



# Safeguarding Policy

**Created by:** Dr M Bouchiba

**Reviewed by:** Miss Mathilde Krasniqi

**Date:** February 2022

**Next Review Date:** February 2023



### **Introduction:**

At The Futsal Stars Foundation we recognise that the welfare of young people is paramount, and we take responsibility to safeguard and promote the welfare of the children, young people and vulnerable young adults in its care. We have a duty of care to our service users and colleagues. Safeguarding is everybody's business.

Duty of care can be said to have reasonably been met where an objective group of professional considers:

- All reasonable steps have been taken
- Reliable assessment methods have been used
- Information has been collated and thoroughly evaluated
- Decisions are recorded, communicated and thoroughly evaluated
- Policies and procedures have been followed
- Managers seek to ascertain the facts and are proactive.

Every individual is treated with dignity and respect to ensure that they feel safe in services and empowered to make choices and decisions.

Ensure that significant others, i.e. parent or guardian, are involved to support the individual where appropriate.

### **Safeguarding Children**

The Futsal Stars Foundation has adopted the Child Protection Policy that affirms our commitment to protecting young people from harm and explains how this will be achieved.

#### **Safeguarding children involves:**

- Listening to children
- Providing information for children
- Providing a safe and child friendly environment
- Having other relevant policies and procedures in place

#### **Listening to children:**

At FSF we wish to create an environment in which children know their concerns will be listened to and taken seriously.

We will communicate this by:

- Involving them when we ask for feedback about our courses
- Listening carefully and taking them seriously if they ever make any disclosure during mentorship

#### **Providing information for children**

We will support children and their families and provide information about:

- Local services providing advice and activities
- Help in times of crisis, i.e.: NSPCC, Child Protection Helpline, ChildLine etc.

#### **Providing a safe and child friendly environment**

We will:

- Take steps to ensure that all venues hires are welcoming and secure
- Ensure that staff never put themselves in vulnerable situations by seeing young people without a chaperone
- Ensure that the foundation has safe recruitment procedures (see below)



We will ensure we have other relevant policies and procedures in place that contribute to the foundation being effective in safeguarding children. These include safe staff recruitment procedures, complaints procedures and a code of conduct for staff clarifying the conduct necessary for ethical practice to ensure appropriate boundaries in relationships with children and young people.

### **Recruitment:**

When recruiting new staff, we will:

- Follow the foundation recruitment protocol
- Ensure that the appropriate Disclosure & Barring Service (DBS) checks are conducted

### **Training:**

We take staff training very seriously and will ensure that all staff are trained in safeguarding issues, how to identify different types of abuse, how to put the policy into practice and what to do if they have any concerns or worries about a child in their care; and how to respond if they have a child disclosing abuse. All staff will be aware of the 'whistle blowing' procedure as detailed in the Foundation Manual should they have any concerns about another member of the team.

### **Coaching Young People:**

We commit to always:

- Gain consent from a parent or guardian for mentoring
- Ensure another member of the team, or the child's guardian, is present at all times.
- We will never be left alone with a child
- Respect the wishes of a child as you would an adult
- Take all reasonable steps to ensure their health, safety and welfare

### **Signs of abuse:**

It is important that all team members who work with children, particularly young children, should be alert for the signs of child abuse. Some of the earliest signs of physical ill treatment of children are to be found in facial bruising and damage to and around the mouth. It is therefore essential that members of the team play a responsible part in recording and reporting potential danger to children.

If a child has a physical injury, however minor, our teams are trained to ask themselves the following questions:

- Could the injury have been caused accidentally? If so, how?
- If an explanation for an injury is given; does it fit the facts as you find them?
- If the explanation of the cause is consistent with the injury, is the cause itself within normal acceptable limits of behaviour?

Children may also be subjected to other forms of abuse which include sexual abuse, emotional abuse and neglect. There may be no physical signs of abuse, but warning signs will require observation of:

- The relationship between parent and child
- The child's reaction to other people
- The general demeanour of the child
- Any comments made by the child and/or parent that give concern.

### **Safeguarding Adults**



All staff within the foundation has a responsibility for the safety and wellbeing of young people and colleagues.

Living a life that is free from harm and abuse is a fundamental human right and an essential requirement for health and well-being.

Safeguarding adults is about the safety and well-being of all colleagues and volunteers but providing additional measures for those least able to protect themselves from harm or abuse.

### **Definition of an adult at risk:**

Aged 18 years or over;

Who may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

We have the responsibility to follow the 6 safeguarding principles enshrined within the Care Act 2014:

Six key principles underpin all adult safeguarding work:

#### Principle 1

- Empowerment – Personalisation and the presumption of person-led decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

#### Principle 2

- Prevention – It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

#### Principle 3

- Proportionality – Proportionate and least intrusive response appropriate to the risk presented. "I am sure that the professionals will work for my best interests, as I see them, and they will only get involved as much as I require."

#### Principle 4

- Protection – Support and representation for those in greatest need. "I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."

#### Principle 5

- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."

#### Principle 6

- Accountability – Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life."



## Categories of Abuse

Abuse and neglect can take many forms. Individuals should not be constrained in their view of what constitutes abuse or neglect and should always consider the circumstances of the individual case. Abuse includes:

- Physical abuse – including assault hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- Sexual abuse – including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- Modern Slavery – See modern slavery policy.
- Financial or material abuse – including theft, fraud, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Neglect and acts of omission – including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- Self – Neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surrounding and includes behaviour such as hoarding. It is important to consider capacity when self-neglect is suspected. Also consider how it may impact on other family members and whether this gives rise to a safeguarding concern.
- Domestic Violence
- Discriminatory abuse – including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment.
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting like a hospital or care home, e.g. this may range from isolated incidents to continuing ill-treatment.

## Reporting abuse protocol

The following protocol for reporting abuse or suspected abuse should be followed in our foundation.

## If you have concerns:

Discuss your concerns with an appropriate colleague or someone you can trust. If you remain concerned, first seek informal advice from your local social services without disclosing any information. This will help you to decide whether you should make a formal referral.



### **Your responsibilities when you have safeguarding concerns:**

- Assess the situation i.e. are emergency services required?
- Ensure the safety and wellbeing of the individual
- Establish what the individual's views and wishes are about the safeguarding issue and procedure
- Maintain any evidence
- Follow local procedures for reporting incidents/risks
- Remain calm and try not to show any shock or disbelief
- Listen carefully and demonstrate understanding by acknowledging regret and concern that this has happened
- Inform the person that you are required to share the information, explaining what information will be shared and why. If the individual is a child, in general, you should seek to discuss your concerns with the child as appropriate to their age and understanding, and with their parents or guardians. Seek their agreement to making a referral unless you consider such a discussion would place the child at risk of significant harm.
- Make a written record of what the person has told you, using their words, what you have seen and your actions.

### **Confidentiality**

Sharing of information amongst practitioners working with children and their families or carers of vulnerable adults is essential. In many cases, it is only when information from a range of sources is put together that an individual can be seen to be in need or at risk of harm. You should comply with guidance on confidentiality, but judgement will be required. You have a responsibility to share that information appropriately. Where you have identified concerns, you should highlight in the written referral. In other situations, you may be asked to provide information for the purposes of an initial assessment or as a contribution to a case conference.

### **Who should you report abuse to?**

The Safeguarding Lead is responsible for any concerns being raised and will have adequate training in order to do this.

All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.

The named safeguarding leads for the foundation is: Dr Miriam Bouchiba and Miss Mathilde Krasniqi.

### **Local Safeguarding Children Board (LSCB)**

Every local authority has a Local Safeguarding Children Board (LSCB). LSCBs are responsible for local arrangements for protecting children and young people. They provide inter-agency guidelines for child protection.

### **Local Authority Designated Officer (LADO)**

The LADO works within Children's Services and should be alerted to all cases in which it is alleged that a person who works with children or is a member of the team has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against children, or related to a child



- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children

### **Local Adult Safeguarding Board**

Every local authority has a, which is responsible for local arrangements for safeguarding vulnerable adults living in the area. Each board has a Lead Person for Safeguarding Adults (LPSA) who should be alerted in cases related to vulnerable adults' abuse and/or neglect.

When reporting any suspected abuse, please make sure that any personal information gathered is kept safe and secure.

### **MASH**

The MASH is the county's first point of contact for new safeguarding concerns and has significantly improved the sharing of information between agencies, helping to protect the most vulnerable children and adults from harm, neglect and abuse.

### **Allegations against a team member who works with children or vulnerable adults:**

If there are allegations about a team member, the safeguarding lead will carry out an investigation and decide whether to use the internal grievance and disciplinary procedure and/or report the allegations externally. It is advisable to discuss all concerns with the Local Authority Designated Officer (LADO) if concerning a child, or the Lead Person for Safeguarding Adults (LPSA) for general advice and in particular to find out if further actions are required and whether the police need to be involved.

### **Record keeping:**

All records of the visit and discussions should be recorded in full. In some circumstances it may be necessary to provide diagrams or photographs. The records should be completed immediately and not left until the end of the session or day.

### **Follow up:**

Where a referral you have made is to a general medical practitioner or paediatrician, they should be contacted again within 24 hours to check that the child was seen.

Where you have made a telephone referral to Social Services, ensure that you have followed it up in writing within 48 hours.

Where a referral you have made is to a health visitor or school nurse, they should be contacted again within a month to check that action has been taken. You may be requested to produce a report for, or to attend, any subsequent case conference or court proceedings. Full records made at the time of the examination are, therefore, vitally important.

If, after this, you are concerned that insufficient action has been taken then you should seek further advice. You may have an ethical responsibility to take further action yourself. Even when you are confident that you have acted appropriately to protect a child, it is common to experience some worries about the consequences of your actions.

### ***Safeguarding and child protection lead***

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***The FA Safeguarding Team***

**General Safeguarding Enquiries:** 0845 210 8080

**Call the helpline in an emergency:** 0808 800 5000


**Email:** [safeguarding@thefa.com](mailto:safeguarding@thefa.com)

***NSPCC Helpline***

**Call the helpline in an emergency:** 0808 800 5000

This policy was last reviewed by: Dr Miriam Bouchiba, Deputy Child Protection

Lead

Signed:..........

Date: .....26.02.22.....