

Safeguarding Policy – WR Soccer Schools

WR Soccer Schools and any of its contractors will abide by the English Football Association's best practise safeguarding procedures (As specified in the safeguarding course). Details of best practise are directly below:

- **Environment**
 - Avoid being alone with a single child
 - Never be alone with a young person in a dressing room. If there is no other choice then the door must be left open
 - Never use a toilet facility at the same time as a child.

- **Communication**
 - Do not allow children to use unsuitable language
 - Never make sexually suggested comments to a child in person, by text, phone or email or even for fun
 - Avoid 'one to one' electronic communications with a child
 - Never allow cameras to be used in changing rooms or similar areas.

- **Contact**
 - Never inappropriately touch a child
 - Never do things of a personal nature for a child, that they can do for themselves
 - Never take part in rough, physical or sexually- proactive games with a child

- **Influence**
 - Never use aggressive shouting to put a point across
 - Never reduce a child to tears as a form of control
 - Never accept bullying, rule violations or the use of prohibited substances
 - Never offer anyone under the age of 18 any form of alcohol, cigarettes, illegal substances or sexual materials.

The above information was gathered from the following reference:
Penny M.Crisfield, Apollinaire Consultancy Associates, (2008). *The FA Safeguarding Children Workshop*. Pg 17.

In addition to the FA's safeguarding we also ask our staff to abide by the following additional points:

1. If a child is being picked up by someone other than the individual who dropped them off at the beginning of the session, a name and password must be provided to the lead coach in the morning. This is to identify the

individual picking up the child in the afternoon. If this is not done, the lead coach will call the parent/guardian to confirm the individual collecting the child.

2. If a child can walk home, this must be conveyed to WR Soccer Schools before the child is allowed to walk home alone. If this is not done, the lead coach will contact the parent/guardian to confirm this.
3. If a child is walking home and has not arrived after 20 minutes of the end of the day, the parent can call the lead coach and he/she will walk the route of the child from the venue to the child's home to see if the child is on route. If after an additional 20 mins the child is not found, police will be called at the parent's discretion.
4. Phones are kept on coaches for emergencies only. They will not be used for photography unless permission is given by WR Soccer Schools in writing.
5. Toilet breaks: Under no circumstances should a coach be escorting a child to or from the toilet. The coach is required to send children in pairs to the toilet.

Categories of Abuse

The table below outlines the four main categories of abuse as defined by the Department of Health 'Working Together to Safeguard Children' document 2010. (Full definitions can be found in this document) Staff should be aware that the possible indicators are not definitive and that some children may present these behaviours for reasons other than abuse.

Type of Abuse	<u>Possible Indicators</u>
<p>Neglect The persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairments 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 food, clothing and shelter; protect a child from physical and emotional harm or danger; ensure adequate supervision; ensure access to appropriate medical care or treatment.</p>	<p>Obvious signs of lack of care including: Problems with personal hygiene; Constant hunger; Inadequate clothing; Emaciation; Lateness or non-attendance at the setting; Poor relationship with peers; Untreated medical problems; Compulsive stealing and scavenging; Rocking, hair twisting, thumb sucking; Running away; Low self-esteem.</p>

<p>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</p>	<p>Physical signs that do not tally with the given account of occurrence conflicting or unrealistic explanations of cause repeated injuries delay in reporting or seeking medical advice.</p>
<p>Sexual Abuse Forcing or enticing a child 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, penetrative or non-penetrative acts and also includes involving children in watching pornographic material or watching sexual acts.</p>	<p>Sudden changes in behaviour Displays of affection which are sexual and age inappropriate Tendency to cling or need constant reassurance Tendency to cry easily Regression to younger behaviour – e.g. thumb sucking, acting like a baby Unexplained gifts or money Depression and withdrawal Wetting/soiling day or night Fear of undressing for PE</p>
<p>Emotional Abuse 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.</p>	<p>Rejection Isolation child being blamed for actions of adults child being used as carer for younger siblings affection and basic emotional care giving/warmth, persistently absent or withheld.</p>

Child sexual exploitation (CSE)

The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people, (or a third person or persons) receive something, (e.g. food, accommodation, drugs, alcohol, cigarettes, affections, gifts, money) as a result of them performing and/or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidations are common, involvement in exploitative relationships being characterised in the main by the child's or young person's limited availability of choice, resulting from their social/economic and/or emotional vulnerability. (DCSF 2009)

Key facts about CSE

- Sexual exploitation often starts around the age of 10 years old. Girls are usually targeted from age 10 and boys from age 8.
- It affects both girls and boys and can happen in all communities.
- Any person can be targeted but there are some particularly vulnerable groups: Looked After Children, Children Leaving Care and Children with Disabilities.
- Victims of CSE may also be trafficked (locally, nationally and internationally).
- Over 70% of adults involved in prostitution were sexually exploited as children or teenagers.
- Sexual violence or abuse against children represents a major public health and social welfare problem within UK society, affecting 16% of children under 16. That is approximately 2 million children.

Good practice – Individuals

- Recognise the symptoms and distinguish them from other forms of abuse
- Treat the child/young person as a victim of abuse
- Understand the perspective / behaviour of the child/young person and be patient with them
- Help the child/young person to recognise that they are being exploited
- Collate as much information as possible
- Share information with other agencies and seek advice / refer to Social Care

Good practice – Organisations

- Ensure robust safeguarding policies and procedures are in place which cover CSE
- Promote and engage in effective multi-agency working to prevent abuse
- Work to help victims move out of exploitation
- Cooperate to enable successful investigations and prosecutions of perpetrators

Link to guidance

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278849/Safeguarding_Children_and_Young_People_from_Sexual_Exploitation.pdf

Forced marriages (FM)

FM is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 that came into force on 16 June 2014.

A FM is a marriage conducted without the valid consent of one or both parties, and where duress is a factor. Forced marriage is when someone faces physical pressure to marry (e.g. threats, physical violence or sexual violence) or emotional and psychological pressure (e.g. if someone is made to feel like they're bringing shame on their family). This is very different to an arranged marriage where both parties give consent.

FM is illegal in England and Wales. This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

Link to the guidance:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

Female Genital Mutilation (FGM)

FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with as part of existing child safeguarding/protection structures, policies and procedures.

FGM is illegal in the UK. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003.

Other than in the excepted circumstances, it is an offence for **any person (regardless of their nationality or residence status)** to:

- perform FGM in England, Wales or Northern Ireland (section 1 of the Act);
- assist a girl to carry out FGM on herself in England, Wales or Northern Ireland (section 2 of the Act); and
- Assist (from England, Wales or Northern Ireland) a non-UK person to carry out FGM outside the UK on a **UK national or permanent UK resident** (section 3 of the Act).

Link to the guidance:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

Practitioners understand the mandatory duty to report to police any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18.

When a Child Discloses Information About Being Abused

- Listen to what is being said without displaying shock or disbelief; accept what is being said.
- Allow the child to talk freely
- Do not ask leading questions or interrogate the child.
- Reassure the child that they are doing the right thing in telling you and that it is not their fault
- Do not make promises you cannot keep

- Do not promise to keep the information confidential, as you will have to share this with your safeguarding lead.
- Do not ask the child to write a statement, you will have enough time after the discussion to write out what you were told in as much detail as possible, word to word as much as you can. (Sign and date this).
- Do not criticise the alleged perpetrator.

Report

Designate Safeguarding Lead for WRSS:

Waheed Ramzan

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07547 29 20 12

or the Oxfordshire FA Safeguarding Lead:

Nigel Saverton, Education, Welfare & Referee Support Manager

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Tel. 01993 894404

Mobile. 07852 722540

Fax. 01993 862720

Read more at <http://www.oxfordshirefa.com/resource%20section/meet-the-team?c=1#xV0zRAQ84M4jtgZ2.99>

If there are serious concerns and immediate advice is needed the registered /lead practitioner for safeguarding will contact the MASH (Multi Agency Safeguarding Hub).

Multi-Agency Safeguarding Hub: **0345 050 7666**

Emergency Duty Team (outside office hours): **0800 833 408**

[Find out more about the Multi-Agency Safeguarding Hub \(MASH\).](#)

The registered/lead practitioner will contact the MASH (Multi Agency Safeguarding Hub) immediately.

No name Consultations

If you would like to make a no names consultation OSCB advise you contact the **Locality and Community Support Service (LCSS)** on:

- North Tel: 0345 2412703
- Central Tel: 0345 2412705
- South Tel: 0345 2412608

Allegations against staff

- All staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.
- We understand that a child or young person may make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation will immediately inform the centre manager or the most senior member of staff available.
- The manager on all such occasions will discuss the content of the allegation with the Designated Officer for the Local Authority (LADO), **before taking any action.** In our county contact should be made with the Local Authority Designated Officer Team on 01865 810613 or LADO.SafeguardingChildren@Oxfordshire.gov.uk
- If the allegation made to a member of staff concerns the manager themselves, the person receiving the allegation will immediately inform the Chair of the committee/proprietor who will consult with LADO, without notifying the manger first.

How We Employ Our Coaches

We undertake a thorough evaluation of individuals before hiring them to work with us to ensure the safety of our participants and to ensure the quality of our coaching delivery to participants.

The procedure is listed below:

1. Interview: We undertake a phone and face-to-face interview to ensure the candidate is exactly what we are looking for and will provide the quality we require in our sessions. We will discuss safeguarding practises in this.
2. Document Check: We will check and take a copy of the following documents:
 - a. Photo ID
 - b. Proof of Address
 - c. DBS Certificate – If the candidate does not have a DBS from the last 3 years we will acquire a new one on their behalf.
 - d. Coaching Certificate – If applicable
 - e. First Aid Qualification - If applicable
 - f. Safeguarding Certificate – If the candidate does not have a safeguarding certificate we will send the candidate on a course prior to working alone.
3. Trial Session: Candidate must complete a trial session to see how s/he engages children, cares for the needs of children and delivers a designated topic to the class.
4. References: We require at least one reference from when the candidate worked with children if applicable.
5. Contract: We will sign a contract with our coaches outlining numerous details. This contract includes safeguarding guidelines.

Privacy

All medical information, personal information and contact details about any clientele or customers must be kept completely private if provided to any staff for any reason (eg registers/medical diagnosis)