
- Pregnancy.

**Changes in behaviour which can also indicate sexual abuse include:**

- Sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive,
- Fear of being left with a specific person or group of people,
- Having nightmares,
- Running away from home,
- Sexual knowledge which is beyond their age or developmental level,
- Sexual drawings or language,
- Bedwetting,
- Eating problems such as over-eating or anorexia,
- Self-harm or mutilation, sometimes leading to suicide attempts,
- Saying they have secrets they can not tell anyone about,
- Substance or drug abuse,
- Suddenly having unexplained sources of money,
- Not allowed to have friends (particularly in adolescence),
- Acting in a sexually explicit way with adults.

## **Neglect**

**The physical signs of neglect may include:**

- Constant hunger, sometimes stealing food from other children,
- Constantly dirty or smelly,
- Loss of weight or being constantly underweight,
- Inappropriate dress for the conditions.

**Changes in behaviour which can also indicate neglect include:**

- Complaining of being tired all the time,
- Not requesting medical assistance and/or failing to attend appointments,
- Having few friends,
- Mentioning being left alone or unsupervised.

## **Support to deal with the aftermath of abuse**

Consideration should be given to the kind of support that children, parents and members of staff may need. Use of helplines, support groups and open meetings will maintain an open culture and help the healing process. The British Association for Counselling Directory is available from The British Association for Counselling, 1 Regent Place, Rugby CV21 2PJ, Tel: 01788 550899, Fax: 01788 562189..

## **Definition of a child**

Anyone who has not reached their 18<sup>th</sup> birthday. A child or a young person is deemed by law as in need of a protection because of their age.

## **Responding to and reporting of incidents**

### **DO**

- Treat any allegations seriously and act towards the person who discloses as though you believe them.
- Reassure them that they are right to tell you
- Reassure them that they are not to blame.
- Be honest about your own position, who you have to tell and why.
- Do tell them what you are doing and when and keep them up to date with what is happening.
- Do take further action; you are in a position to prevent future abuse. Tell your nominated lead immediately.
- **Make a comprehensive record of everything that was said and done asap**

### **DON'T**

- Make promises.
- Interrogate the adult or child, it is not your job to carry out an investigation; that is the job of the police and social services.
- Don't cast doubt on what has been disclosed to you, don't interrupt or change the subject.
- Don't say anything that makes the child or adult feel responsible for the abuse.
- Don't do nothing-make sure you tell your nominated Safeguarding lead person immediately- they will know what to do next and where to go for advice.

## **Children**

If you have any concerns about a child's welfare or if a child discloses abuse to you

**You must always pass this on**

## **Adults**

If you have any concerns about an adults welfare, or an adult discloses abuse to you

## **They have the right to tell you not to pass this on**

The adult has given consent

The adult does not have the capacity to give consent

There is a public interest concern (risk of harm to others in order to prevent a crime)

31-8 organisation will be called for further advice if consent not given but to establish if/ how to report to authorities

## **Reporting procedures - DO NOT DELAY**

It is vitally important that any disclosure made in confidence is recorded factually as **soon as possible**. This is whether or not the matter is taken to another authority. **Recording must be accurate and impartial as it may be used in evidence at a later date.**

An accurate account should be made of:

- Date and time of what has occurred and the time the disclosure was made.
- Names of the people who were involved.
- What was said or done by whom.
- Any action taken by the group to gather information and refer it on.
- Any further action, e.g. suspension of a worker or volunteer.
- Where relevant, reasons why there is no referral to a statutory authority.
- Names of person reporting and to whom reporting.

The designated person for Safeguarding Children and Adults should then use the appropriate recording systems for the situation. This may be reporting to the police, adult social services or the local authority's Children's Social Care.

There will be report forms which are accessible to all staff. Completed forms and any written information regarding safeguarding issues and concerning individuals **must be kept in a safe, locked place to ensure confidentiality.**

If staff or volunteers encounter abuse or suspicious situations of concern, there must be a confidential reporting system. The first step would be to inform the Safeguarding lead; they would then take appropriate action. If the designated person or their deputy is unavailable, contact 1) 31:8 2) Adult Social Services or 3) the NSPCC child Protection Helpline to seek advice.

If a child or adult who is returning home and is considered to be in immediate danger, advice should be sought from the local authority's Children's Social Care or Adult Social Services.

## **Whistle blowing procedures**

These are procedures to deal to deal with allegations of abuse or harassment against other members of staff or volunteers.

It is important that LMI has guidance for staff and volunteers to share, in confidence with the designated person, concerns they may have about another member of the team. It can be very difficult to report such concerns but all staff and volunteers have a duty to do this if necessary. It is important that any concerns for the welfare for the person affected by suspected abuse or harassment should be reported immediately.

All members of the team should be assured that anyone who reports an incident or concerns in good faith will be fully supported. Furthermore, it is also helpful that everyone understands that the whistleblower is a witness, not a complainant. This will help everyone separate the message from the messenger.

Allegations of abuse against a member of staff or a volunteer should be fully recorded and reported appropriately. Every effort should be made to maintain confidentiality for all concerned and consideration will be given as to what support may be appropriate to all concerned.

If there is any uncertainty about how to proceed with a whistle blowing situation, advice should be sought immediately from NSPCC, Local Authority Children's Social Care or Adult Social Services.

If the report is about the lead person, then reports should be made to other Trustees.

## **Sample Incident Record**

Communicate your concern to your designated safeguarding lead.



Seek medical attention for the vulnerable person if needed



Discuss the incident with the vulnerable person and obtain their permission to make a referral if it is safe and appropriate.



Complete the incident report form.



Submit it to the relevant authority if necessary, within 24 hours.

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Ensure that any feedback form other agencies is received and recorded.

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Safeguarding lead to ensure that staff or volunteers receive and support needed. 'Additional information' section on catalyst added too so all workers are aware of issue such as not seeing client alone

Phone numbers to use for reporting

Thirtyoneeight: 24 hour helpline 0303 003 11 11

Leicestershire Adult Social Services: 0116 305 0004

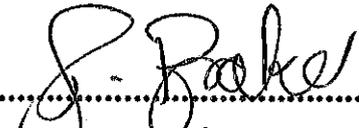
0116 255 1606

Leicestershire Child Social Services: 0116 454 1004

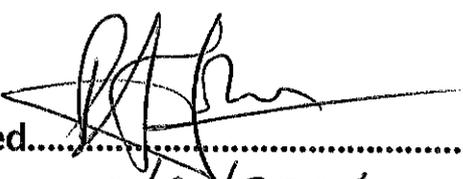
Last review date: 19-06/2024 Next review: 19/06/2025

This policy will be reviewed annually by safeguarding leads and every three years by trustees (or as soon as there are any significant changes). All staff and volunteers will be informed of any changes immediately.

Signed.......... Safeguarding Lead  
Date.....19-06-24.....

Signed.......... Safeguarding Lead  
Date.....19-06-24.....

Signed..........Trustee.  
Date.....19/6/24.....

Signed..........Trustee  
Date.....19/6/2024.....

Signed..........Trustee  
Date.....19-06-24.....

Trustee Review Date.....19-06-25.....