THE FEATHERS ASSOCIATION

Safeguarding Policy

(including Child Protection and Vulnerable Adults)

To be reviewed annually

1. About Feathers Association

The Feathers Association charity has been working with young people and communities around London since 1934. It is dedicated to fighting poverty and isolation.

We strive to provide an opportunity for primarily children and young people to realise their own potential and to understand the contribution they can make to their community.

Visit: www.feathers.charity

2. Feathers Association Safeguarding Policy

The Feathers Association (FA) is fully committed to safeguarding the welfare of all children, young people and vulnerable adults using its services and building. It recognises its responsibility to take all reasonable steps to promote safe practice and to protect these children, young people and vulnerable adults from harm, abuse and exploitation regardless of age, gender, disability, ethnicity or sexual identity. FA acknowledges its duty to act appropriately when it receives any allegations, reports or suspicions of abuse. Paid staff and volunteers will work together to encourage an ethos which embraces difference and diversity and respects the rights of children, young people and vulnerable adults.

Working Together to Safeguard Children 2023 A guide to multi-agency working to help, protect and promote the welfare of children. Nothing is more important than children's welfare. Every child deserves to grow up in a safe, stable, and loving home. Children who need help and protection deserve high quality and effective support. This requires individuals, agencies, and organisations to be clear about their own and each other's roles and responsibilities, and how they work together Working together to safeguard children 2023: statutory guidance

This policy covers all children, young people and vulnerable adults accessing services run and managed by the Association. Other organisations renting rooms or office space in the building have their own separate safeguarding policies, DBS Data, child protection policies and/or vulnerable adults' policies.

The policy is endorsed by the Feathers Association Board of Trustees and will be reviewed annually to make sure it remains relevant and appropriate to the needs of FA and its children, young people and vulnerable adults.

This Safeguarding Policy is freely accessible to all. This means that FA will share copies of this policy with staff and volunteers as part of their induction and training. An information poster with the name of staff responsible for Safeguarding will be displayed in the building and circulated to organisations using the building. Hard copies of this policy will be available upon request.

Training

Our staff and volunteers receive regular safeguarding information through induction, supervision and team meetings. This is based on accredited safeguarding training, renewed every two years.

For new individual staff and volunteers training is undertaken within six months of joining. Our aim is to train the team together to promote a collective understanding of how safeguarding impacts on our organisation and wider society. Safer recruitment training is mandatory for staff responsible for recruitment. This is renewed every two years.

For further information about safeguarding visit:

www.londonscb.gov.uk - Child Safeguarding
http://www.peoplefirstinfo.org.uk/westminster-contact-details.aspx - Adult Safeguarding
https://www.rbkc.gov.uk/lscp/information-professionals-and-volunteers/useful-safeguarding-contacts-professionals - Westminster Safeguarding Children Partnership Westminster

3. Named persons and contact details

An information poster with the names of staff responsible for Safeguarding will be displayed in the building and circulated to organisations using the building.

Agency	Named Person	Telephone No
Trustee (allegations against senior staff) office@feathersassociation.org.uk	Chair	0203 770 9600
FA Designated Lead Safeguarding and Child Protection Officer – Director of Engagement & Communities andrew.mederick@feathersassociation.org.uk	Andrew Mederick	0203 770 960007936 302590
Westminster Access Team (first point of call**)** accesstochildrensservices@westminster.gov.uk	Duty Line	020 7641 4000 020 7641 2388/ 6000 (out of hours) 08000 234 650 (available 24/7).
Duty Child Protection Advisor (for case consultations or follow-up enquiries) lado@westminster.gov.uk	Duty Advisor	0207 641 7668
Child Protection Adviser	Duty Advisor	07971 707 763
Child Protection Adviser	Duty Advisor	07890 380 253
Child Protection Adviser	Duty Advisor	020 7641 4003
Child Protection Adviser *Specialism: Child Sexual Exploitation	Duty Advisor	020 7641 7675 (W)

Adult Social Care Team (supporting adults under the age of 65 with physical disabilities, older people with physical disabilities or mental health problems, and their carers) Email: adultsocialcare@westminster.gov.uk For emergencies or out-of-hours support	Duty Line	020 7641 2500 Text messages: 07944 521615 020 7641 2388.
Prevent Officer (Radicalism and Extremism) Email: prevent@westminster.gov.uk	Duty Advisor	020 7641 5071 0781 105 4759
Child Exploitation Lead (Children's Services) sduncan@westminster.gov.uk	Duty Advisor	
Bi-Borough Local Authority Designated Officer (LADO) for referral and management of allegations against staff Email: lado@westminster.gov.uk	Duty Advisor	07870 481 712
NSPCC – national helpline	Advisors Counsellors	0808 800 5000
Child Line – national helpline	Advisors Counsellors	0800 1111
In emergency	Police	999
LSCP Learning and Development Administrator Training Enquiries Email:	LSCP/D Admin	07739 315 081
Wales - Front Door Support for children, young people and families Powys Front Door Service This is the access point for Children's Services in Powys and is where families can come for Information, Advice and Assistance. From here, children, young people and their families are moved on to either the Support for Families team for early help, or to the Assessment Team, where it is clear that an assessment is needed.		

Emergency Duty Team	Duty Team	0345 054 4847 (out of hours)
Referrals To make a referral to Children's Services or to request information, advice and assistance:(Monday to Thursday 8.45am - 4.45pm and Friday 8.45am - 4.15pm	Officer	01597 827666 (Option 1, Option 1) to speak to a member of staff.

4. Definitions

a) **Child** refers to a child or young person up to their 18th birthday.
b) **Vulnerable adults** refer to people who are over 18 years of age and are getting or may need help and services to live in the community. Vulnerable adults may be unable to take care of themselves and unable to protect themselves from harm or exploitation by other people.
c) **Safeguarding** and promoting the welfare of children and vulnerable adults is defined as:
    - Protecting children and vulnerable adults from maltreatment;
    - Preventing impairment of children's and vulnerable adults' health or development;
    - Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
    - Undertaking that role so as to enable those children to have optimum life chances, to enter adulthood successfully and live a fulfilled life as an adult.
d) **Child protection** and **vulnerable adult protection** are parts of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering or are at risk of suffering, significant harm.
e) **Abuse** can include: physical, financial, material, sexual, psychological, discriminatory, emotional abuse and neglect. Abuse can take place in any setting, public or private, and can be perpetuated by anyone.

For definitions and indicators of child and vulnerable adult abuse, please see Section 10 'How to recognise abuse'.

5. Child and vulnerable adult protection principles

In order to promote the safeguarding of children, young people and vulnerable adults, FA will:

- Ensure that all staff and volunteers are fully informed and trained in child and vulnerable adults protection issues and understand their responsibilities and how to carry them out.
- Facilitate opportunities for children, young people and vulnerable adults to express their ideas and views in connection with the service they are provided with and to have access to FA Complaints & Compliments Policy.

- Facilitate involvement of parents and carers in the work of the organisation and to make child and vulnerable adult protection policies and procedures available to them where appropriate.
- Ensure staff and trustees are up-to-date with national developments relating to the welfare and protection of children, young people and vulnerable adults.
- Work in partnership with parents and carers, schools and other agencies to safeguard children and vulnerable adults and promote their welfare.

6. Principles for intervention

a) Every child and vulnerable adult have the right to adequate care and protection.
b) If professionals are faced with a severe incident which, if left unchecked, would lead to significant harm, they have a duty to ensure the child and/or vulnerable adult is protected.
c) Every child and vulnerable adult have the right to be treated as an individual, to have his or her needs met, and to be shown respect for all aspects of his or her identity, including gender, nationality, ethnic origin, language, religion, sexual orientation, disability and culture.
d) The needs of most children and vulnerable adults are best met within their own families and cultures. Some families may need support services in order to adequately fulfil the responsibilities of caring for children and/or and vulnerable adults.
e) When it is not possible to ensure a child and/or vulnerable adult is safe at home, every effort should be made to find alternative carers within his or her wider family or kinship network.
f) Outcomes for children and vulnerable adults are likely to be better if families are involved from the start of the child and/or vulnerable adult protection process.
g) Parents have the right to be treated with respect, to be told honestly about any concerns and to be informed of Westminster City Council's responsibilities and powers. Workers need to be sensitive to the impact the child and vulnerable adult protection process is likely to have on families, and to ensure that legitimate parental authority is not undermined during the process.
h) When carrying out enquiries under the child and/or vulnerable adult protection procedures, the wider context of the harm needs to be considered. The views of the child, vulnerable adult, parents and other family members should always be sought and incorporated into the overall assessment of risk.
i) In some circumstances it may be concluded that no action to protect the child or vulnerable adult is necessary, but that the child would, nevertheless, benefit from treatment to address issues of past abuse or resources to improve the quality of his or her life in order to prevent significant harm in the future.
j) Families and referrers should always be given information about the outcome of an enquiry as soon as possible after it has been concluded.

7. Supervision of activities and code of behaviour

FA staff and volunteers must:

- Treat all children, young people and vulnerable adults with dignity and respect appropriate to their age;

- Treat all children, young people and vulnerable adults fairly, and not favour or disfavour any particular child;
- Be aware of language used, tone of voice and positioning of body when working with children, young people and vulnerable adults;
- Control and discipline children, young people and vulnerable adults without unnecessary physical contact and no physical punishment;
- Ensure that if they are working one-to-one with a child, young person or a vulnerable adult in a confidential space (e.g. specific counselling or mentoring), another adult knows when, where and with whom the session is taking place. If possible, another adult should be in the building and the child, young person or vulnerable adult should be informed that they are there;
- Keep their personal lives and professional lives separate and maintain appropriate boundaries (e.g. not share mobile numbers or personal information with service users);
- Report ANY issues of concern to a supervisor or senior staff member;
- Young people must be registered to access offsite activities. On day trips children must be known to us for up to 1 month. For residential (overnight) a young person must be known to us for a minimum 3 months.

FA staff and volunteers must not:

- Work alone with a child, young person or vulnerable adult where their activity cannot be seen, or their conversations cannot be overheard by another adult (except in specific situations as described above);
- Invade the privacy of children, young people and vulnerable adults when they are dressing, washing or toileting. If a young child or vulnerable adult soils their underclothes and needs to be washed, this should be handled sensitively and where possible another adult should be present. Parents should be informed as soon as possible if staff or volunteers have had to do anything of a personal nature for a child or vulnerable adult. This should be undertaken by a person of the same gender or the Manager;
- Engage in rough, physical or sexually provocative games;
- Make sexually suggestive comments about or to a young person or vulnerable adult, even in ‘fun’;
- Engage in inappropriate or intrusive touching of any form;
- Engage in any scapegoating, ridiculing or rejecting of a child, young person or vulnerable adult;
- Allow children, young people and vulnerable adults to involve themselves in excessive attention-seeking that is overtly sexual or physical in nature;
- Invite a child, young person or vulnerable adult to their home;
- Accept social invitations from children, young people and vulnerable adults;
- Use private vehicles to escort children, young people and vulnerable adults;
- Favour, buy, incentivise, give or accept gifts from users for personal or organisational gain (see also FA Handbook – Anti-Corruption and Bribery, page 8 section 3).

8. Provision of medical assistance

No un-prescribed medication (including painkillers), creams or ointment should be given to children, young people or vulnerable adults in the care of FA staff. Authorised staff can only administer prescribed medicine with written instructions/consent from parents or carers. If the child or vulnerable adult is on a residential trip, all medical consents must be obtained prior to leaving for the trip. The Director of Engagement & Communities will be consulted for each case as it arises. No staff can act without this permission.

If medical assistance is required, the child or vulnerable adult should either be:

- Assisted by a qualified first aider or medical professional
- Call parent/guardian
- Taken home by an experienced and DBS-cleared member of staff
- Taken to hospital by ambulance

9. General supervision of children and vulnerable adults by staff and volunteers

- All staff and volunteers must have read and understood FA health and safety procedures and adhere to them at all times.
- Equipment to be used with young people and adults must be checked on a regular basis (including regular Portable Appliance Testing).
- There should be enough adults to supervise children's and vulnerable adults' activities safely, in accordance with best practice.
- Any visitors to the building must stay with a member of staff.
- Written consent must be obtained from parents prior to children or vulnerable adults attending any activities or clubs at FA.
- Any access to the Internet should be supervised and filters must be in place. Access to FA Wi-Fi prohibited to all staff, third parties and users without authorisation from the Director of Engagement & Communities.

10. How to recognise child or vulnerable adult abuse

We recognise that abuse may often occur as a reaction to stress or trauma within the family and everything should be done to support and assist the family in a non-judgmental way. Abuse can be carried out by an adult or by another child. If the abuse is perpetrated by another child, protection procedures will apply for both the victim and the alleged abuser.

Abuse can also be carried out by proxy. This is where third parties carry out the abuse on behalf of the abuser. For example, this could be done by spreading lies about the victim in order to cause humiliation or influence others to turn against them. The perpetrator manipulates others in to carrying out acts that intimidates or isolates the victim. It can be the case that the third party carrying out the abuse may not be aware that they are being manipulated. Alternatively, it could be the case that they carry out acts of abuse on others in fear of losing favour with the perpetrator and becoming a victim themselves.

a) Indicators

We recognise that:

- It is often the clustering of indicators and not isolated indicators themselves that are significant;
- Even when several indicators are present this does not mean that abuse has occurred or will occur, but it may mean the family needs support to help them with longstanding difficulties or a period of exceptional stress;
- We need to consider not only the most visible and pressing causes for concern but also the less obvious indicators and less clear concerns;
- We must be alert to possible indicators of domestic violence;
- We must be alert to possible indicators of female genital mutilation (FGM);
- We must listen to what the child, young person or vulnerable adult has to say and observe how they act;
- We must listen to what the carers have to say and observe how they act;
- It is important to remember that behaviour and physical signs which may suggest abuse can have a satisfactory explanation. We must always consider the positives and strengths of families as well as their weaknesses and problems.

Some factors in families have an association with abuse, for example domestic violence, abuse of drugs and/or alcohol. It is important that a balanced approach is always taken, and that any assumptions are always checked against the available evidence.

Research commissioned by the Department of Health suggests that the wider context of a harmful incident should always be explored. In families where there is a lack of warmth and parents are hostile towards children or vulnerable adults, maltreatment is likely to be more damaging than occasional acts of maltreatment in families that are warm and loving. The exception to this is sexual abuse, where single incidents can be severely damaging.

Whilst it is helpful to consider the following categories of abuse, it should be emphasised that children or vulnerable adults who are subject to one category of abuse are likely to be particularly vulnerable to experiencing other forms of abuse, and that all categories of abuse include an element of emotional abuse.

b) Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, female genital mutilation or otherwise causing physical harm to a child or vulnerable adult. Physical abuse, as well as being the result of an act of commission, can also be caused through omission or the failure to act to protect a child or vulnerable adult from harm.

Indicators may include one or more of the following:

- Bruising to the head or face
- Bruising to the torso
- Bruising which indicates fingertip pressure
- Bruising of different ages

- Bruising or marks in lines which may result from beating with an implement
- Cigarette burns
- Bruising and fractures for which there are no consistent explanation
- The child or vulnerable adult shows fear of adults
- Adult bite marks
- Extensive scratch marks
- Scalds and blisters
- The child, young person or vulnerable adult is under the influence of drink or drugs
- A history of genital mutilation in the family and a current possibility of circumcision
- The child or young person shows fear of other young children or young people (this may be indicative of bullying).

c) Sexual abuse

Sexual abuse involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities, whether or not the child or vulnerable adult is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, anal intercourse, oral sex or non-penetrative acts such as fondling. Sexual abuse may also include non-contact activities, such as involving children in looking at, or in the production of pornographic material, or 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 other young people, and by people from all backgrounds. Indicators may include one or more of the following:

- Child or vulnerable adult displaying inappropriate sexual knowledge;
- Child or vulnerable adult displaying inappropriate sexual behaviour;
- Child or vulnerable adult suffering urinary infections, venereal disease, AIDS or HIV, damaged sexual organs.

d) Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child or vulnerable adult such as to cause severe and persistent adverse effects on the child's emotional development. It may involve making a child or vulnerable adult feel 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. It may also involve causing children or vulnerable adults to feel frequently frightened or in danger.

Some level of emotional abuse is involved in all types of ill treatment of a child or vulnerable adult, though it may occur alone. Children or vulnerable adults may experience emotional abuse (or emotional neglect) because of the impact on them of domestic violence between their parents, even though the parent(s) do not physically abuse the children.

Indicators may include one or more of the following:

- Child or vulnerable adult exhibits disturbed and irrational behaviour
- Child or vulnerable adult shows fear of adults
- Child or vulnerable adult is unable to relate to peers and/or siblings

- Child or vulnerable adult is isolated socially
- Child or vulnerable adult shows signs of developmental delay for which there is no medical or physiological explanation
- Child or vulnerable adult shows low self-esteem
- Child or vulnerable adult has aggressive tantrums
- The child or vulnerable adult becomes depressed or withdrawn and may be suicidal, self-harming or runs away
- The child shows fear of other children or young people (this may be indicative of bullying)

e) Neglect

Neglect is the persistent failure to meet a child's or vulnerable adult's basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. It may involve a parent or carer failing to provide adequate food, shelter or clothing, leaving a child or vulnerable adult 'home alone', or the failure to ensure a child or vulnerable adult gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's or vulnerable adult's basic emotional needs.

Indicators of neglect can be difficult to identify and use. Indicators of poverty may sometimes be misread as signs of neglect. Poverty affects material standards but it does not necessarily affect the quality of care. There can be neglect in affluent households in which children, young people and vulnerable adults are surrounded by material comfort, but where they do not receive adequate care and supervision appropriate for their age.

Neglect normally has a time dimension. It can reflect individual incidents but is usually cumulative. It may relate to the increasing size of a family, to the long-term demoralising effects of poverty or unemployment, or to the recurring family misfortunes and illness, which gradually undermine the abilities of carers to meet the diverse needs of the children in the family. It may not be all the children in the family who suffer from neglect. Some, because of their age and abilities, may appear to cope with little or no adult care, and they may find care and support outside the home.

Some children, young people and vulnerable adults will suffer from the privations of neglect because they have disabilities which make them particularly dependent on adult care, or because they are particularly disliked or rejected by carers.

Children's Specialist Services Division of the Children's Services Departments have powers under Section 17 of the Children Act 1989 to help young people and children who are in need. Children and young people living in families coping with multiple disadvantages can be helped and supported under this section of the Act. If and when there are concerns about neglect it is always useful to begin by discussing the use of Section 17 with the Children's Specialist Services.

The following signs can be used to guide discussion and decision-making about the possibility of neglect:

- The child or vulnerable adult is dirty, perhaps smelly, and inadequately dressed;
- The obvious lack of adult care leads to the social isolation of the child or vulnerable adult.
- The child or vulnerable adult looks malnourished.
- The child or vulnerable adult is lacking in confidence and self-esteem.
- The child or vulnerable adult is developmentally delayed for no apparent medical or physiological reason.
- The home is dirty in a way that may damage a child's or vulnerable adult's health.
- There is such a lack of warmth or food that the health and development of the child or vulnerable adult may be impaired or damaged.
- Children or vulnerable adults are left alone without any appropriate arrangements for their care and supervision.
- Children or vulnerable adults, because of lack of supervision, are exposed to dangers, e.g. fires, busy roads, exploitation by adults etc.
- Health appointments are consistently not kept.

f) Financial

Financial abuse can be incorporated in all of the above signs of abuses but it can also stand alone. This form of abuse must not be overlooked with others due to its significance of power underpinned by money, status or wealth. Often this can be seen in obvious areas such as where tourism meets poverty, in developing countries, places of gentrification or in communities with high deprivation. Parents, guardians, age, gender, peers, culture and modern slavery can all be key factors leading to financial abuse. Abuse can exist in any kind of relationship or environment, whether it is direct or indirect to an individual or group. Remember it can be difficult to spot early signs of harm or grooming. In such a fast-paced technological world with rapid change and cyber communication; we are likely to see other ways of financial abuse surfacing.

Indicators of financial abuse:

- Main bread winner keeps or controls finances denying opportunities to partner and affects dependants.
- The child or vulnerable adult regularly chooses not to get involved in peer activities on a regular basis.
- The child or vulnerable adult is paid by someone to do things.
- The child or vulnerable adult is in debt.
- The child or vulnerable adult comes into regular, large amounts of money.
- The child or vulnerable adult's sudden change of dress; either in quality or dressing provocatively.
- The child or vulnerable adult change in personality or interest.
- The child or vulnerable adult is distressed about money.
- The child or vulnerable adult is mixing with new people.
- The child or vulnerable adult has a sudden interest in making money.

g) Female Genital Mutilation

Female Genital Mutilation (FGM) is defined as comprising all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons (WHO, 1997). The UK Government has written advice and guidance on FGM that states, “FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child’s right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child.”

FGM has been a specific criminal offence in the UK since 1985 when the (UK-wide) Prohibition of Female Circumcision Act (“the 1985 Act”) was passed. The Female Genital Mutilation Act 2003 (“the 2003 Act”) replaced the 1985 Act in England, Wales and Northern Ireland. There is now a legal duty to report FGM for public sector employees working for a statutory agency, as part of the Serious Crime Act 2015.

Indications that a child is at risk of FGM:

- The family comes from a community that is known to practice FGM, especially if there are elderly women present.
- If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings or extended family members, and a referral made to Social Care or the Police if appropriate.
- In conversation a child may talk about FGM.
- A child may express anxiety about a special ceremony or procedure.
- The child may talk or have anxieties about forthcoming holidays to their country of origin where FGM is practised.
- Parent/Guardian requests permission for unauthorised absence for overseas travel or you are aware that absence is required for vaccinations.

Indications that FGM has taken place:

- Prolonged absence from school with noticeable behaviour change (e.g. withdrawal, depression), especially after a return from holiday.
- Spend long periods of time away from school or college, or during class time during the day; and a reluctance to take part in physical activities / sports games.
- Spending longer than usual in the toilet due to difficulties urinating.
- Recurring urinary tract infections or menstrual problems.
- Reluctance to undergo routine medical examinations linked to the genital regions (e.g. smear tests).

A child who has undergone or is at risk of FGM should be seen as a child protection issue.

h) The Prevent Duty and promoting British values

From 1st July 2015 all schools, registered early years' childcare providers and registered later years' childcare providers are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent Duty.

At FA we will:

- Provide appropriate training for staff as soon as possible. Part of this training will enable staff to identify children who may be at risk of radicalisation.
- We will build the children's resilience to radicalisation by promoting British values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs; and enabling them to challenge extremist views.

As with managing other safeguarding risks, our staff will assess the risks; be alert to changes in children's behaviour which could indicate that they may need help or protection (children at risk of radicalisation may display different signs or seek to hide their views); and ensure children are safe from terrorist and extremist material when accessing the internet.

We will not carry out unnecessary intrusion into family life but we will act when we observe behaviour of concern. The key person approach means that we already have a rapport with our families so we will notice any changes in behaviour, demeanour or personality quickly.

11. Working with disabled families

Some children or vulnerable adults may be particularly vulnerable to abuse. Children or vulnerable adults with disabilities may be particularly vulnerable to abuse and neglect for the following reasons:

- Dependence on multiple carers including the need for intimate care;
- Perceptions of disabled people being less capable of feeling pain, or being of less worth than others;
- Impaired capacity to resist or to avoid abuse or to communicate verbally if abuse occurs;
- Stress that may be placed on carers by the demands of looking after a disabled person.

12. Working with families from ethnic minority groups

There is a need to be mindful of some of the issues in working with children or vulnerable adults from ethnic minorities and their families.

- Children from ethnic minorities are generally over-represented in our care systems and some families may feel threatened and disempowered by involvement with the statutory agencies.

- Families from ethnic minorities may also have suffered the stresses of racial abuse and discrimination.
- Refugee families have often had negative experiences of authority and time needs to be taken to ensure that trust and confidence is built appropriately.
- Racial stereotyping can lead to inaccurate or unfair judgements being made about them. It is important that all those working with children and families from ethnic minorities avoid further stigmatising them whilst still being mindful of the need to protect children.
- Where the first language of the family is not English the use of an interpreter must always be considered and an interpreter provided where necessary.

13. Working with religious families/ communities

There are also some considerations to be made when working with religious families and/ or communities. Where faith is concerned, care should be taken and advice sought from the FA Safeguarding Officer.

14. What to do if child or vulnerable adult abuse is suspected

All adults at FA have a responsibility to take appropriate steps to protect children, young people and vulnerable adults from abuse. All staff and volunteers should feel able to act in good faith to take immediate, common sense steps to protect a child, young person or vulnerable adult but they should *immediately discuss their concerns with their line manager, other senior staff member or the Safeguarding and Child Protection Officer (Andrew Mederick).*

There are a number of circumstances in which staff or volunteers might suspect abuse. These include:

- Child or vulnerable adult 'disclosing' abuse – telling someone s/he is being or has been abused.
- Child or vulnerable adult having an injury for which there is no satisfactory explanation or a number of explanations are given.
- Child's or vulnerable adult's behaving or appearing in such a way as to give rise to concern.
- Member of FA staff or volunteer being seen to abuse a child or vulnerable adult.
- Parent, child or family member perpetrating abuse.

a) Obstacles to reporting abuse

Children and vulnerable adults are sometimes reluctant to talk about abusive experiences because they:

- Are anxious about the consequences (they may have been threatened);
- Wish to protect the abuser;
- Are worried that they will be removed from home.

Staff and volunteers may be reluctant to recognise or report abuse because they:

- Are worried about getting it wrong;
- Believe that things will get better or the abuse was a 'one-off' and will not continue;
- Are anxious about what will happen to the child, vulnerable adult or their family;
- Do not know what to do and are unfamiliar with child and vulnerable adult protection procedures;
- Hold a subjective, bias, prejudice opinion of others.

b) How to respond when a child discloses abuse

- Never promise to keep a secret or not to tell anyone else.
- Listen and only ask questions to clarify information.
- Do not ask leading questions and avoid using "why", "what" and "if's".
- Make eye contact with the child or vulnerable adult.
- Try not to appear shocked.
- Accept what the child or vulnerable adult says.
- Be aware that the child or vulnerable adult may have been threatened.
- Do not pass judgement.
- Tell the child or vulnerable adult that they are not to blame.
- Do not press for information.
- Answer any questions the child or vulnerable adult asks – if you don't know the answer, tell the child or vulnerable adult that you will try to find out for them.
- Reassure the child or vulnerable adult that they are right to tell you and you believe them.
- Let them know what you are going to do next, who you are going to tell and why, and loosely what will happen.
- Finish, if possible, on a positive note.
- Do not discuss disclosures/ suspicions with anyone other than those specified below.

Make handwritten notes as the child or vulnerable adult is talking or, if this is not appropriate, as soon as you can afterwards. It is important to record exactly what was said and the date and time. Keep all notes, even if they are subsequently typed up.

Procedures to follow if abuse is disclosed or suspected:

If any abuse is disclosed or suspected, the volunteer or staff member must verbally inform their supervisor or line manager IMMEDIATELY and in a confidential manner. This is essential so that a qualified person can decide about whether a child and/ or sibling is at immediate risk of harm. The relevant FA Safeguarding and Child Protection Officer (Andrew Mederick) must be informed as soon as possible if they are not already dealing with the case. The only agencies that have the statutory power to investigate child or vulnerable adult abuse are the local authorities or the police. All investigations should be undertaken by appropriate professionals.

c) Immediate risk of harm

If a staff member with responsibility for child or vulnerable adult protection believes that the child/ sibling is in immediate risk of harm (for example they have been badly injured by a parent/ carer), then they should take whatever action is necessary to secure the child's safety (without putting themselves at risk). They should then call the police or social services to report their concern. They should inform the parent or carer that this action has been taken straight away unless they believe that this action will put the child or another person (including themselves) in increased danger. The child or vulnerable adult should be reassured and looked after in a safe, confidential place until further support arrives. Direct contact details for statutory service taking responsibility for the child or vulnerable adult should be taken, and instructions for sending further written information and/ or contacting the parents/ carers if this has not already been done.

Follow-up to immediate risk of harm

Once the police or social services has taken responsibility for the child or vulnerable adult, the Safeguarding and Child Protection Officer will support the volunteer or staff member to whom the disclosure was made to complete a Child or Vulnerable Adult Protection Record Form, including a body map if appropriate (see below). Written evidence should be provided to police or social services **within 24 hours** or as per instructions given.

d) Longer-term follow-up to immediate risk of harm

The Safeguarding and Child Protection Officer should remain in contact with police or social services to keep up to date with the situation. **The Lead Trustee for Safeguarding and Child Protection (Miss Debra Fullman)** should be informed. Clear records must be kept of any concerns or actions taken. Staff and volunteers involved should be updated and debriefed. A support plan for supporting the family should be drawn up if appropriate.

e) A child or vulnerable adult for whom there is concern (but not immediate risk of harm)

If a staff member with responsibility for child or vulnerable adult protection believes that abuse may be taking place, but that the child or vulnerable adult is not in immediate danger of harm, they will need to inform the Safeguarding and Child Protection Officer so that a decision can be made as to whether to refer to social services. The Safeguarding Officer could seek advice from Children or Adult Social Services anonymously or with a hypothetical situation if necessary.

f) Decision to refer to social services

If it is agreed to refer a child or vulnerable adult to social services, parents/ carers will always be informed unless this might increase the risk to the child. In this instance, advice will be sought from social services. Verbal referrals of possible child or vulnerable adult abuse to local authorities must always be confirmed in detail in writing **within 24 hours**. The staff member dealing with the case will be supported by a senior staff member to complete a Child or Vulnerable Adult Protection Record Form and body map if appropriate. Clear and detailed records will be kept of all decisions and actions taken. If following referral to social services,

the authority decides not to investigate and the person who made the original report disagrees with this view, they should discuss the situation with the Safeguarding and Child Protection Officer.

g) Follow-up to social services referral

The senior staff member responsible for making the referral will remain up-to-date with the case and will inform and debrief relevant staff and volunteers without breaching confidentiality. A supporting action plan for the family will be drafted if appropriate. Continuing support for the child or vulnerable adult will be provided in line with social services' guidance. The case will be reviewed **within six weeks**.

h) Decision not to refer to social services

If it is agreed not to refer a child or vulnerable adult to social services, the staff member or volunteer will still need to complete a **Child or Vulnerable Adult Protection Record** and body map if appropriate (see below). These will be filed, with a report of any actions and decisions taken. A supporting action plan for the child and/ or family will be drafted, with actions to be taken if any further suspicions of abuse are raised. Various other actions may be taken to promote the safety of the child or vulnerable adult, including speaking or writing to an appropriate family member or arranging a more formal meeting with an appropriate family member. It might also be agreed to allocate a key worker to monitor any further indicators of abuse. The case will be reviewed within six weeks.

i) A child subject to a child protection plan

Our organisation may or may not be aware of this. If the organisation is aware it is important to share this information appropriately within the organisation without breaching confidentiality. This information should only be shared with paid staff.

15. Case management in a social services enquiry

If the case is taken up by social services, an enquiry will be carried out. Investigations are usually carried out by the police and social services working together. If a Child Protection Conference is called, an appropriate person from FA could be asked to attend, and to provide a report in accordance with London Child Protection Procedures guidelines.

The purpose of an enquiry will be to establish not only whether significant harm has occurred or is likely to occur, and whether protective action is necessary, but also to assess whether families would benefit from support services.

It is possible that a member of staff may be asked to attend a Child Protection Conference of a child known to a FA organisation, even if the abuse was not disclosed to them.

Involvement in a child protection enquiry can be challenging and stressful. In the unlikely event that this was to happen FA will ensure that appropriate support and advice is available for any member of staff or volunteer involved.

16. Allegations against staff or volunteers / Whistleblowing Procedures

It can be very difficult to report concerns about a member of staff or volunteer but all staff and volunteers have a duty to do this. In order to ensure safety for both children and staff or volunteers, the Supervision of Activities and Code of Behaviour (see Section 7) should be followed at all times. FA will ensure that all staff and volunteers are aware of, and understand these issues, and know who to ask if they have any questions or concerns.

It is important that any concerns for the welfare of the child or vulnerable adult arising from suspected abuse or harassment by a member of staff or volunteer should be reported immediately. Staff or volunteers who have become aware of anything which causes them to feel uncomfortable should talk to their line manager about it immediately. All discussions must be recorded in writing by the line manager and an action plan put in place where necessary. Any member of staff or volunteer observing practice by another that they feel is unsafe, potentially or actually abusive must immediately pass on their concerns to their line manager.

All necessary steps will be taken to fully support anyone who in good faith reports his or her concerns that a colleague is or may be abusing a child or vulnerable adult. Furthermore, it is important to note that a whistleblower is a witness, not a complainant. A separation must be made between the message from the messenger.

Allegations of abuse against a member of staff or volunteer should be fully recorded and, if possible, witnessed, and reported appropriately. Every effort should be made to maintain confidentiality for all concerned, and consideration will be given to what support may be appropriate to children, parents, members of staff and volunteers.

Responding to suspicions or allegations that a child or vulnerable adult may have been abused by someone employed to care for them is a complex process which may encompass child or vulnerable adult protection, a police investigation and disciplinary procedures.

Any allegation made by a child or vulnerable adult against a member of staff or volunteer must always be viewed seriously and dealt with as quickly as possible. Expert advice must be sought where necessary. Any investigation that proceeds from this will take precedence over all other possible actions.

Notwithstanding the outcome of the investigation, the employer (FA) may wish to take disciplinary action against the staff member. If the relevant person is a volunteer, temporary suspension of duties may be appropriate.

If there is alleged abuse, the FA Safeguarding and Child Protection Officer (Andrew Mederick) will make a decision as to what action they should take with regard to the member of staff, or, in the case of a volunteer, whether they should continue to have contact with children in the organisation.

Being subject to an allegation is highly stressful. In order to avoid any risks to children or vulnerable adult and themselves, it may mean that a member of staff or volunteer has to be suspended from the organisation; and that they do not have contact with the other workers whilst the investigation is under way. The FA Safeguarding and Child Protection Officer will

ensure that appropriate supports are in place for the member of staff or volunteer, and will need to take advice as to best practice in this situation.

17. Safe recruitment of staff, volunteers and trustees

Safer recruitment is a set of safe practices to help our organisation recruit staff and volunteers who are suitable to work with children and young people. Safer recruitment is a continuing process of improvement. It is a vital part of creating a safe culture in our organisation to keep children from harm and should include the following steps.

DBS checks

All prospective staff, trustees and volunteers having regular contact with children, or holding a 'trusted position' with children, at FA must complete an Enhanced Disclosure and Barring Service check. If volunteers or trustees have a satisfactory disclosure issued within the last two years, this will be adequate. A copy will be filed, and it will be re-applied for within three years after it was issued. All prospective staff must have a DBS check specific to their employment at FA. All DBS checks must be renewed every three years.

Volunteers may begin working with children or vulnerable adults before the Disclosure has been received, providing other recruitment criteria have been satisfactorily met, and providing a leader or member of staff who has a verified DBS check is present at all times. If a volunteer is supervised all of the time it would be unlawful to do a barred list check – we would only need to do an enhanced DBS. Whereas if we cannot guarantee they will be supervised, then we should do both an enhanced DBS and barred list check. Careful consideration must be given when recruiting volunteers that we do not say they will be supervised if there is a chance they may find themselves alone with children and young people.

Staff and volunteers will be exempt from the provisions of Section 4(2) of the Rehabilitation and Offenders Act 1974 by virtue of Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975.

Partnerships with new or established organisations and businesses should have a designated lead person who has the sole responsibility for arranging volunteering opportunities. This must be done through direct contact with the FA's Director of Engagement & Communities. Together they should exchange relative policy and procedure practices about health and safety, volunteering and safeguarding followed by written agreement from the host organisation. This should be accompanied by ongoing review meetings. Many partners will want to refer employees as part of their corporate social responsibility initiative, which means many volunteers will choose to give up one day in the year to help out. In this case a DBS check is not mandatory but the following procedures must apply.

Volunteers should/ be:

- Authorised by an official named representative of the referring business/ organisation
- Allocated a supervisor to shadow
- Clear about role and understand limitations
- Only help on the designated day – any changes must revert to renegotiation

- Names of volunteers must be forwarded no later than one-week prior to volunteering
- Have a formal induction
- Make an independent application if they wish to become a fixed term or permanent volunteer
- Given an induction pack for fixed term and permanent roles
- Understand the offer can be rescinded at any time
- Feedback to staff about experience
- Return properties loaned for period

Volunteers cannot:

- Work alone with children, young people and vulnerable adults
- Extend or return to volunteer without renegotiation with the Director of Engagement & Communities
- Make decisions on behalf of the organisation
- Keep properties of FA unless authorised by the Director of Engagement & Communities
- Leave role without prior notice
- Provide 1 to 1 support without in-house training, probationary period and DBS clearance
- Invite anyone to visit or meet them whilst in role
- Loan or borrow equipment or personal belongings
- Be paid for undertaking a role

Referring agencies must be given copies of relevant policies after each FA review.

- **Application procedure**

All staff and volunteers working with children at FA must fill in an application form and have an interview of some kind, based on a written description of roles and duties. As part of the application form, all staff and volunteers are asked to sign a declaration stating that there is no reason why they would be unsuitable to work with children or vulnerable adults. In particular, all applicants are required to declare any past criminal convictions and cases pending against them. This will include offences which for other purposes are 'spent' under the provisions of the above-named Act. This information must be kept confidential and consideration should also be given to previous incidents involving children or vulnerable adults which cause concern for the safety of children or vulnerable adults.

References for all staff and volunteers are taken up in writing. One of the referees should be a person who has first-hand knowledge of the applicant's previous work with children or vulnerable adults. All staff and volunteers must provide some additional forms of identification (e.g. passport, birth certificate) which gives their full name, date of birth and one which provides their current address together with signature and/ or photograph.

- **Previous convictions or other concerns**

If previous cautions or convictions are disclosed from the DBS, a concerning reference is received, or concerning attitudes are detected at interview, each case will be individually considered by the Safeguarding and Child Protection Officer, in collaboration with other relevant staff or trustees. Expert advice will be sought where necessary. A written report of any decision-making process will be produced, which will be shared with the applicant if appropriate. It is the duty of all staff to report any caution, bails or convictions which occur during their service. You should not wait for DBS confirmation.

- **Induction**

All staff and volunteers should be given details of this policy as part of their induction. Staff and volunteers should also have the health and safety procedures detailed to them as part of their induction. There will be an induction procedure for all staff and volunteers that includes training in knowledge and awareness of this Safeguarding Policy, and basic awareness about potential abuse.

- **Training**

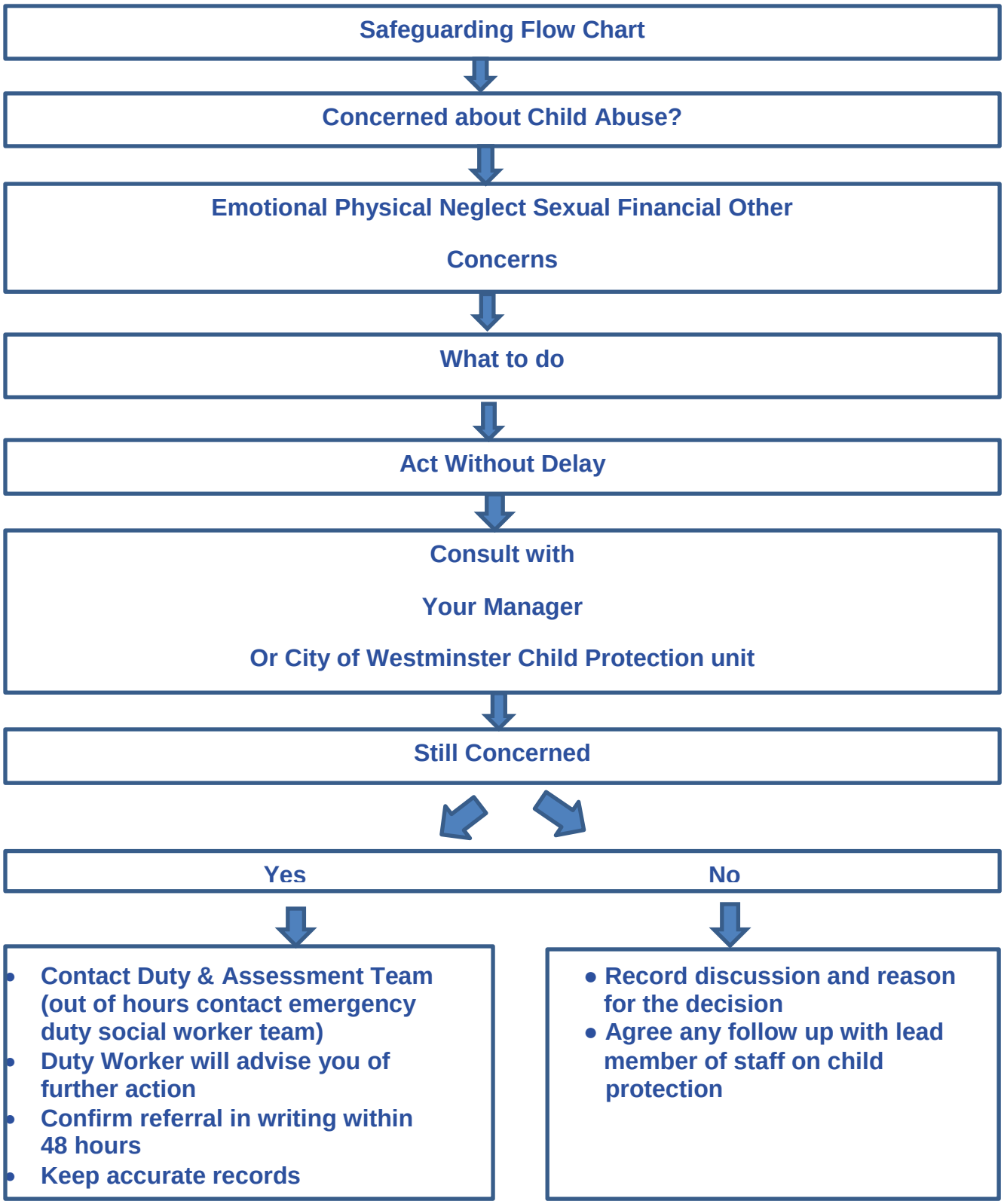
All FA staff and volunteers must attend safeguarding training by a recognised provider **within their first six months** at work. Staff and volunteers should receive guidance on how to respond to disclosures of abuse by their Line Manager as part of their induction. Information regarding this policy should be disseminated to all involved in projects and groups e.g., young people, parents and carers knowing there is a policy in place and how to utilise this. It should be the role of staff and volunteers to ensure this happens. The FA Safeguarding and Child Protection Officer must attend regular higher-level training in order to offer appropriate advice and assistance within the service**.**

Safer recruitment training must be undertaken by key senior staff who are directly responsible for recruitment. In this case it will be the FA's Director of Communities and Engagement and the HR Manager who will lead and have undertaken accredited safer recruitment training.

Version Control Sheet

Version	Date	Author	Status	Policy Category	To be Reviewed
1	July 2019	Andrew Mederick, Head of Youth Services	Approved by Board of Trustees	Safeguarding	July 2020
2	July 2020	Andrew Mederick, Head of Youth Services	Approved by Board of Trustees	Safeguarding	July 2021
3	April 2021	Andrew Mederick, Head of Youth Services	Update Chair of Management Committee name	Safeguarding	July 2021
4	August 2021	Andrew Mederick, Director of Youth Services	Update only	Safeguarding	August 2022
5	March 2023	Andrew Mederick, Director of Engagement & Communities	Update	Safeguarding	March 2024
6	Dec 2024	DCE	Update	Safeguarding	Dec 2025

Appendix 1: **Feathers Association Flow Chart**



Emergency Contact Numbers

- **Andrew Mederick, Director of Engagement & Communities – 0207 723 9167**
- **Westminster Duty Line - 020 7641 4000 020 7641 6000 (out of hours)**
- **Duty Child Protection Adviser - 020 7641 7668 (for case consultation and follow-up enquiries**
- **Shona Duncan, Child Sexual Lead – 07971 093 043**
- **Adult Social Care Team - 020 7641 1444 (W) or 020 7641 1175 (W) Text messages: 07944 521615 Fax No: 020 7641 5426**
- **Kiran Malik, Prevent Programme Manager – Radicalism & Extremism 020 7641 5071**
- **NSPCC – national helpline 0808 800 5000 Child Line – national helpline - 0800 1111**
- **In emergency - Police 999**

Remember – No young person is immune from abuse.
If you have any concerns always consult with colleagues.
If colleagues disagree, but you still have concerns, consult with child protection.
Always put the child, young person or vulnerable adult first.

Appendix 2: Feathers Association Child or Vulnerable Adult Protection Report

(Please use block letters)

Name of Person reporting:
Date and Time: Place:
Name of Child/Vulnerable Adult: Age:
Name of Parent(s):
(1) Are you expressing your own concerns or passing on those of somebody else?
(2) Nature of Concern. Any physical signs? Behavioural signs? Indirect signs? Please use attached body map if appropriate (see below).
(3) Have you spoken to the child or vulnerable adult about it? If so, when did you speak to them and what was said? (Use additional sheet if necessary.)
(4) Have the parent(s) been contacted? If so, when did you speak to them and what was said?

(5) Who have you spoken to about your concerns? (Please specify.)

Line Manager -
FA senior staff -
FA Safeguarding Officer -
Social Services -
Any others -

(6) Any other comments:

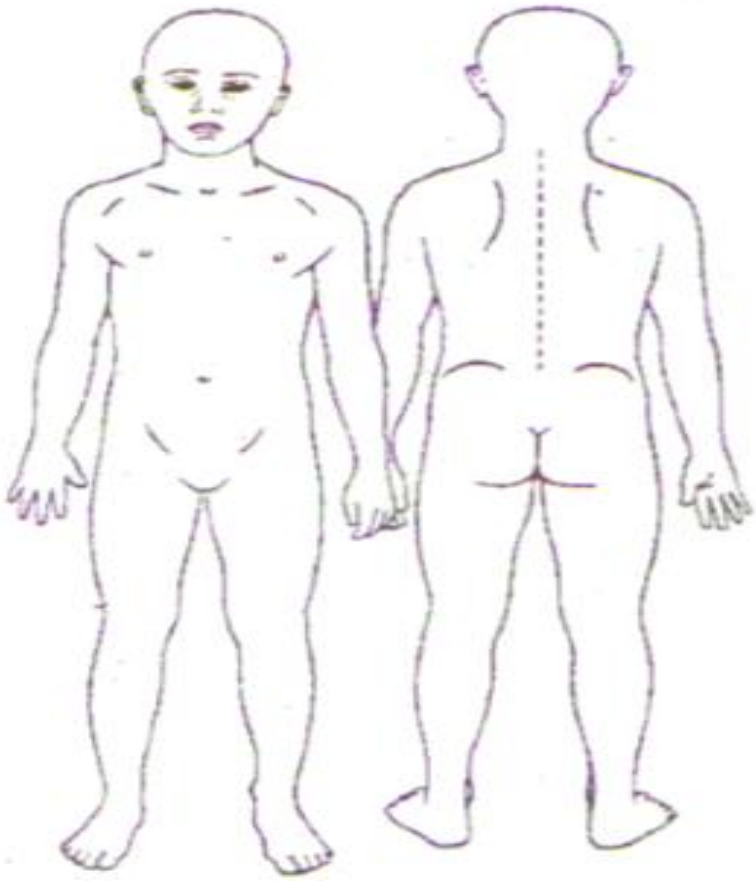
Name of person reporting:	Signature:	Date:
Name of Line Manager:	Signature:	Date:

ACTION TO BE TAKEN (To be completed by Safeguarding Officer)

Please return this form to the Charity's Safeguarding Officer, Andrew Mederick.

Appendix 3: **Body Map (to accompany the FA Child or Vulnerable Adult Protection Report)**

Please mark location of any injuries:



Appendix 4: Safeguarding Officer – Role and Responsibilities

Responsibility

The Safeguarding Officer is responsible for:

- Acting as a source of advice on child or vulnerable adult protection matters
- Coordinating action within the organisation
- Liaising with Health, Social Services and other agencies about child, young person or vulnerable adult protection concerns or actual cases of child, young person or vulnerable adult abuse

Role

- Ensure that appropriate information is available at the time of the referral and that it is confirmed in writing within the timescale
- Ensure that the Safeguarding Policy is followed, and particularly to inform Social Services of relevant concerns
- Inform the Designated Lead Safeguarding Officer as soon as possible of all reports and action taken
- Provide information, advice and training on child and procedures protection within FA where appropriate
- Liaise with Social Services and other agencies, as appropriate.

Contact details

The Designated Lead Safeguarding Officer at The Feathers Association is:

- Andrew Mederick
- Director of Communities & Engagement
- Tel. No. 0207 723 9167
- Email andrew.mederick@feathersassociation.org.uk

Further reading:

FA Mental Health and Wellbeing Policy
FA Health & Safety Policy
FA Confidentiality Policy
FA Data Protection Policy
FA Inclusion Policy