



# Safeguarding Policy 2023/24

Date: 10<sup>th</sup> August 2024

Review due: 10<sup>th</sup> August 2025

## Safeguarding and Child Protection Policy

**This policy applies to all adults, including volunteers, working in or on behalf of MultiCoach.**

'Everyone working in or for the company shares an objective to help keep children and young people stay safe by contributing to:

- providing a safe environment for children and young people to learn and develop in our sport camps and clubs, and
- identifying children and young people who are suffering or likely to suffer significant harm and taking appropriate action with the aim of making sure they are kept safe both at home and in our camps and clubs.

### **Important Initial Information**

**This document needs to be read in conjunction with the policies below, however, this list is not exhaustive:**

- **The Staff Handbook**
- **Whistle Blowing Policy**
- **Health and Safety Policy**

We believe every child should be able to participate in all activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at MultiCoach. This policy has been developed using the following documentation:

- Keeping Children Safe in Education, DFE (2016)
- Working Together to Safeguard Children, DFE (2015)
- Disqualification under the Childcare Act 2006 guidance, DFE (2015)
- Inspecting Safeguarding in early years, education and skills settings, Ofsted (2016)
- Safeguarding children, young people and adult's policy, Ofsted (2015)
- CHANNEL Duty guidance, HM Government (2015)
- Prevent Duty guidance for England and Wales, HM Government (2015)
- Counter Terrorism and Security Act (2015)
- Mandatory Reporting of Female Genital Mutilation- procedural information, HM Government, (2015)
- Serious Crime Act (2015)
- Mandatory Reporting of Female Genital Mutilation- procedural information, Home Office (2015)

As an organisation, we recognise that child abuse can be an emotive subject and therefore it is important to understand the feelings involved and not to allow them to interfere with

judgment about any action that needs to be taken. **We recognise our responsibility to safeguard and promote the welfare of all children by protecting them from physical, sexual or emotional abuse, neglect, bullying and risk of radicalisation.**

### **Aims of the Policy.**

- To raise awareness of all staff of the need to safeguard all children.
- To emphasise the need for good communication between all members of staff in matters relating to Child Protection
- To develop a structured procedure within the company which will be followed by all members of staff in cases of suspected abuse.
- To provide a systematic means of monitoring children known or thought to be at risk of significant harm.
- To work openly and in partnership with parents in relation to Child Protection concerns
- To support all children' development in ways that will foster security, confidence and independence.
- To promote safe practice and challenge poor and unsafe practice
- To develop and promote effective working relationships with other agencies involved with safeguarding and promoting the welfare of children.
- To ensure that all adults working within the company have been checked as to their suitability to work with children.
- Creating an environment where children feel safe and secure to have their viewpoints valued and are encouraged to talk/communicate while being listened to.
- To integrate opportunities into the services offered for children to develop the skills they need to recognise and stay safe from abuse.
- To take account of and inform policy in related areas, such as anti-bullying; discipline and behaviour; health and safety; restraint procedures; procedures for dealing with allegations against staff and recruitment practice.

The **Designated Safeguarding Lead's** (DSL) are:

- **Thomas Littlewood – Director - 07769033144**

**In all instances the Senior Leader dealing with the concern is to liaise with the Designated Safeguarding Lead (DSL). Contact numbers for DSL staff are to be shared to enable effective communication.**

**Safeguarding concerns regarding one of the Designated Safeguarding Leads should be referred immediately to either of the other Leads.**

### **The Role of the Designated Safeguarding Lead (DSL)**

- To refer promptly all cases of suspected child abuse to the local Social Services department using 'Working Together to Safeguard Children' 2016.
- To co-ordinate action where child abuse is suspected.
- To attend case conferences or nominate an appropriate member of staff to attend on their behalf.
- To maintain records of case conferences and other sensitive information in a secure, locked, and confidential file and to disseminate the information only on a 'need to know basis'.
- To maintain and update as necessary Safeguarding procedures in line with up-to-date guidance and legislation and to ensure that staff are aware of and have access to the government guidance 'Working Together to Safeguard Children' 2015.
- To organize regular training regarding Child Protection for staff ensuring new staff access this training promptly.
- To keep up to date with current practice and procedures by participating in training opportunities wherever possible and to attend DSL training every 3 years as a minimum.
- To ensure all staff and volunteers are DBS checked to enhanced level.

### **The role of all staff (Contracted and volunteers)**

- All staff will be made aware of and have access to the Company's Safeguarding Policy, protocols and procedures.
- All staff will attend annual safeguarding training.
- All staff will strive to safeguard pupils in all aspects of the learning environment on-site and on educational visits.
- All staff will challenge any incidents of prejudice, racism or homophobia and record any serious incidents, drawing them to the attention of the DSL.
- All staff will challenge the use of discriminatory and derogatory language.

### **Procedures**

## Dealing with Disclosures of Abuse

If a child chooses to tell a member of staff about possible abuse, there are a number of things that **should** be carried out to support the child:

- i) Stay calm and be available to listen
- ii) Inform the child early on that you cannot keep secrets and that you may have to pass this information on to the DSL but it will remain confidential
- iii) Listen with the utmost care to what the child is saying
- iv) Do not ask any leading questions throughout the discussion
- v) Ask if you can make some notes to ensure you use the students' exact terminology
- vi) Keep a full written record - date, time, of what the child said etc.
- vii) Immediately inform the DSL and if unavailable one of the other DSL's as listed. The concern should be clearly reported on a Cause for Concern form, (appendix 1) and **handed** to the DSL. The information **should** be as detailed as possible ensuring full names are used both for the student and author and it is clearly dated.

## What to do if you are concerned about a child?

Try to sort out in your mind why you are worried, based on:

- What you have seen
- What you have heard from others
- What has been said to you directly

Try to be as clear as you can about why you are worried but do not be afraid to listen to your instinct that something just does not seem to be right.

Consult with the DSL regarding your concerns and agree a way forward which may include recording your concerns on a Cause for Concern' form or working with the DSL to make a referral to Social Services.

## Allegations of child abuse.

All concerns of possible child abuse must always be given the highest priority and referred immediately to the DSL. It should also be made clear to the children that **SECRETS CANNOT BE KEPT, HOWEVER CONFIDENTIALITY WILL BE KEPT AS MUCH AS POSSIBLE CONCERNING CHILD PROTECTION ISSUES.**

The DSL will then decide an appropriate course of action.

## Allegations against members of staff.

All staff involved in working with children and young adults must protect themselves especially when meeting on a one-to-one basis, although this should be avoided where possible. At all times staff must consider professional boundaries. Staff should bear in mind that even perfectly innocent actions can sometimes be misconstrued. If a member of staff becomes aware another member of staff is not following the Staff Code of Conduct and there is a possibility of a safeguarding breach, they should report the matter immediately to Thomas Littlewood who will consider the 'Guidance for safer working practice for those working with children and young people in education settings' 2015. If the allegation is against Thomas Littlewood it **should** then be taken directly to the Alternate DSL.

For further information on the "Guidance for safer working practice for those working with children and young people in education settings' please refer to the attached document or alternatively "<https://www.safeguardingschools.co.uk/guidance-for-safer-working-practice-for-adults-who-work-with-children-and-young-people-in-education-2015/>"

### **Practical actions if you are concerned.**

- ▶ Inform the Designated Safeguarding Leads (See Above) or if not available inform a Senior member of staff.
- ▶ Complete a 'Cause for Concern' form.
- ▶ Ensure you give the students full name, and it is dated.
- ▶ Ensure that the DSL or the alternate DSL are also informed – do not leave it under the door as urgent action may need to be taken.

### **Referral**

Sharing a concern will not automatically trigger the referral process. When the designated named person/s does feel it appropriate to make a referral, this will be made to the local Social Care - Child Protection Unit. **Where concerns include vulnerability to extremism or being drawn into terrorism, referral will also be made to the Single Point of Contact within the Police force in line with Prevent duties.**

In some cases, it may be considered necessary to protect a child immediately- in these situations emergency action will be taken by dialling 999. The Police are the only agency with statutory powers for the immediate protection of children.

We stress it is not the company's responsibility to investigate or decide whether abuse has taken place or not. However, any concerns will be raised and if deemed appropriate information will be referred to the appropriate authority immediately. This action will be

discussed with parents/ guardians unless doing so is deemed to put the pupil at further risk. The best interest of the pupil is the paramount concern.

Please note: Bespoke mandatory reporting requirements relating to Female Genital Mutilation were introduced in October 2015. For reporting and referral details please refer to our Safeguarding- Female Genital Mutilation policy.

## **Female Genital Mutilation**

FGM is illegal in the UK. It is also illegal to arrange for a child to be taken abroad for FGM. If caught, offenders face a large fine and a prison sentence of up to 14 years.

Section 5B of the 2003 Act<sup>1</sup> introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. **The duty applies from 31 October 2015 onwards.**

## **Child Sexual Exploitation**

Child sexual exploitation describes situations where a young person takes part in sexual activity either under duress or in return for goods, food or accommodation. It normally takes place in the context of an exploitative relationship where there is a power imbalance between the young person and their abuser for example a much older boyfriend. Often, the young person is not aware that they are being abused, but a feature of the exploitation is that the young person cannot be said to have given proper consent. Some children may already be in exploitative sexual relationships, others may be being groomed. In particular, schools should be aware of students who are truanting, who have unexplained expensive goods and clothes or who talk about a much older sexual partner.

## **Which children are affected?**

Any child or young person can be a victim of sexual exploitation, but children are believed to be at greater risk of being sexually exploited if they:

- are homeless.
- have feelings of low self-esteem.
- have had a recent bereavement or loss.
- are in care.

- are a young carer.

### **Signs of grooming and child sexual exploitation**

Signs of child sexual exploitation include the child or young person:

- going missing for periods of time or regularly returning home late
- skipping clubs or camps or being disruptive in class
- appearing with unexplained gifts or possessions that can't be accounted for
- experiencing health problems that may indicate a sexually transmitted infection.
- having mood swings and changes in temperament
- using drugs and alcohol
- displaying inappropriate sexualised behaviours, such as over familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ('sexting')

If staff observe any concerns these should be reported to the DSL without delay and a Cause for Concern completed.

### **Informing parents of the need to make a referral.**

In the majority of cases, it is good practice to be open and honest at the outset with the parents/carers about concerns. All reasonable efforts should be made to inform parents/carers prior to making the referral. However, a referral should not be delayed if parents cannot be contacted.

Where a child expresses a wish for his or her parents not to be informed, their views should be taken seriously and a judgment made, based on the child's age and understanding, as to whether the child's wishes should be overridden.

Concerns must not be discussed with parents/carers before referral in the following circumstances:

- Where discussion would put a child at risk of significant harm
- Where discussion would impede a Police investigation or social work enquiry
- Where sexual abuse is suspected
- Where organised or multiple abuse is suspected
- Where fictitious illness or induced illness is suspected
- Where to contact parents/carers would place you or others at risk
- Where it is not possible to contact parents/carers without causing undue delay in making the referral



In such cases, advice should be sought from the professional's helpline, the MASH team or the Duty Social Worker if out of hours.

### **Monitoring and Record Keeping**

It is essential that accurate records are kept where there are concerns about the welfare of a child. These records should then be kept in secure, confidential files, which are separate from the child's school records.

Staff must keep the DSL informed of students who have the following concerns:

- \* Disheveled appearance and dress
- \* Changed or unusual behaviour
- \* Concern about health and emotional wellbeing.
- \* Swift deterioration in educational progress
- \* Concern about home conditions or situation
- \* Student on student abuse (including serious bullying)

When there is suspicion of significant harm to a child and a referral is made, as much information as possible should be given about the nature of the suspicions, the child and family. Use of previous records may prove to be particularly useful in this respect.

Any referrals to the MASH team by telephone or email must be followed up by a formal written referral on the appropriate form for the borough from which the student resides. A copy of this must be kept in the child's confidential Child Protection file. A note must also be made of the name of the Duty Social worker and the time at which the call was made. If parents have not been informed about the referral being made, this must be reported to the Social Worker verbally and confirmed as directed on the referral form.

Reports may be needed for Child Protection Case conferences or criminal/civil courts. Therefore, records and reports should be:

- \* Factual
- \* Non – judgmental
- \* Clear
- \* Accurate
- \* Relevant

### **Disclosing and Vetting Checks**

It is a fundamental procedure of the company that **all** staff will be DBS checked to an enhanced level. Any staff employed who are awaiting full DBS checks will be monitored by a staff member and will not be left unsupervised with students.

## **Concerns involving a member of staff.**

Any concerns that involve allegations against a member of staff should be referred immediately to the DSL who will contact the Local Authority Designated Officer to discuss and agree further action to be taken in respect of the child and of the member of staff. Information regarding the procedure for managing situations involving members of staff can be found in Dealing with allegations of abuse against teachers and other staff (2012).

**All staff need to be aware that it is a disciplinary offence not to report concerns about the conduct of a colleague that could place a student at risk. When in doubt – consult.** See Whistle Blowing Policy and Staff Code of Conduct.

## **The four Categories of Child Abuse**

### **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **Physical Abuse**

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

### **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include

non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- protect a child from physical and emotional harm or danger.
- ensure adequate supervision (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.