FERNDALE COMMUNITY TENANTS GROUP

Statement of FERNDALE COMMUNITY TENANTS GROUPS Safeguarding Children and Adults Policy

**PART ONE**

**General Statement of Policy**

1. General Policy

FERNDALE COMMUNITY TENANTS GROUP is firmly committed to the belief that all children and adults have a fundamental right to be protected from harm and fully recognises its responsibility for child and adult protection. The safety and protection of all people at risk that we support is paramount and has priority over all other interests, unless life is at imminent risk. All of our employees, volunteers and contractors are required to comply with the procedures contained within this policy.

We follow the child and adult protection guidelines and procedures developed by the local Safeguarding Adults Board and Safeguarding Children Board.

We think that: **Safeguarding is everybody’s business** - Safeguarding is the responsibility of everyone. We will work together to prevent and minimise abuse. If we have concerns that someone is being abused our responsibilities to the child or adult comes before anything else – our group, other service users, our colleagues and the person’s friends and family.

**Doing nothing is not an option** - If we know or suspect that a child or adult is being abused, we will do something about it and ensure our work is properly recorded.

We recognise that it is not our role to carry out an investigation into abuse but it is our legal responsibility to refer to the appropriate agencies.

There are six main elements to the policy:

* ensuring that we practice safe recruitment in checking the suitability of staff and volunteers to work with young people and adults;
* developing and implementing robust policies and procedures;
* raising awareness of safeguarding issues generally and child and adult protection issues specifically amongst all paid and unpaid staff;
* developing and implementing procedures for identifying and reporting cases or suspected cases of child or adult abuse;
* supporting the child or adult who has been abused; and
* establishing a safe environment in which children and adults can develop and grow, where they are able to talk and be listened to.

**PART TWO**

**Definitions**

2.1 Definitions

The following definitions apply throughout the Safeguarding Policy and associated procedures:

Who is classed as a child?

Any person who is under 18 years old is classed as a child. Even if a young person aged 16/17 is living independently for the purposes of safeguarding they are still classed as a child. The only exception is if they are in employment. Throughout this policy the terms ‘child’ and ‘children’ also includes young people.

There are new definitions which scale back the breadth of regulated activities.

Regulated activity relating to children covers:

1. Unsupervised activities: teach, train, instruct, care for or supervise children, or provide advice/guidance on well-being, or drive a vehicle only for children.
2. Work for a limited range of establishments (‘specified places’), with opportunity for contact: for example, schools, children’s homes, childcare premises. Not work by supervised volunteers.

Work under (i) or (ii) is regulated activity only if done regularly**[[1]](#footnote-1)**.

1. Relevant personal care, for example washing or dressing; or health care by or supervised by a professional.
2. Registered child-minding; and foster-carers.

*Who is classed as an adult?*

An adult is a person aged 18 or over. The same adult may be considered as ‘vulnerable’ in some circumstances but not in others. In general an adult is considered to be ‘vulnerable’ when in regulated activity as described below.

The definition of regulated activity relating to adults places the emphasis on the kind of activity carried out for any adult who requires them rather than on any specific groups of people or vulnerabilities.

Regulated activity with adults includes, providing health care or social work to any adult, and providing personal care, assistance with bills or shopping, or help with conducting personal affairs, or conveying (transporting to receive e.g. health/social care services and includes ambulance technicians, Patient Transport and Social Car Scheme drivers, hospital porters) to any adult who requires such support because of their age, illness or disability.

2.2 Forms of abuse

a) Children

In ‘Working Together to Safeguard Children’ (2015), abuse is described as:

‘Any form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.’

**Abuse takes many forms including:**

*Physical Abuse*

This may take many forms, e.g. hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating, or otherwise causing physical harm to a child.

*Fabricated or induced illness*

The fabrication or induction of illness in children is a fairly rare form of child abuse. Where there are concerns about this, it is essential professionals work together in evaluating all the evidence to reach an understanding of the reasons for the child’s signs and symptoms of illness.

*Emotional Abuse*

This is continual emotional ill treatment causing severe and persistent effects on the child’s emotional development and may involve:

* conveying the message that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person;
* imposing developmentally inappropriate expectations;
* not providing opportunities for the child to express their views, deliberately silencing them, making fun of how they communicate and what they say;
* causing the child or to feel frightened or in danger – e.g. witnessing domestic abuse;
* bullying, including cyber bullying;
* exploitation and/or corruption of children.

Some level of emotional abuse is involved in most types of ill treatment, although emotional abuse may occur alone.

*Sexual Abuse*

This involves forcing or enticing a child to take part in sexual activities, whether or not they are aware of what is happening and includes penetrative and non-penetrative acts.

It may also include non-contact activities such as looking at, or being involved in, the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways. (Men and women can be perpetrators of sexual abuse as can other children).

*Neglect*

Neglect involves the persistent failure to meet basic physical and/or psychological needs, which is likely to result in serious impairment of the neglected child’s health and development. It may involve failure to provide adequate food, shelter or clothing, failure to protect from physical harm or danger or failure to ensure access to appropriate medical care or treatment. It may also include neglect of basic emotional needs.

*Child Sexual Exploitation*

This is a form of child abuse which involves children receiving something in exchange for sexual activity. Perpetrators of child sexual exploitation are found in all parts of the country and are not restricted to particular ethnic groups.

*Child trafficking*

Children can be trafficked/transported/harboured into, within and out of the UK. Trafficking can have a devastating and lasting impact on children.

*Domestic Abuse*

The government definition of domestic abuse is:

‘any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

The abuse includes, but is not limited to psychological; physical; sexual; financial; emotional aspects.

*Faith Abuse*

This includes belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or ‘leading them astray;’ ritual or’ muti’ murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

*Female genital mutilation (FGM)*

FGM is seen as child abuse in the UK and a 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, and their right to health.

FGM includes all procedures involving the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. FGM is also sometimes known as 'female genital cutting' or 'female circumcision'. Communities often use local names for referring to this practice e.g. 'Sunna'.

*Forced Marriage*

One or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure and/or abuse is used. One or both of the people can be children (legally under 18) and below the age of consent (16). The abuse can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they’re bringing shame on their family – sometimes this is financial).

*Information Communication Technology*

The internet has become a significant tool in the distribution of indecent photographs of children. Internet chat rooms, discussion forums and bulletin boards are used as a means of contacting children with a view to grooming them for inappropriate and/or abusive relationships, which may include requests to make and transmit pornographic images of themselves, or to perform sexual acts live in front of a webcam. Contacts made initially in a chat room are likely to be carried on via email, instant messaging services, mobile phone or text messaging.

‘Sexting’ is the act of sending sexually explicit messages, primarily between mobile phones. CEOP (Child Exploitation and Online Protection) has seen a marked increase in the number of reports where children (particularly young teenagers) appear to have taken still or video indecent imagery of themselves which is then shared online. This can be extremely emotionally damaging for them both in the immediate and long term future. The widespread ownership of mobile phones amongst children makes this issue a growing concern.

There is also growing cause for concern about the exposure of children to inappropriate material via interactive communication technology – for example, adult pornography and/or extreme forms of obscene material. Allowing or encouraging a child to view such material may warrant further enquiry. Children themselves can engage in text bullying and use mobile phone cameras to capture violent assaults of other children for circulation.

**b) *Adults***

In line with the Care Act 2014 we have extended the range of types of abuse that an adult could be at risk from:

1. Physical: including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions
2. Domestic abuse: including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence
3. Sexual: including rape, sexual assault, sexual acts carried out without the consent of the individual or where the individual was pressured into consenting
4. Psychological: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks
5. Financial or material: including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
6. Modern slavery: encompasses slavery, human trafficking, forced labour plus domestic servitude - (Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, and inhumane treatment)
7. Discriminatory abuse: based on any of the ‘protected characteristics’ set out in the Equality Act (e.g. racism, sexism, and ageism) and other forms of harassment, slurs, or similar treatment
8. Organisational: can include any of the above. This may range from one off incidents to ongoing ill-treatment sometimes intentional, but often unintentional and resulting from a lack of knowledge. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation
9. Neglect and acts of omission: includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, withholding of the necessities of life, such as medication, adequate nutrition and heating
10. Self-neglect: covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding

In addition to the types of abuse, there are also a range of related issues that may lead to abuse or neglect of an adult. These include:

* Forced marriage
* Female genital mutilation
* Adult sexual exploitation

**Note:** A child or adult may be subjected to a combination of different kinds of abuse. It is also possible that a child or adult may show no outward signs of abuse and hide what is happening from everyone. Children and adults who have been abused often learn to ‘manage’ their problems, making it hard for others to help. We may observe behaviours / physical presentations that cause concern and it is important to remember that the causes of these may not be abuse, but due to other issues such as bereavement, depression, other illnesses, etc. Staff should be cautious before assuming abuse is the cause and they must always discuss their concerns with the Designated Safeguarding Officer for advice.

*Historical Abuse*

The term ‘historical abuse’ is commonly used to refer to disclosures of abuse that were perpetrated in the past. It is normally used when the victim is no longer in circumstances where they consider themselves at risk of the perpetrator and more commonly used when adults disclose abuse experienced during childhood.

Allegations of child abuse are sometimes made by adults and children many years after the abuse has occurred. There are many reasons for an allegation not being made at the time including fear of reprisals, the degree of control exercised by the abuser, shame or fear that the allegation may not be believed. The person becoming aware that the abuser is being investigated for a similar matter or their suspicions that the abuse is continuing against other children may trigger the allegation.

Cases may be complex as the alleged victims may no longer be living in the situations where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role. Such cases should be responded to in the same way as any other concerns. It is important to ascertain as a matter of urgency if the alleged perpetrator is still working with, or caring for children or adults.

In these instances all disclosures made will be referred to the designated Safeguarding Officer who will immediately refer the disclosures to the appropriate agencies.

2.3 Status of Policy

This policy applies to all employees, trustees, volunteers and contractors (including self-employed consultants/trainers and ‘freelancers’). Its purpose is to protect the personal safety of all children and adults using the facilities, resources and activities provided by [*Name of Organisation*] actively promoting awareness, good practice and sound procedures. The Trustees will review this policy regularly and it will be informed by our fire and general health and safety risk assessments as well as our risk assessments relating to all of our activities.

**PART THREE**

**Procedures**

3.1 Personnel/Recruitment

All employees, trustees and volunteers are required to provide references that we accept as being appropriate, which are always verified.

All paid and unpaid staff involved in regulated activities with children and/or adults as part of their role for us will be subject to the Disclosure and Barring Service (DBS) procedures.

If the job or role is eligible, then the appropriate check will be carried out (i.e. a DBS ‘Standard’, ‘Enhanced’ or ‘Enhanced check with lists checks’).

No new employees, trustees or volunteers should start employment/volunteer work until references have been verified and where one is required DBS checks received. If this is not possible then new employees, trustees and volunteers must not be involved with regulated activities as set out in section 2 until references and DBS checks are completed. Details of the checks to be carried out are set out in Part 5.

All employees, trustees and volunteers will receive, and will be required to read and sign, the Safeguarding Disclosure and Barring Policy. All employees, trustees and volunteers will receive regular support in their work with children and adults.

3.2 Responsibilities

All employees, trustees and volunteers working on behalf of [*Name of Organisation*] have a responsibility for the welfare of the children and adults that they work with, in relation to their employment.

All employees, trustees and volunteers have a duty to ensure that any suspected incident, allegation or other manifestation relating to child and adult protection is reported using the reporting procedures detailed in this policy.

FERNDALE COMMUNITY TENANTS GROUP has a Designated (named) Safeguarding Officer and a nominated deputy. The Manager, or their deputy in his or her absence, or if there isn’t a paid worker post, the Chair of the Management Committee must also be informed of issues which arise under this policy. The Designated Safeguarding Officer and Deputy Safeguarding Officer are responsible for safeguarding children and adults and the implementation of this policy. It is the responsibility of the Designated Safeguarding Officer to take appropriate action following any expression of concern and make referrals to the appropriate agencies.

3.2.1 Designated Safeguarding Officers

The Designated Safeguarding Officers will attend training as appropriate and make referrals to external agencies. Other aspects of their role include:

* obtaining information from staff, volunteers, children, parents or carers who have concerns relating to the protection of children or adults and to record this information;
* assessing information quickly and carefully and asking for further information where appropriate;
* consulting with statutory child and adult Safeguarding/protection agencies e.g. the local Safeguarding Boards, social services department and police, to clarify doubts or worries;
* making referrals to Social Services, the Disclosure and Barring Service or the police, without delay.

All staff will be made aware of the named Designated Safeguarding Officers and how to contact them. Contact details also appear in Part 12 of this policy. The Designated Safeguarding Officers have contact telephone numbers for the local Area Safeguarding Boards and other statutory agencies.

3.3 Reporting Procedures: What to do if you suspect someone is being abused

All staff, volunteers and others working in direct or indirect contact with children and adults as part of the organisation’s activities or as part of the environment where the activities take place, must be alert to the signs of abuse. Anyone who suspects that abuse is taking place in this environment or to whom a child or adult discloses issues relating to safeguarding should contact the Designated Safeguarding Officer immediately.

Any suspicion or allegation must be reported as soon as possible on the day of the occurrence to the Designated Safeguarding Officer. Disclosure or evidence for concern may

occur in a number of ways including a comment made by a child or adult, physical evidence such as bruising, a change in behaviour, or inappropriate behaviour or knowledge.

It is the responsibility of the Designated Safeguarding Officer to liaise with other relevant agencies where necessary and seek clarification from the Safeguarding and Protection Unit of the local Constabulary if there is any concern about the validity of any allegation.

Any suspicion or allegation of abuse must be recorded by the observer/s on the appropriate incident reporting form. This form must be kept strictly confidential and stored securely following the Data Protection Procedures. All employees and volunteers are instructed to report the disclosure or discovery of abuse or alleged abuse directly to their Line Manager who will inform the Designated Safeguarding Officer.

All trustees will report such incidents directly to the Designated Safeguarding Officer.

All stages of the reporting procedure must be documented, marked CONFIDENTIAL and stored securely following the procedures laid out in the Data Protection Policy.

3.4 Allegations against employees, trustees or volunteers

When any form of complaint is made against an employee or volunteer, it must be taken seriously and the complaint should initially be dealt with by the Manager or the most senior staff member on site at the time the complaint is made. The senior staff member must report the complaint to the designated Safeguarding Officer immediately, giving details of the circumstances. If the designated Safeguarding Officer is unavailable (or is the person against whom a complaint has been made) the Chair or in their absence Vice Chair of the Management Committee must be informed immediately and they will deal with the complaint and ensure that the designated Safeguarding Officer is informed

If any of the above (Chair, Vice Chair, Manager or the designated Safeguarding Officer) is the person against whom a complaint has been made they will be excluded from the processing of the complaint.

The Manager or the Chair/Vice Chair will attend the site of the allegation to gain an initial account of what has occurred from all relevant parties, including the person against whom the allegation has been made. If this is not possible, contact will be made by telephone.

The Manager or the Chair/Vice Chair will have the right to suspend from duty and/or the premises, any person who is a party to the allegation until a full investigation has been made in line with FERNDALE COMMUNITY TENANTS GROUP’S Disciplinary Procedures or the Code of Conduct.

This action does not prejudge the outcome of the investigation of the complaint or imply in any way that the person suspended is responsible for, or is to blame for, any action leading up to the complaint. The purpose of any such suspension is to enable a full and proper investigation to be carried out in a totally professional and objective manner.

The Safeguarding Officer will decide on a course of action as laid down by the appropriate local Safeguarding Board Plymouth. They may also need to follow their legal duty to report/provide relevant information to the DBS. (See 7 below).

We will co-operate fully with the Police, Social Services, the NHS and all other parties involved. The Manager or his/her nominated deputy will ensure that the Chair of FERNDALE COMMUNITY TENANTS GROUP, or in his/her absence the Vice-Chair, Secretary or Treasurer, is fully briefed. An agreed statement will be prepared for the purpose of accurate communication with external sources and for the protection of the legal position of all parties involved.

The Manager or his/her nominated deputy will make a full written report of the incident and the actions taken. This report will be stored securely following the procedures detailed in the Data Protection Policy.

3.4.1 Resignation

If, during the course of an investigation relating to safeguarding, an employee tenders his or her resignation, or ceases to provide their services, or a volunteer resigns FERNDALE COMMUNITY TENANTS GROUP is not prevented from following up an allegation in accordance with these procedures. Every effort will be made to reach a conclusion, including in cases where the person concerned refuses to co-operate with the process.

See also: PART SEVEN: Reporting cases to the DBS

**PART FOUR**

**Confidentiality**

4. Confidentiality

All employees and volunteers must work under the principle that confidentiality is extremely important and plays a large part in all of our work and specifically within Safeguarding children and adults. However, under no circumstances will any individual in our employment, or acting as a volunteer, keep confidential any information that raises concerns about the safety and welfare of a child or adult. This statement relating to confidentiality is made known to all who access any provision of FERNDALE COMMUNITY TENANTS GROUP.

The confidentiality of the child or adult disclosing will be respected wherever possible and their consent obtained to share information. The child or adult will be made aware that staff cannot ignore issues around abuse and that steps will be taken to deal with them and only people who really need to know will be told. The welfare of the individual is paramount.

**PART FIVE**

**Recruitment**

5. Safe recruitment of staff

FERNDALE COMMUNITY TENANTS GROUP undertakes to ensure that paid and unpaid staff are suitable to work in an environment where they will encounter children and adults as part of the Organisation's work. It also reserves the right to refuse to employ staff or volunteers whom it has a reasonable belief may pose a risk to children and/or adults.

We provide all new employees with a clear job description and new volunteers with a clear role description.

We have systems in place to prevent unsuitable people from working with children or adults and to promote safe practice. These systems apply to all new staff and volunteers and require the following checks to be made on appointment:

* A minimum of two references, satisfactory to F.C.T.G one of which should be from a previous employer;
* Documentary evidence checks of identity, nationality, residency and “right to work” status;
* DBS Check at the level relevant for the job/role (where possible gaining an up-date on a portable DBS provided);
* Documentary evidence of qualifications;
* Satisfactory completion of the probationary period.

**PART SIX**

**The Disclosure and Barring Service**

6. Vetting and Barring

The Protection of Freedoms Act 2012 places a duty on F.C.T.G to undertake an Enhanced check with list checks with the Disclosure and Barring Service for all staff and volunteers supervising or carrying out regulated activity with children or adults.

FERNDALE COMMUNITY TENANTS GROUP carries out appropriate DBS checks on all staff whose jobs or roles are eligible for one.

**PART SEVEN**

**Reporting Cases to the Disclosure and Barring Service (DBS)**

7. Reporting cases

FERNDALE COMMUNITY TENANTS GROUP has a statutory duty to make reports and provide relevant information to the DBS where there are grounds for believing, following an investigation, that an individual is unsuitable to work with children or adults in certain regulated activities, or may have committed misconduct. The responsibility for reporting cases to the DBS lies with the Designated Safeguarding Officer.

The DBS make barring decisions for Section 142 of the Education Act (formally known as List 99), The Protection of Children Act List (POCA) and the Protection of Vulnerable Adults List (POVA) and the Protection of Freedoms Act 2012. This has now been combined as part of the Vetting and Barring Procedures of the DBS.

**PART EIGHT**

**Supporting Staff**

8. Support for Staff

8.1 All staff who come into direct contact with children and adults must undertake training on the subject of safeguarding. This Policy will be issued to all new staff as part of their induction.

The *F.C.T.G* is aware that safeguarding cases can be distressing and that both paid and unpaid staff who have been involved may find it helpful to talk about their experiences, in confidence, with the Designated Safeguarding Officer or with a trained counsellor. Staff wishing to be referred for counselling should contact their line manager or the Designated Safeguarding Officer.

8.2 Whistleblowing

Any member of staff who raises an issue where they believe the employer, a fellow employee or any volunteer is acting in a way which is unlawful or falls below proper standards or contrary to this policy are protected by the Public Disclosure Act 1998, provided they comply with statutory procedures.

Any employee looking at whistleblowing can do so by using the Whistleblowing or grievance procedure and in the first instance should discuss it with their Line Manager, the Chair of the Management Committee or the Safeguarding Officer.

Any volunteer with such concerns must raise it with the person responsible for their management or the Chair of the Management Committee. Anyone involved in whistleblowing will be supported and we will ensure that proper procedures are followed.

**PART NINE**

**Equal Opportunities**

9. Equality of Opportunities

As part of the community served by us all children and adults have the right to be safeguarded from harm and exploitation whatever their race, religion, gender, sexuality, age or disability. This policy relates to the Organisation’s legal obligation to protect children and vulnerable adults who are suffering forms of abuse as defined in the Children Act 1989 and Safeguarding Vulnerable Groups Act 2006 and is therefore in line with our equality and diversity policies.

See also FERNDALE COMMUNITY TENANTS GROUP

1. Equalities policy
2. Equal Opportunities Policy
3. Recruitment of Ex-Offenders Policy
4. Employment and Recruitment Policy

**PART TEN**

**Operational Practices Policy**

10.1 The use of cameras, videos, or camera mobile phones

FERNDALE COMMUNITY TENANTS GROUP may take photographs of children and young people participating in activities and events. At all times written permission from parents/guardians/carers will be obtained **before** photographs are taken.

FERNDALE COMMUNITY TENANTS GROUP reserves the right to prohibit the use of cameras, videos and mobile telephones with picture taking capacity on its land and within any of its properties or at events it promotes.

Used security videos will be kept in a secure place and when no longer needed shall be destroyed.

10.2 Employee Ratios

The ratio of employees/volunteers to children will be one to eight for those aged 8 years and under and one to ten for those aged 9 years or over as laid down by guidance issued under the Children Act (1989).

Where a Governing Body or Government guidelines require a higher ratio of employees/volunteers to the number of children then that ratio will override the minimum ratios set above.

Outdoor adventure activities will always have a minimum of 2 appropriately trained adults, one of which must be an employee of FERNDALE COMMUNITY TENANTS GROUP who will hold a First Aid at Work qualification.

In all but exceptional circumstances there will be two employees present when transporting children and adults in a minibus or other forms of public and private transport. The ratio of employees/volunteers working with children and adults with special needs will be as laid down under the Special Needs section.

10.3 Signing in and out

All children and adults attending a FERNDALE COMMUNITY TENANTS GROUP organised activity with duration of less than one hour will be checked against a register. All children and adults attending a FERNDALE COMMUNITY TENANTS GROUP organised activity that lasts longer than one hour must be signed in/out by a parent/guardian/carer. This applies to all FERNDALE COMMUNITY TENANTS GROUP organised activities, regardless of their location.

*Note:* If an adult is able to sign themselves in they will be asked to do so, if not an appropriate adult must do so (parent, carer, personal assistant).

10.4 Outside Organisations

Any club, society, organisation or individual undertaking activities on the FERNDALE COMMUNITY TENANTS GROUP’s behalf involving children and adults will be required to either adopt FERNDALE COMMUNITY TENANTS GROUP’s Safeguarding Policy or show proof that they have their own robust policies.

Any club, society, organisation or individual undertaking any activity that has been sanctioned by FERNDALE COMMUNITY TENANTS GROUP which involves children on FERNDALE COMMUNITY TENANTS GROUP’s land or in its premises will be required to adopt FERNDALE COMMUNITY TENANTS GROUP’s signing in and signing out procedures.

Any club, society, organisation or individual working with children and adults who refuse to adopt FERNDALE COMMUNITY TENANTS GROUP’s policies, signing in and signing out procedures or adopt their own policies and procedures will not be permitted to use our facilities.

Any club, society, organisation or individual requesting to hire our centre/rooms will be required to complete and sign our hire agreement. When hiring out our centre/rooms we will ascertain what sort of activity the hirer wants to carry out and ensure that it is appropriate and safe for the space. If the hirer intends to carry out regulated activity with children and/or adults or unsupervised activity with children we will ask if there will be a member of staff with the appropriate level of DBS check. We will also ask to see their safeguarding policy.

If the hirer does not have anyone with a DBS check and we feel that regulated or unsupervised activity is being carried out we will challenge the hirer and if we are not satisfied with their response we will refuse to let them hire the space.

Any club, society, organisation or individual working with children and adults will be subject to random spot checks periodically by FERNDALE COMMUNITY TENANTS GROUP employees to ensure policies and procedures are in place and being implemented.

**PART ELEVEN**

**Special Needs Policy**

11. Special Needs

All FERNDALE COMMUNITY TENANTS GROUP’s employees, volunteers and contractors are required to comply with the procedures contained within this policy.

This Special Needs Policy works in support of FERNDALE COMMUNITY TENANTS GROUP’s established Children and Vulnerable Adults Safeguarding Policy which requires all employees, trustees and volunteers to be checked through the Disclosure and Barring Service before coming into contact with any child or vulnerable adults taking part in FERNDALE COMMUNITY TENANTS GROUP organised activities.

11.1 Medication

11.1.1 Screening

Screening must take place prior to the commencement of activities and will complement FERNDALE COMMUNITY TENANTS GROUP’s booking procedures. Screening will include illnesses, medication, health, emergency numbers and, in certain cases, special reference to asthma sufferers and inhalers, epilepsy and allergies and whether the child is able to administer their own medicines. Screening must include a medication sheet for children and adults with individual medical requirements e.g. dosage, symptoms, times to be administered, doctor’s surgery number, etc.

FERNDALE COMMUNITY TENANTS GROUP is within its rights to turn away a child or adult with a medical condition which a parent/guardian/carer/personal assistant has neglected to inform FERNDALE COMMUNITY TENANTS GROUP about during the screening process.

11.1.2 Contagious illness

The screening form will indicate that FERNDALE COMMUNITY TENANTS GROUP will not accept any child or adult suffering from a contagious illness and they will be turned away.

11.1.3 Three to Five Years old

For activities where 3 – 5 year olds are left in the sole care of FERNDALE COMMUNITY TENANTS GROUP and where medication needs to be administered, parents will be required to return to administer the medication at the appropriate time. Where a child needs help to administer an inhaler, employees must first be given written consent from parents.

11.1.4 Six Plus

Parents will be asked to leave written consent in order for any medicines to be given or overseen. It is the parent’s responsibility to inform employees or volunteers whether their child has an inhaler and where it is kept. It should be clearly labelled with the child’s name and, where the child may need assistance in taking an inhaler, written consent must be given first.

11.1.5 A child six years and older requiring injections

It is not FERNDALE COMMUNITY TENANTS GROUP’s responsibility to assist a child in the administering of injections. A child must either be able to administer and control their condition or be supervised by a parent or guardian. If a child needs to, or may need to, inject themselves during an activity, employees must be advised during the screening process.

11.1.6 Dietary requirements

Parents or carers must inform employees or volunteers if a child or adult has specific dietary requirements that need to be adhered to.

11.1.7 Medicines

Employees and volunteers will be responsible for the safekeeping of any medicines. Children and adults will be given the option of leaving inhalers in safekeeping or in their bags. All medicines must be clearly marked with the child or adult’s name.

11.1.8 Illness

Should a child or adult become ill during an activity FERNDALE COMMUNITY TENANTS GROUP employees will request the parent/guardian/carer/personal assistant to collect the child/adult at the earliest opportunity.

11.1.9 Nut Allergies

Where nut allergies have been made known to [*Name of Organisation*], the organisation will be responsible for writing to all parents/guardians/carers with children and to adults attending the same activity to request that parents/guardians/carers refrain from giving their children or bringing nut products in their lunch boxes.

11.1.10 Dangers of the Sun

It will be FERNDALE COMMUNITY TENANTS GROUP’s responsibility to inform parents/guardians/carers about the dangers of sunburn and to request that parents/guardians/carers provide children and adults with suntan cream and appropriate headwear.

11.2 Other Special Needs

11.2.1 Clinically Diagnosed Behavioural Problems

FERNDALE COMMUNITY TENANTS GROUP will require parents/carers to inform FERNDALE COMMUNITY TENANTS GROUP employees during the screening process prior to the activity if their child or adult has any known behavioural problems.

11.2.2 Additional Conditions

FERNDALE COMMUNITY TENANTS GROUP will take all reasonable steps to accommodate children and adults with conditions that have been made known to employees.

11.2.3 Disabled Children and Adults

Children and adults who are wheelchair users will be actively encouraged to participate in activities. However, where the safety of other children and adults may be compromised, such as contact sports, certain disabled children and adults may be turned away and encouraged/assisted to seek out more suitable activities for their particular impairment.

11.3 Unacceptable Behaviour

FERNDALE COMMUNITY TENANTS GROUP expects a reasonable standard of behaviour from the children and adults in its care and reserves the right to remove a vulnerable person from the activity. Where other children and adults’ safety and enjoyment are compromised by bad behaviour FERNDALE COMMUNITY TENANTS GROUP will have total discretion whether to remove the child or adult from the activity. Where this has to be done then a full incident report will be required to be completed and kept on file.

**PART TWELVE**

**Contacting the Designated Safeguarding Officer**

12. The Designated Safeguarding Officer

Name: Sally Gilbert

Tel: 07739414312

E-Mail: [ferndale.plymouth@gmail.com](mailto:ferndale.plymouth@gmail.com)

Deputy Designated Safeguarding Officer

Name: Mrs Ann Collings

Tel: 07954585949

E-Mail; [ferndale.plymouth@gmail.com](mailto:ferndale.plymouth@gmail.com)

Backup Designated Safeguarding Officer

Name: Mr Steven Medlin

Tel: 07703344566

E-Mail: [ferndale.plymouth@gmail.com](mailto:ferndale.plymouth@gmail.com)

All paid and unpaid staff who are not the Designated Safeguarding Officer, but who are approached with concerns about a child or adult, must bring the concerns raised to the attention of the Designated Safeguarding Officer, his/her deputy or their line manager immediately.

All staff to whom a person discloses issues that may be related to safeguarding must keep written notes of concerns. The staff member must also complete an Incident Form immediately after the issues have been noted by them or reported to them.

**PART THIRTEEN**

**Review of Policy**

13. Review and Maintenance of Policy

FERNDALE COMMUNITY TENANTS GROUP shall undertake to review this policy, its implementation and effectiveness annually. The views of all employees and volunteers shall be sought where necessary and reflected in the review process.

Any new legislation or developments in existing legislation will be considered as and when required and the policy will be updated to reflect these developments.

All employees and volunteers will receive training in child and adult protection procedures and the training will be reviewed as and when required.

This policy was approved and agreed by the Management Board/Committee/Board of Trustees on the date shown below.

Signed: Steve Medlin

Name (please print):

Position: Chair

Date: 3rd August 2017

Review dates: Committee Meeting October 2019

**Appendix**

**Template for a risk assessment**

**1. Name of activity/event:**

|  |
| --- |
|  |

**2. Nature, length and frequency of contact:** (Insert text describing the type of activity, length of time involved and the frequency e.g. lunch club, 1.5 hours once a fortnight.

|  |
| --- |
|  |

**3. Safeguarding Risk Rating:**

**High**: Legal Action is being taken and Protection Plan is being implemented

**Moderate**: Safeguarding Protection Plan is in place

**Low**: Safeguarding Issue has been addressed

**None**: No Safeguarding Action is taking place

**4. Contact**

| **Contact Name of Employee/Volunteer** | **Nature of Contact** | **Length** | **Type of Contact** | **Risk** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**5. Health and Safety Issues**

| **Hazard** | **Risk** | **Action** | **Alternative working practice** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**6. Any children or adults particularly vulnerable:**

| **Hazard** | **Risk** | **Action** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**7. Identified children or adults with particular needs (medical, disability, behavioural)**

| **Hazard** | **Risk** | **Action** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**8. Any additional requirements for DBS check?**

|  |
| --- |
|  |

**9. Safe use of ICT**

|  |  |  |
| --- | --- | --- |
| **Hazard** | **Risk** | **Action** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **10. Risk assessment carried out by:** (insert name) |  |
| **Date completed:** |  |
| **Signed off by Safeguarding Officer:** (insert name) |  |
| **Signature of Safeguarding Officer:** |  |

**Guidelines for Responding to an Allegation of Abuse**

**General Points**

* Keep calm – do not appear shocked or disgusted
* Accept what the child/adult says without passing judgement (however unlikely the disclosure may sound)
* Look directly at the child/adult
* Be honest
* Let them know you will need to tell someone else, don’t promise confidentiality
* Be aware the child/adult may have been threatened and fear reprisals for having spoken to you
* Never push for information or question the child/adult as this can undermine any subsequent criminal investigation. If at any point a child/adult decides not to continue, accept that and let them know that you are ready to listen should they wish to continue at any time.

**Helpful things to say or show**

* Show acceptance of what the child/adult says “I take what you are saying very seriously” “I am pleased that you have told me. Thank you for telling me”
* If appropriate,

“It isn’t your fault and you are not to blame at all”

“I am sorry that happened to you”

“I will help you”

**Things not to say**

* “Why didn’t you say something before?”
* “I really can’t believe it”
* “Are you sure this has happened?”
* “Why?” “Where?” “When?” “Who?” “What?” “How?”
* Don’t make false promises to the child/adult – like confidentiality – be honest now, any lies will be further abuse and betrayal
* Never make statements such as ‘I am shocked!’ or ‘don’t tell anyone else’.

**Concluding the conversation**

* Reassure the child/adult that they were right to tell you
* Let the child know what you are going to do next and tell them that you will let them know what is happening at each stage.

**Recording Safeguarding issues**

When a Safeguarding issue is raised it is important to record what is said or seen and what action was taken. This record or any other written record should be kept in a locked cabinet. Access should be limited to only:

* the person who has completed the form
* the designated Safeguarding Officer
* The Manager or the Chair of the Management Committee

The child/adult can be shown this record but discretion should be used. Their permission should be sought before showing it to the parent/guardian/carer.

It may be shown to the police and/or social services, and could possibly be used in court although this is rare.

The following is a template that you can use:

**Record of Concerns**

| Name of Child/Adult: | |
| --- | --- |
| Address: | |
| Telephone Nos: | |
| Adult details or  Parent/Guardian/Carers details:  Name(s): | Telephone No(s): |
| What is said to have happened or what was seen? | |
| When and where did it occur? | |
| Who else, if anyone, was involved and how? | |
| What was said by those involved? | |
| Were there any obvious signs e.g., bruising, bleeding changed behaviour? | |
| Was the child/adult able to say what happened, if so, how did they describe it? | |
| Who has been told about it and when? | |
| Do the parents/carers know? | |

Signed ………………………………………………………………

Date …………………….

1. Regularly means carried out by the same person once a week or more often. However, an activity is classed as regulated if only done once if e.g. physical help is provided for reasons of age, illness or disability with such things as toileting, washing, dressing, eating or drinking. [↑](#footnote-ref-1)