



FT FLIC SAFEGUARDING POLICY

POLICY STATEMENT AND PROCEDURES

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1. Purpose

FT FLIC is a charity whose aim is to provide financial literacy skills to young people, women and marginalised communities. FT FLIC is committed to promoting the welfare of young people and vulnerable adults to ensure that they feel safe and are protected if they are thought to be suffering, or at risk of harm.

The purpose of this policy is to protect children, young people and vulnerable adults who interact directly with FLIC, in instances where the interaction is not covered by the policy of one of our partner organisations.

The policy is also intended to provide FT FLIC staff and volunteers, as well as any other relevant parties, with the overarching principles that guide our approach to protecting children, young people and vulnerable adults.

2. Scope

FT FLIC works with children, young people and adults, both when delivering direct training in workshops and schools and when co-creating educational video content. This work involves direct contact with children, young people and vulnerable adults. In these cases, staff and volunteers should understand and adhere to the safeguarding policies and procedures of their frontline host organisation such as schools.

This policy also applies to anyone working on behalf of FT FLIC, including senior managers and the board of trustees, paid staff, freelance staff and interns, who may, in exceptional circumstances, come into direct contact with children, young people or vulnerable adults in the course of their work for FT FLIC.

3. Principles

FT FLIC believes that everyone has a responsibility to promote the welfare of all children, young people and vulnerable adults, to keep them safe and to operate in a way that protects them.

We will give equal priority to keeping all children, young people and vulnerable adults safe, regardless of their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation or any other protected characteristics.

There are three main elements to the policy:

1. Ensuring that FT FLIC practises safe recruitment in checking the suitability of candidates to work with young people
2. Raising awareness of child protection issues amongst volunteers and staff
3. Developing and implementing procedures for identifying and reporting disclosures or suspected cases of abuse of children or adults

4. Legal Framework

FT FLIC has a duty, under the Children's Act 1989, to promote and safeguard the welfare of children and young people under the age of 18. It also has a duty, under the Protection of Vulnerable Adults Scheme 2004, to promote and safeguard the welfare of vulnerable adults. The Children Act 2004 requires agencies to work cooperatively to protect the welfare of children.

5. Definitions

A Vulnerable Adult is defined in accordance with The Act 1974 (Exceptions) (Amendment) Order 2002 as a person aged 18 or over who has a condition of the following type:

- *a substantial learning or physical disability; (ii) a physical or mental illness or mental disorder, chronic or otherwise, including an addiction to alcohol or drugs; or (iii) a significant reduction in physical or mental capacity.*

The Police Act 1997 (Enhanced Criminal Record Certificates) (Protection of Vulnerable Adults) Regulations 2002 defines a “vulnerable adult” as a person aged 18 or over who is receiving services of a type listed below

- *accommodation and nursing or personal care in a care home;*
- *personal care or nursing or support to live independently in his own home;*
- *any services provided by an independent hospital, independent clinic, independent medical agency or National Health Service body;*
- *social care services; or*
- *any services provided in an establishment catering for a person with learning difficulties.*

It further includes those in consequence of a condition of a type listed

- *a learning or physical disability;*
- *a physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs; or*
- *a reduction in physical or mental capacity.*
- *a dependency upon others in the performance of, or a requirement for assistance in the performance of, basic physical functions;*
- *severe impairment in the ability to communicate with others; or*
- *impairment in a person's ability to protect himself from assault, abuse or neglect.*

In this regulation “care home”, “independent clinic”, “independent hospital”, “independent medical agency” and “National Health Service body” have the same meanings as in the Care Standards Act 2000(1).

FT FLIC extends this definition to include people from the below groups:

- *unhoused or precariously housed people*
- *people currently or previously engaging in criminalised acts*
- *migrants or refugees, documented or undocumented*
- *any individual experiencing acute economic distress*
- *any individual living with or fleeing from domestic abuse*

Safeguarding: There is no legal definition of safeguarding. However, in this policy, any references to safeguarding are in keeping with the government report in 2006, *Making Safeguarding Everyone's Business*, in which there was a shift in emphasis from protecting children and vulnerable adults from harm, to preventing abuse and neglect in the first instance. Therefore safeguarding is defined here as *both safeguarding and promoting welfare together, through:*

- *protecting children, young people and vulnerable adults from maltreatment*

- *preventing impairment of children, young people and vulnerable adults' health and/or development; and*
- *ensuring that children and young people are growing up in circumstances consistent with the provision of safe and effective care to enable them to have optimum life chances such that they enter adulthood successfully.*

The following definitions apply to children and vulnerable adults. The list is not exhaustive.

Abuse: a form of maltreatment of a person. Somebody may abuse or neglect a person by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

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

Emotional abuse: the persistent emotional maltreatment of a person such as to cause severe and adverse effects on the person's emotional development or wellbeing. It may involve conveying to a person 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 person 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 a person. These may include interactions that are beyond a person's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the person 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 the individual frequently to feel frightened or in danger, or exploitation or corruption. Some level of emotional abuse is involved in all types of maltreatment of a person, although it may occur alone.

Neglect: neglect may not be persistent and may occur over a short period of time and have adverse effects. It can include the failure to meet a person's basic physical and/or psychological needs, likely to result in the serious impairment of the individual'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 person from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Child Sexual Exploitation: Child Sexual Exploitation (CSE) involves exploitative situations, contexts and relationships where children or vulnerable people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some people who are being sexually exploited do not exhibit any external signs of this abuse.

Sexual abuse: involves forcing or enticing a child or vulnerable person to take part in sexual activities, not necessarily involving violence, whether or not the person 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 and vulnerable adults in looking at, or in the production of, sexual images, watching sexual activities, encouraging an individual to behave in sexually inappropriate ways, or grooming a person 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.

Female Genital Mutilation: professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

6. Responsibilities

6.1 STAFF AND VOLUNTEERS

In the occasional instances in which staff and volunteers expect to come into contact with young people or vulnerable adults in their work, they have a duty to safeguard and promote their welfare. Staff and volunteers will be trained to understand their responsibilities. Failure to comply with these responsibilities will be seen as a serious matter which may lead to disciplinary action.

Staff and volunteers to whom this policy applies are expected to:

- Familiarise themselves with the safeguarding policy and associated procedures
- Safeguard and promote the welfare of young people and vulnerable adults
- Alert the Designated Safeguarding Lead (DSL) if they have concerns about a young person or vulnerable adult.

Staff and volunteers are responsible for ensuring that young people and vulnerable adults are aware of the services they can approach for support.

It is essential for staff and volunteers to:

- Note that abuse cases involving young and/or vulnerable people are highly sensitive and confidential and should be treated as such.
- Note that abuse cases should not be the subject for casual conversation in the workplace, family or neighbourhood.
- When faced with the possibility of a case of abuse, to:
 - Be aware of their role in such a situation
 - Have knowledge of procedures for reporting such cases
- Under no circumstances, attempt to act as a "go-between" the young person or vulnerable adult and the alleged abuser/s.
- The staff member should not approach the young person/vulnerable adult, family or individuals about allegations or suspicions.

- Co-operate fully with any investigating authorities or agencies. It is not FT FLIC's responsibility to investigate an allegation of child or vulnerable adult abuse; this is the job of police and social services. No staff should interview the victim or any possible witnesses, nor should they ask anyone to write an account of any events that took place.

6.2. FT FLIC MANAGEMENT

The Board of Trustees is responsible for ensuring that:

- FT FLIC has a safeguarding policy and procedures in place, which include safe recruitment and processes for dealing with allegations of abuse
- FT FLIC has appointed a Designated Safeguarding Lead

The Executive Director is responsible for:

- suspending any member of staff or volunteer who is accused of child abuse pending investigation. The Executive Director will inform the Board of Trustees immediately
- providing all necessary support to the Designated Safeguarding Lead to ensure they are adequately resourced

6.3. THE DESIGNATED SAFEGUARDING LEAD

The Designated Safeguarding Lead has additional specific responsibilities to:

- ensure that they remain abreast of the latest legislation and best practice in the safeguarding field
- ensure that relevant staff and volunteers are aware of FT FLIC's safeguarding policy and that it is implemented in full
- provide information, and organise for the staff, trustees and volunteers to attend appropriate training, where necessary
- act as a person responsible for child protection and vulnerable adult issues reported by staff, volunteers and members of the public.
- act as FT FLIC's source of support, advice and expertise on safeguarding issues, and be responsible for dealing with allegations or suspicions of abuse. They may attend training as appropriate and make referrals to external agencies.
- signpost staff who may be badly affected by abuse cases to counselling services or other professional support

In cases of suspected or alleged abuse, the DSL has additional specific responsibilities to:

- obtain information from staff, volunteers, children, parents or carers who have concerns relating to the protection of young people and vulnerable adults, and to record this information
- assess information quickly and carefully and asking for further information where appropriate
- consult with a statutory child protection agency e.g. the local social services department, to clarify doubts or worries
- make referrals to statutory child protection agencies or the police as soon as is possible
- review case handling and make improvements and recommendations to the process.

7. Procedures

Procedure for all staff

Key points for all staff to remember for taking action are:

- In an emergency take the action necessary to help the young person or vulnerable adult, for example, call 999
- Report your concern to the DSL by the end of the day
- If the DSL is not around, ensure the information is shared with the most senior person in the organisation or a member of management that day
- When you are unable to consult promptly or at all with your designated internal contact for child protection, you should consult externally with the relevant children's or adult social services (in the area where the case is suspected)
- Do not start your own investigation
- Share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family
- Complete a report detailing the incident, observation or disclosure
- Seek support for yourself if you are distressed.

Suspecting a young person or vulnerable adult is at risk of harm

There will be occasions when you suspect that a person may be at serious risk, but you have no 'real' evidence. The person's behaviour may have changed, their artwork or comments could be bizarre or you may have noticed other physical or emotional, but inconclusive, signs. The signs you have noticed may be due to a variety of factors.

- Although it is fine to ask the person if they are alright or if you can help in any way- you do not have to do this before reporting your concerns to the DSL.
- If the person does begin to reveal that they are being harmed you should follow the advice in the section 'If a child discloses to you'.

If a young person or vulnerable adult discloses information to you

- It takes a lot of courage for a person to disclose that they are being neglected and or abused. They may feel ashamed, particularly if the abuse is sexual, their abuser may have threatened them if they tell, they may have lost all trust in people, or they may believe, or have been told, that the abuse is their own fault.
- If a person talks to you about any risks to their safety or wellbeing you will need to let them know that **you must** pass the information on to the DSL – you are not allowed to keep secrets. The point at which you do this is a matter for professional judgement. If you jump in immediately the person may think that you do not want to listen, if you leave it till the very end of the conversation, the child may feel that you have misled them into revealing more than they would have otherwise.

During your conversation with the young person or vulnerable adult:

- Allow them to speak freely.
- Remain calm and do not overreact – the person may stop talking if they feel they are upsetting or shocking you.
- Give reassuring nods or words of comfort – ‘I’m so sorry this has happened’, ‘I want to help’, ‘This isn’t your fault’, ‘You are doing the right thing in talking to me’.
- Do not be afraid of silences – remember how hard this must be for the young person or vulnerable adult.
- Under no circumstances ask investigative questions – such as how many times this has happened, whether it happens to siblings too, or what does the young person or vulnerable adult’s parent or carer think about the situation.
- At an appropriate time tell the young person or vulnerable adult that in order to help them you must pass the information on.
- Do not automatically offer any physical touch as comfort. It may be anything but comforting to a young person or vulnerable adult who has been abused.
- Avoid admonishing the young person or vulnerable adult for not disclosing earlier. Saying ‘I do wish you had told me about this when it started’ or ‘I can’t believe what I’m hearing’ may be your way of being supportive but the young person or vulnerable adult may interpret it that they have done something wrong.
- Tell the young person or vulnerable adult what will happen next. The young person or vulnerable adult may agree to go with you to see the DSL. Otherwise let them know that you will speak to a responsible person who will contact them to discuss the situation.
- Report verbally to the DSL at the earliest opportunity.
- Write up your conversation as soon as possible and hand it to the designated person.
- Seek support if you feel distressed.

If you observe signs of Physical Injury or Neglect

If the young person or vulnerable adult has a physical injury or symptom of neglect, it is the responsibility of the staff member to report this to the DSL at the earliest opportunity. Seek medical assistance where medical attention is necessary.

It is the responsibility of the DSL to:

- Contact social services for advice in cases of deliberate injury or where there are concerns about the young person or vulnerable adult’s safety. The parents should not be informed by the DSL in circumstances where a parent/carer or close family member is suspected.
- Speak with the parent/carer or teacher and suggest medical help or attention is sought for the young person or vulnerable adult. The doctor or health visitor will then initiate further action, if deemed necessary.
- Follow up any referral made to social services in order that best practice can be maintained with any on-going work with that young person or vulnerable adult. Any staff or volunteers working alongside that person will only be given the information that they need to ensure the physical and emotional wellbeing of a young person or vulnerable adult is being met.

Allegations of Sexual Abuse – DSL Procedure

In the event of allegations or suspicions of current sexual abuse, it is the responsibility of the DSL to:

- Contact social services duty social worker or police child protection team directly. The DSL will not speak to the parent or carer or anyone else about the suspicion. The DSL may inform their line manager of events to ensure best practice is met.
- Follow up any referral made to the social services, so best practice can be maintained with any on-going work with that young person or vulnerable adult. Any workers working alongside that young person or vulnerable adult will only be given the information that they need to ensure the physical and emotional wellbeing of the young person or vulnerable adult is being met.
- Under no circumstances will the DSL try and carry out an investigation into the allegations or suspicions of sexual abuse.
- While allegations or suspicions of sexual abuse will normally be reported to the DSL, the absence of the DSL should in no way delay the referral to Social Services. In the event that the DSL is absent, incapacitated or uncontactable, staff should contact the most senior member of FT FLIC's management- for example a trustee.

8. Safe recruitment

FT FLIC undertakes to ensure that its volunteers are fit to work with young people and vulnerable adults. It also reserves the right to refuse to select volunteers whom it has a reasonable belief may pose a risk to children or vulnerable adults they may come into contact with.

FT FLIC has systems in place to prevent unsuitable people from working with young people and vulnerable adults and to promote safe practice. These systems apply to all volunteers and require the following checks to be made:

- A minimum of two references, satisfactory to the organisation, one of which should be from a previous employer
- Documentary evidence checks of identify, nationality, residency and “right to work” status
- Standard or enhanced Disclosure and Barring Service Certificate

N.B. Enhanced DBS Certificates contain details of an individual's convictions, cautions, reprimands or warnings recorded on police central records and includes both 'spent' and 'unspent' convictions together with any information held locally by police forces that it is reasonably considered might be relevant to the post applied for. These are shown on a criminal records certificate.

9. Staff and volunteer training

Staff and volunteers to whom this policy applies and who expect to come into direct contact with young people or vulnerable adults must undertake training on the subject of safeguarding procedures. FT FLIC's safeguarding policy, procedure and accompanying guidance will be issued as part of their induction.

10. Reporting cases to the Disclosure and Barring Service

FT FLIC will make reports, provide relevant information to the Disclosure and Barring Service where there are grounds for believing, following an investigation, that an individual is unsuitable to work with children or vulnerable adults, or may have committed misconduct. The responsibility for reporting cases to the Disclosure and Barring Service lies with the Executive Director.

The Independent Safeguarding Authority makes barring decisions for the Children's List Section and the Vulnerable Adults List.

11. Allegations against volunteers

Allegations of abuse, or concerns raised against members of FT FLIC staff or volunteers will always be treated seriously. The allegation must always be referred to the Designated Safeguarding Lead who will follow the safeguarding procedure in the same way as for other safeguarding allegations. The Designated Safeguarding Lead will take the appropriate steps to ensure the safety of the young person or vulnerable adult, and any others who may be at risk.

If the allegation or concern is against the Designated Safeguarding Lead, it should be reported to the Board of Trustees.

Where there is a complaint against a member of staff or volunteer there may also be criminal (police) investigations and/or a child/vulnerable adults protection investigation, carried out by social services.

12. Support for Staff and Volunteers

FT FLIC is aware that safeguarding cases can be distressing and that staff or volunteers who have been involved may find it helpful to talk about their experiences, in confidence, the Designated Safeguarding Lead or with a trained counsellor. Staff or volunteers wishing to be signposted to external counselling services should contact the Executive Director.

13. Equality and Diversity Issues in Safeguarding & Child Protection

All young people or vulnerable adults, as part of the wider FT FLIC community, have the right to be safeguarded from harm and exploitation whatever their age, disability, ethnicity, gender, religion or belief and sexual orientation, pregnancy and maternity, gender reassignment and marital status or civil partnerships.

This policy relates to FT FLIC's legal obligation to protect children who are suffering forms of abuse as defined in the Children Act 1989 and is therefore in line with FT FLIC's equality and diversity policies.

Equality and diversity issues and characteristics can impact on the safety and wellbeing of young people and vulnerable adults in a number of ways.

14. Information Sharing and Data Protection

All staff and volunteers will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the victim and staff involved but also to ensure that being released into the public domain does not compromise evidence.

Staff and volunteers should only discuss concerns with the DSL or Board of Trustees (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

Child protection information will be stored and handled in line with Data Protection Act 1998 principles. Information is:

- processed for limited purposes
- adequate, relevant and not excessive
- accurate
- kept no longer than necessary
- processed in accordance with the data subject's rights
- secure.

Record of concern forms and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals

Every effort should be made to prevent unauthorised access and sensitive information should not be stored on laptop computers, which, by the nature of their portability, could be lost or stolen. If it is necessary to store child protection information on portable media, such as a CD or flash drive, these items should also be kept in locked storage.

Child protection records are normally exempt from the disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request from a child or parent to see child protection records, they should refer the request to the Designated Safeguarding Lead.

The Data Protection Act does not prevent staff from sharing information with relevant agencies, where that information may help to protect a child.

- There must be minimal delay in communication once a suspicion arises. The sharing of relevant information at the earliest opportunity within an environment of strict confidentiality is essential.
- A young person or vulnerable adult's right to confidentiality is important and they should be kept informed of any sharing of information and participate at an appropriate level in decisions that directly affect them.
- FLIC will share information about concerns with relevant agencies and ensure that parents/carers young people or vulnerable are kept informed and participate in decision making as appropriate.

15. Confirmation of reading

I confirm that I have been made fully aware of, and understand the contents of, the safeguarding policy and procedures for FT FLIC.

Trustee Name:

Trustee Signature:

Date:

Appendix A – Reporting Form

CONFIDENTIAL DOCUMENT

Date and Time of Incident:

Date and Time of Reporting:

Location and Context of Incident:

Name of Child/Young Person/ Vulnerable Adult:

DOB:

Address:

NAME OF PERSON OF REPORTING EVENTS:

Details: sequences of events, actual words used and observations.

Action taken:

Name of person contacted:

(SPO/SSD/Police)

Date and Time:

Further Notes:

Appendix B - Key Contacts and References

[Allegations against staff and volunteers](#)

[Contact for safeguarding children](#)

<https://hackney.gov.uk/safeguarding-adults-policies> (applies to the City of London)

<https://www.hackney.gov.uk/safeguarding-adults-board?> (applies to the City of London)

Statutory Services

[The City and Hackney Safeguarding Children Partnership](#)

4th Floor, Hackney Technology & Learning Centre

1 Reading Lane,

Hackney E8 1GQ

0208 3564183

chscp@hackney.gov.uk

Police

If you think a child is at risk of immediate harm, please contact the police by calling 999.

Community and voluntary sector contacts

Ann Craft Trust

[checklist](#)

Tel: 0115 951 5400

A national association working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse.

Childline

Freepost 1111, London N1 0BR

Tel: 0800 1111

NSPCC

Child Protection Helpline: 0808 800 5000

Parentline

A national Helpline for parents under pressure: 0808 800 2222

RESPOND

Tel: 020 7383 0700

Provides therapeutic intervention for people with learning disabilities who have been abused.

MIND infoline

Tel: 0845 766 0163

Information regarding mental health related issues. Help in finding out options and local services. Mon – Fri 9.15 – 5.15.

SANELINE

Tel: 0845 767 8000

National helpline for anyone coping with mental illness