

# Safeguarding Children & Adults Policy

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## **1. Introduction**

Healthier Heroes (HH) CIC acknowledges and accepts it has a responsibility for the wellbeing and safety of adults, young people, and children who are under its care or

using its facilities. It is the duty of all staff to safeguard the welfare of children and young people by creating an environment that protects them from harm under the Working Together to Safeguard Children Act published in 2013 and updated in 2015.

- An Adult is a mature, fully developed person. An adult has reached the age when they are legally responsible for their actions.
- A young person is anyone under 18 and. A child is anyone who has not yet reached the official minimum school leaving age
- The definition of a “Child” is anyone under the age of 18.
- The wellbeing of children and young people is paramount for all staff and accordingly, they will be made aware of the Company’s Safeguarding policies as part of their induction process. Where appropriate, the following guidelines will be supplemented by in-service training and additional guidance.
- For the purposes of this policy ‘The Company’ means Healthier Heroes CIC
- This policy applies to everyone who works at or is engaged by the Company.
- This policy does not form part of your contract of employment and can be amended at any time.

## **2. Rules and Regulations**

The Company is governed by the rules and regulations set out in the Working Together to Safeguard Children Act 2015 and FA Safeguarding Children & Vulnerable Adults Rules. The Company is fully committed to ensuring that the best practice recommended by these bodies is employed throughout all of its activities. The Company also has a responsibility to maintain regular dialogue with Local Safeguarding Adult & Children Boards in each area where it operates.

## **3. Aims and Key Principles**

### **The aims of the Safeguarding Adults & Children Policy are:**

- To safeguard all adults who interacts with The Company
- To safeguard all children who interact with The Company’s activities, this will mainly be in the community on outreach work
- To demonstrate best practice in safeguarding children.
- To promote high ethical standards throughout the Company’s activities.

### **The key principles underpinning the policy are:**

- Safeguarding adults, young person and children’s welfare is, and must always be, the paramount consideration.
- All adults, young people and children have a right to be protected from abuse.
- All allegations of abuse will be taken seriously and responded to efficiently and appropriately.
- To encourage parents and other members of the adult, young person’s or child’s family to be involved in a relationship with The Company.

- To ensure that Event Leaders, parents and all other adults associated with The Company, who come in to contact with adults, young people and children provide good role models of behaviour.

**As part of the Safeguarding Policy, The Company will:**

- Promote and prioritise the safety of adults, young people and children
- Ensure everyone understands their roles and responsibilities in respect of safeguarding.
- Provide appropriate learning opportunities to recognise, identify and respond to signs of abuse.
- Ensure appropriate action is taken in the event of any incidents or concerns and provide support to those who raise or disclose concerns or abuse.
- Ensure records of all safeguarding concerns are maintained and stored securely.
- Prevent employment of unsuitable individuals
- Ensure vigorous safeguarding procedures and policies are in operation.

#### **4. Responsible Officers**

The Company have a team of staff who are responsible for managing safeguarding:

##### **4.1. Senior Safeguarding Manager**

The Senior Safeguarding Manager is the Company Founder Andrew Powell. The Senior Safeguarding Manager has overall responsibility for safeguarding and promoting the welfare of children within the Company. The Senior Safeguarding Manager also works across the organisation and is responsible for ensuring appropriate safeguarding policies and procedures are in place to provide training and guidance on all aspects of safeguarding.

##### **4.2. Designated Safeguarding Officers (DSO's)**

The DSO's have special responsibilities, and are the focal point for safeguarding children in their nominated area. Anybody with any concern about a child's welfare should contact a DSO for advice in the first instance – contact details can be found at the end of this policy.

#### **5. Staff Safeguarding Processes**

##### **5.1. Recruitment**

As part of the company's recruitment and selection process, offers of employment to positions which involve working with children and young people are subject to a satisfactory self-declaration, DBS disclosure and appropriate references. The Company is registered with the Disclosure and Barring Service (DBS) through UCheck. The DBS provides a disclosure service for organisations. DBS disclosures enable employers to undertake more thorough recruitment and selection procedures for positions which involve working with adult's, young people and children.

##### **5.2. Staff Training**

All new staff as part of their induction will be made aware of The Company's safeguarding procedures and policies. In addition to this;

- All staff working in direct contact with children shall be required to complete updated online training in Safeguarding Adults & Children which is renewed every three years.
- Staff working with children shall also be required to complete the online Level 1 and Level 2 courses in safeguarding provided by the Local Authorities Safeguarding Board in which they work.
- Some roles within the Company will be required to complete the Level 3 safeguarding course provided by the Local Authorities Safeguarding Adult Children Board in which they work
- In addition, staff will be offered regular refresher training and workshops on these subjects.

Details of those satisfactorily completing the above training are retained by The Company.

### **5.3. Health and Safety**

The Company's Health and Safety Policy gives guidance to those whose roles involve working with adults, young people and children. Where a child or young person is involved, all risk assessments must take account of this and any other vulnerabilities and must include safeguarding.

### **5.4. Positions of Trust**

Anyone working with or for The Company, in any capacity, are in a position of trust in relation to those they are in contact with or in their care and should not abuse this. In general, this covers:

#### **5.4.1. Abiding by the Laws of Consent**

This policy considers someone to be a child up until the day of their 18<sup>th</sup> Birthday. Any person working with or for The Company who engages in any form of intimate relationship with a child will be subject to disciplinary action and referrals to relevant statutory agencies will be made.

#### **5.4.2. Conduct**

All those working with or for The Company are expected to have high standards of behaviour at all times. Please see the companies Code of Conduct for full details on expected standards of behaviour.

#### **5.4.3. Whistleblowing**

All those working with or for The Company should also act where concerns are raised about the behaviour or conduct of others. Failure to act where concerns are raised is contrary to this policy and may be subject to disciplinary action.

## **6. Photography and Video Images**

### **6.1. Introduction**

Smart phones/digital cameras and instant connectivity to the internet means sharing of images has increased dramatically. In general, members of the workforce capturing images must avoid:

- Using their own devices to capture images instead use only their work phone/camera.

- Images of adults, young people and children who wish not to be in the photograph or have not given consent.
- Images that are sexually suggestive or provocative.

Photographs can be taken by paid support staff only. If support staff are unavailable only official activity leaders permitted to take photos with the following considerations:

- Before taking photographs of an adult, young people or child you must check that the appropriate consent has been sought. This is signed on the admission to the project by each resident, they also have the right to change their consent at any time.
- Participants/Parents/Carers will be informed of how the image will be used.
- All adults, young people and children featured in publications will be appropriately dressed.
- Where possible, the image will focus on the activity taking place and not an adult, young person or child.
- Adults, young people and children who are under a court order will not have their images published in any form.
- No images of adults, young people and children featured in publications will be accompanied by any personal details.

## **6.2. Code of Practice**

The aim of the code of practice is to establish and develop good practice in media outputs and to avoid three potential sources of abuse:

- The use, adaptation, or copying of images for child abuse, either on the Internet or in print. See <https://www.ceop.police.uk> (Child protection command of the National Crime Agency) for information on child exploitation and online abuse.
- The possible identification of a child when an image is accompanied by significant personal information which can lead to the child being 'groomed'.
- The identification and locating of children where there are safeguarding concerns. Such cases would include, for example, children who could be compromised by an image because:

The Child has been taken into the care of the Local Authority.

- There are legally imposed restrictions on who the child can have contact with.
- They, or a family member, are a witness in criminal proceedings.

## **6.3. General Considerations**

### **The Company will not;**

- Publish images with the full name(s) and details of the individual adult, young person or child(ren) in their programme or place images containing that information either on their website or in the press,
- Use an image for something other than that which it was initially agreed,
- Allow images to be taken by anyone in changing rooms, showers and toilets or anywhere else where adults, young people or children might be undressed.

### **Points to Remember.**

- It is not an offence for someone to take appropriate photographs on public property, even if asked not to do so.
- The Company cannot decide who can and can't take images on public property.
- The Company can decide who can and can't take images on private property. If photographers do not comply with these requirements, then they may be asked to leave.

## **7. Preventing Radicalisation**

Preventing extremism has now been enshrined in law in section 26 of the 2015 Counter- Terrorism and Security Act. The Company follows the guidelines outlined in the UK government document 'Prevent Duty Guidance' for England and Wales. This document can be accessed at <https://www.gov.uk/government/publications/prevent-duty-guidance>

If a member of staff is concerned that an adult, young person or child is affected by extremism or has any suspicions they should complete a Cause for Concern form and a discussion should be had with a DSO. The DSO will investigate this matter following the process outlined in the Safeguarding Action Chart.

## **8. Best Practice When Responding to a Report or Concern**

**If you have a concern about the immediate safety of an adult, young person or child, you must contact either the Police or The Appropriate Local Authorities Children's Social Care Duty**

The DSO should be contacted as early as possible. If your DSO is unavailable, please see Page 9 of this policy for alternative contact numbers for the Company's safeguarding team. It is recognised that an individual may need to respond to a situation immediately when a DSO may not be available. The following guidelines should be followed when responding to a concern, abuse or a suspicion of abuse:

**Do:**

- Treat any allegations extremely seriously and act always towards the adult, young person or child as if that are telling the truth.
- Tell the adult/child they were right to tell you.
- Reassure them that they are not to blame.
- Be honest about your own position, who you must tell and why.
- Tell the adult, young person or child what you are doing and when, and keep them up to date with what is happening.
- Take further action – you may be the only person in a position to prevent future abuse.
- Write down everything said and what was done, on a Cause for Concern form if possible, sign and date it.
- Seek medical attention if necessary.
- If a child or young person Inform parents/carers unless there is suspicion of their involvement.
- Inform and ask for direction immediately from HH Directors

**Don't:**

- Make promises you cannot keep.
- Interrogate the adult, young person or child – it is not your job to carry out an investigation it is your job to report concerns.
- Cast doubt on what the child has told you, don't interrupt or change the subject.
- Say anything that makes the child feel responsible for the abuse.

**The welfare of the adult, young person or child is of paramount concern and it is your responsibility to act. – Make sure you tell the DSO as soon as possible, they will know how to follow this up and where to go for further advice. Contact details can be found on Page 15 of this Policy**

## **9. Recording a Concern**

The DSO will ask for a written factual statement from the person making the report. This must be in the format of the Cause for Concern form – see Appendix B.

If the report involves an allegation about another member of staff, that person will also be asked to write a brief report, sign and date it. Any statement made by the adult, child or young person should be reported in their own words, signed and dated. These reports should be confined to facts and should not include any opinion, interpretation or judgement.

Staff should ensure that any child concerned is immediately removed from any possible risk of harm and that support is given.

Investigations into possible abuse will require careful management. The DSO will liaise with the relevant Local Authorities Safeguarding Children & Vulnerable Adults Team, Social Care Children's Duty team, LADO (Local Authority Designated Officer) or the Police, if appropriate, before setting up an internal inquiry and take their advice on who should be informed.



## Confidentiality

Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of adults, young people and children with other professionals, particularly investigative agencies and social services. The importance of keeping a people safe from harm will always override issues around confidentiality in cases with concerns. Such decisions should always be made by the DSO

If an adult child or young person confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells them sensitively that he or she has a responsibility to refer concerns, when necessary, to the appropriate people. Within that context, the adult, young person or child should be assured that the matter will be disclosed only to people who need to know about it

An adult, young person or child should never be pressured to give information or show physical marks unless they do so willingly. If they chose to show markings, two members of staff should be present.

A matter is confidential on a need-to-know basis and so the matter should not be discussed with any other person/s unless it is necessary for them to be aware. Staff, volunteers and trustees should seek guidance on any of the above points from a relevant safeguarding contact if necessary.

## 10. Safeguarding Contacts

### Internal

Healthier Heroes CIC works with Adults and Young People from many Boroughs around the North west and the current guidance is we always contact Lancashire LADO first. If the advice should change a list of other borough equivalents are listed below;

#### 10.1.

Senior Safeguarding Manager (All of Company)	<b>Karen Blackett</b> Tel no: -01282 966730
Designated Safeguarding Officer - Lancashire	Tim Booth LADO <a href="mailto:Tim.booth@lancashire.gov.uk">Tim.booth@lancashire.gov.uk</a> Tel no: 01772 536694

#### 10.2. External

Police  Public Protection Investigation Units	Emergency dial 999 Non-emergency dial 101 <a href="#">PC Paul Marsden</a> 07816 214284 Healthier Heroes direct police liaison
NSPCC Safeguarding Children and Vulnerable Adults Helpline	Tel no: 0808 800 5000  Text phone for deaf users Tel no: 0800 056 0566

## 11. Appendices

Reference	Title
A	<b>Participant Disclaimer (With Media capture consent)</b>
B	<b>Cause for Concern Form</b>
C	<b>Safeguarding Action Chart</b>
D	<b>Signs of Abuse Information</b>
E	<b>Supporting Children with Specific Needs and/ or Disabilities</b>

## SINGLE DISCLAIMER FOR EVENTS

I understand that Healthier Heroes CIC is a not for profit organisation. I take part in their planned activities entirely at my own risk in full knowledge that I am solely responsible for my own safety and the safety of anyone under 18 whom I bring with me at all times. I accept that any decision on routes, leaving the group or to discontinue any walk without the permission of the Event Leader is entirely my own choice and I do so at my own risk.

In consideration of being permitted by Healthier Heroes CIC to participate in its activities and to use its equipment for the day of event attended, I hereby agree to release, indemnify and forever discharge Healthier Heroes CIC, its agents, directors, partners, owners, employees, volunteers, manufacturers, participants, lessors, affiliates, its subsidiaries, related and affiliated entities, successors and assigns, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as above.

By signing below, I acknowledge that if any participant is hurt during participation in this

activity, I may be found by a court of law to have waived my or the minor participants right to maintain a lawsuit against Healthier Heroes CIC or any released parties. I have had enough opportunity to read this document and have read and understood it.

You have the right to be informed about the collection and use of yours/your child's personal data.

Your information will be kept for no longer than necessary.

You have the right to withdraw your consent at any time.

You have the right to request a copy of the data we hold on you/your child.

I have read and fully understand this disclaimer. I accept my responsibilities and agree to my personal information being stored safely to record my attendance and contact my next of kin if necessary.

<b>Name:</b>		
<b>Address &amp; Post Code:</b>		
<b>Contact Number &amp; Email Address</b>		
<b>Next of Kin (Name, relationship and contact number)</b>		
<b>Photo/Video of you any anyone you have responsibility for can to be used on social media and advertising</b>	<b>YES</b>	<b>NO</b>
<b>Signature:</b>		<b>Date:</b>

## CONFIDENTIAL CAUSE FOR CONCERN FORM

This form is used for reporting both suspicions and disclosures of possible abuse or causes for concern; therefore, not all sections may be appropriate. Please complete with as much information as possible, using verbatim reports from people involved where possible. This information will be treated in the strictest confidence. **Always seek advice if in any doubt**

### Subject(s) Details of Child/Vulnerable Adult

<b>Name of Subject</b>	
<b>Current Address</b>	

Postcode	
Telephone number	
Date of Birth	
Gender of subject	
Parent/Carers details	
Does anybody concerned have a disability?  If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Families First language	
Any communication barriers that need to be considered?  If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Details of the person reporting the concern**

Date	
Name	
Job Title	
Contact Number(s)	
Email Address	

Where did you first come into contact with the Child/ Vulnerable Adult?	
What is your reason for contact with the subject?	
Are you likely to have	Yes <input type="checkbox"/> No <input type="checkbox"/>

ongoing contact with the subject(s)? If yes, please give details	
What is your concern around this subject? Please give as much factual information as possible including the time and date of any incident and any witnesses if applicable.  Continue on a separate sheet if necessary	
Who else was present when the concern(s) was identified?	
Is the subject of concern already known to social care?  If yes, please give details, including if they are on a protection plan, have been or are a looked after Child/Vulnerable Adult in local authority care or	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

Are you aware of any of the following within the household?

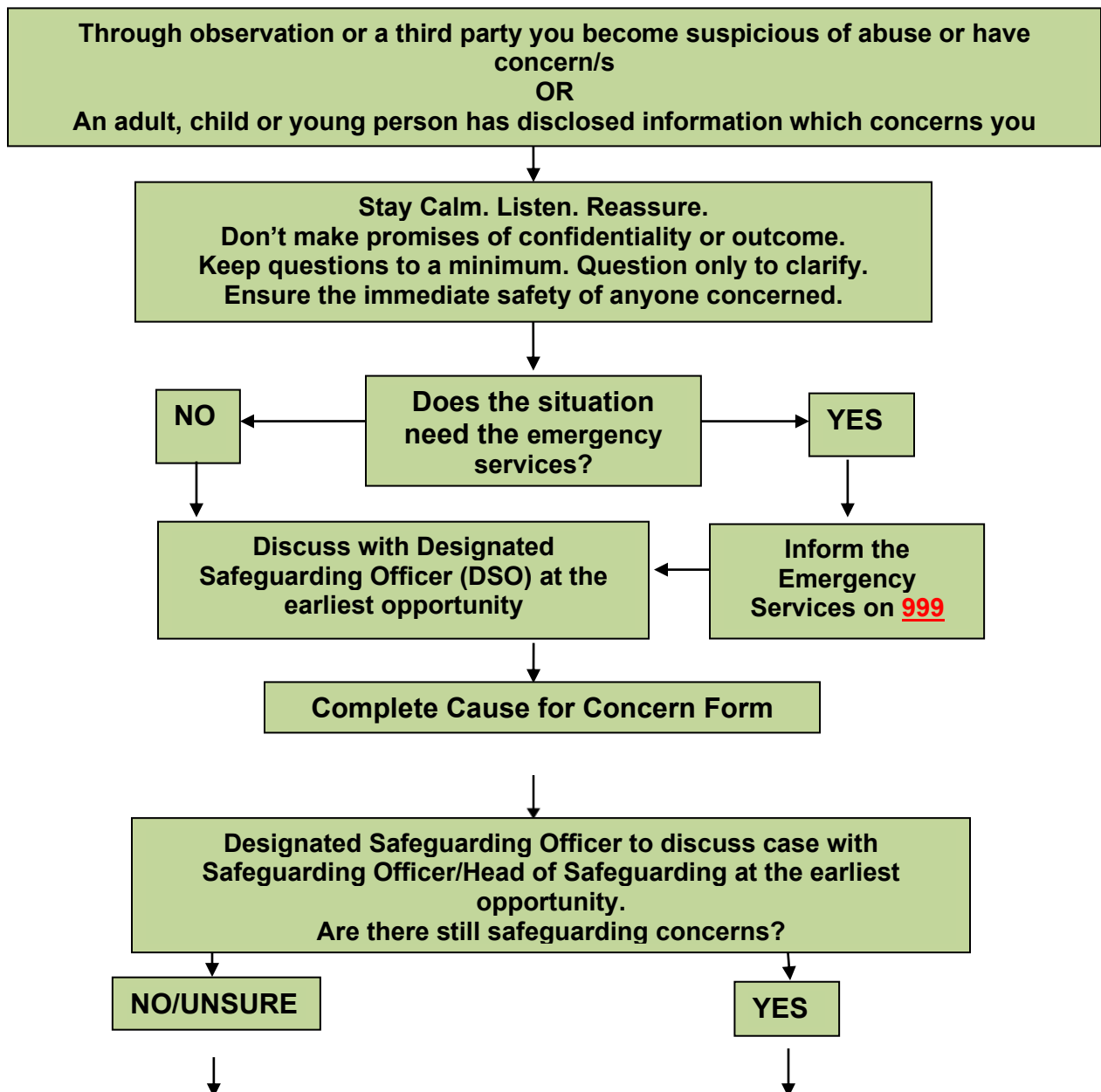
Domestic Abuse	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Substance Misuse	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

Disabilities	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Learning Difficulties	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Mental Illness	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Sexual exploitation	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
If yes to any of above, please give details	
Alleged perpetrators details (If known)	
What actions did you take?	
What was the outcome?	

	Sign	Date
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Person who reported the concern		
Child/Vulnerable Adult		
Designated Safeguarding Officer (DSO)		

Please complete this form as fully as possible and return it via email to [Andrew@healthierheroescic.co.uk](mailto:Andrew@healthierheroescic.co.uk)  
If you have any issues completing this form please contact a member of the safeguarding team.



**Consider whether the adult, young person, child or family may benefit from additional support.**

**Concern referred to LA Social Care and/or Police for action to be taken.**

**Senior Safeguarding Manager makes referral to LADO where required and follow advice from them.**

## **A. Signs of Abuse**

Although the company is committed to doing the utmost to safeguard children from harm there may be an occasion when concern is raised over the treatment of a child. Child abuse and neglect are generic terms encompassing all ill treatment of children as well as cases where the standard of care does not adequately support the child's health or development. Children may be abused or suffer neglect through the infliction of harm, or through the failure to act to prevent harm. Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child.

### **Recognising the Signs of Abuse**

There are five main forms of abuse identified as follows, should you have any concern that abuse is occurring you should contact a DSO immediately.

**Physical Abuse** may involve hitting, shaking, throwing, poisoning, burning, 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** 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 penetrative acts such as rape or oral sex or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. Sexual abuse may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways 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** 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 and development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent/carer failing to:

- Provide adequate food, clothing, shelter (including exclusion from home or abandonment)
- Protect a child from physical/emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care/treatment



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

**Emotional Abuse** is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only so far 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 over protection and limitation of exploring and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Bullying** is not always easy to define and can take many forms. The three main types are: physical, verbal and emotional including Cyber bullying causing children to feel frightened or in danger, or the exploitation or corruption of children.

### **Grooming**

Grooming is when someone builds an emotional connection with an individual to gain their trust for the purposes of abuse / exploitation.

Many children or other vulnerable people don't understand that they have been groomed. Grooming happens both online and in person. Groomers will hide their true intentions and may spend a long time gaining an individual's trust. They may also try to gain the trust of the whole family so they can be alone with the person.

Grooming activity may include:

- offering advice
- buying gifts
- giving the child attention
- using a professional position or reputation
- taking them on trips, outings or holidays
- using secrets and intimidation to control children

Once they have established trust, groomers will exploit the relationship by isolating the individual from friends or family and creating a dependent relationship. They will use any means of power or control to make the individual believe they have no choice but to do what they want.

Groomers may introduce 'secrets' as a way to control the individual. They may blackmail or make them feel ashamed or guilty, to stop them telling anyone.

### **Domestic Abuse**

Is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 and over who are, or have been, intimate

partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Exposure to domestic abuse and / or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

- ALL staff and volunteers understand what domestic abuse is and the potential impact upon children and how this might be displayed. The DSLs will: -

### **Peer on Peer Abuse**

Occurs when a young person is exploited, bullied and / or harmed by their peers who are the same or similar age; everyone directly involved in peer on peer abuse is under the age of 18. Please see [Peer on Peer abuse Pan Lancashire procedures](#)

[https://panlancashirescb.proceduresonline.com/chapters/p\\_peer\\_abuse.html](https://panlancashirescb.proceduresonline.com/chapters/p_peer_abuse.html)

This is most likely to include but may not be limited to: bullying (including cyberbullying); physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexual violence and sexual harassment; sexting (also known as youth produced sexual imagery); and initiation/hazing type violence and rituals.

- ALL staff and volunteers understand that children can abuse other children
- ALL staff and volunteers will inform the DSL of suspected peer abuse and record in line with schools recording policy
- Peer on peer abuse will be taken as seriously as any other form of abuse
- All staff understand that abuse is abuse and should never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up
- All staff will understand that pupils with SEND are more prone to peer group isolation and school will have extra pastoral support to address this.
- Physical abuse between peers will be managed under Healthier Heroes [Behaviour Policy and Anti Bullying Policy](#)
- Emotional abuse between peers will be managed under the Healthier Heroes [AntiBullying Policy](#)
- Sexting will be managed on a case by case basis using national and local guidance and advice from LCC Schools Safeguarding Officer.
- In cases of suspected or actual peer on peer abuse a risk assessment will be undertaken and appropriate and proportionate control measures put in place to manage and reduce risk. Seek advice from LCC Schools Safeguarding Officer
- Referrals to Children's Social Care, Police and/or other appropriate agencies will be made where thresholds are met
- DSLs understand that regarding peer on peer abuse, the victim and the perpetrator are likely to have unmet needs and require support and assessment to determine these.

- The DSL will assess on a case-by-case basis, supported by children's social care and the police if required to ensure the most appropriate response for the children / young people involved.

The DSL will consider:

- the wishes of the victim in terms of how they want to proceed
- the nature of the alleged incident
- the ages of the children involved
- the development stages of the children involved
- any power imbalance between the children
- is the incident a one-off or a sustained pattern of abuse
- are there ongoing risks to the victim, other children, school or college staff
- contextual safeguarding issues

- Following a report of sexual violence, the designated safeguarding lead (or deputy) will make an immediate risk and needs assessment, considering:

- the victim
- the alleged perpetrator
- all other children (and if appropriate adult students and staff).
- Risk assessments will be recorded and kept under review as a minimum termly.

### **Child Sexual Exploitation (CSE)**

Involves exploitative situations, contexts and relationships where young people may receive something (e.g. food, accommodation, drugs, alcohol, gifts or simply affection) as a result of engaging in sexual activities. The perpetrator will not only groom the victim (possibly over a long period of time) but will always hold some kind of power which increases as the exploitative relationship develops. Sexual exploitation involves a degree of coercion, intimidation or enticement, including unwanted pressures from peers to have sex, sexual bullying including on line bullying (cyberbullying) and grooming. It is important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

- The curriculum (whereby sexual relationships/PSHE is delivered) will include relevant information around the risks associated with CSE
- The Online Safety Policy will ensure the safety of children by ensuring they cannot access inappropriate material when using the internet and that suitable filtering software is in place.

### **Child criminal exploitation:**

county lines Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episode, when the victim may have been trafficked or the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years
- can affect any vulnerable adult over the age of 18 years
- can still be exploitation even if the activity appears consensual
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence

- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

### **Honour Based Violence (HBV)**

A crime or incident, which has or may have been committed, to protect or defend the honour of the family and/or community'. (ACPO Working Definition 2008) ALL staff and volunteers will have a general understanding of how to identify a child who may be at risk of Honour Based Violence.

### **Forced Marriage**

is one whereby one or both parties do not consent to marriage but are forced to do so through violence, threats or any form of coercion. Schools play an important role in safeguarding children from being forced to marry.

### **Female Genital Mutilation (FGM)**

is encompassed within the term Honour Based Violence:

- ALL staff and volunteers are aware of the "one chance rule" and will report all cases of suspected Honour Based Violence to the DSL immediately
- FGM is illegal in the UK and a form of child abuse with long-lasting harmful consequences
- ALL staff need to be alert to the possibility of when a female pupil may be at risk of FGM or when it may have been conducted on them
- Whilst all staff should speak to the designated safeguarding lead (or deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific legal duty on teachers. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.

### **Modern Slavery**

The Modern Slavery Act 2015 places a new statutory duty on public authorities, including schools, to notify the National Crime Agency (NCA) (section 52 of the Act) on observing signs or receiving intelligence relating to modern slavery. The public authority (including schools) bears this obligation where it has 'reasonable grounds to believe that a person may be a victim of slavery or human trafficking':

- Staff must be aware of the above and contact the DSL should they suspect or receive information that either parents or their children may be victims of modern slavery. The DSL should then contact the NCA.

### **Other vulnerable categories**

ALL staff will have read Annex A of Keeping Children Safe in Education and be aware of specific forms of abuse and safeguarding issues and vulnerable groups of children including;

- Children in the Court system;
- Children with family members in prison
- Child Criminal Exploitation (County Lines)
- Homelessness

## **SUPPORTING ADULTS, YOUNG PEOPLE AND CHILDREN WITH SPECIFIC NEEDS AND/ OR DISABILITIES**

### **Medical Information – Best Practice**

The Company identifies the need for medical consent forms to be completed by the parent or carer confirming if a child has an illness, disability or allergy. This is also an opportunity to include any other individual needs or difficulties.

The Company has a medical form that gathers the required information with additional information on any changes in the child's life situation that may cause a change in behaviour e.g. death of a relative, divorce.

- What action should be taken if a medical emergency occurred relating to any disability?

It should be recognised that some medical conditions can be hard to manage in a mainstream club if they place other members at risk of harm. Such decisions to exclude or refuse membership must be taken in line with appropriate guidance from the Head of Safeguarding.

### **Radicalisation**

Refers to the process by which a person comes to support terrorism and forms of extremism, there is no single way of identifying an individual who is likely to be susceptible to an extremist ideology.

- ALL staff and volunteers will have 'due regard to the need to prevent people from being drawn into terrorism', known as the 'Prevent Duty'
- ALL staff and volunteers will have a general understanding of how to identify a child who may be at risk of radicalisation
- ALL staff and volunteers will use professional judgement in identifying children who might be at risk of radicalisation and act proportionately
- The school Online Safety Policy will ensure the safety of children by ensuring they cannot access terrorist and extremist material when using the internet and that suitable filtering software is in place
- DSLs understand when it is appropriate to make a referral to the Channel Panel

### **Types of Disability**

#### **Chronic Illness**

Among the more common are asthma, allergies, diabetes, sickle cell anaemia or thalassemia. Being diagnosed with a chronic medical condition presents many challenges for both the disabled child and their families. For parents, having access to information, treatment options and related resources such as football, can make a significant difference in their quality of life.

Health issues such as severe asthma, diabetes and epilepsy, are likely to require the young person to have regular medication. The head coach and welfare officer must be

aware of what medication is prescribed as well as what action to take if the child becomes unwell. The Company must ensure that, while supporting the child and parent or carer, they do not overstep what is appropriate in terms of providing care. Knowledge of what to do and how to cope in an emergency is always important but it may be considered necessary that, in order to safeguard the young person, a parent or other responsible adult should always be in attendance. For those illnesses where reaction time is vital, a plan should be developed with the child and parent/carer to deal with emergencies so that a clear line of action and responsibility can be followed.

It may be appropriate, *only with the expressed permission* of the individual concerned and their parent or carer to share some information to raise awareness and challenge myths and fears among their peers or club staff. Safe arrangements should be made for storage of medication if the parent/carer is not present throughout activities.

### **Autistic Spectrum Disorders (ASD)**

There are a group of lifelong developmental disabilities, affecting how a person relates to or communicates with other young people and adults. Children with Autistic Spectrum Disorders experience difficulties known as “the triad of impairment – social interaction, social communication and imagination”. The National Autism Society recognises that “the prevalent rate of ASD of 1 in 110 indicates that all services should expect to meet young people on the spectrum”.

In football, we need to recognise that ASD can cause problems not only for the individual concerned but for both fellow team members and coaches that are involved with them. It should be remembered that this is not an issue of “poor behaviour” but a behaviour pattern that is part of ASD.

The Company will need to look at what they can and can’t provide to meet an individual child’s needs and complete a risk assessment with a decision on whether that risk is acceptable and manageable, and allows the Company to safeguard the needs of both the individual concerned and other members to whom the Company has a duty of care.

### **Attention Deficit Hyperactivity Disorder (ADHD) & Tourette’s Syndrome**

Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD) refer to a range of behaviours associated with poor attention span including impulsiveness, restlessness and hyperactivity, as well as inattentiveness, and may make it more difficult for those it affects to learn or obey instructions and can also cause misunderstandings when socialising. Tourette’s syndrome is often linked to or part of the symptoms of ADHD. Tourette’s Syndrome can cause use of inappropriate and verbally abusive words in an uncontrolled and unintentional manner.

The Company will need to liaise with parents/carers and possibly professionals who help the player to draw up a plan of support. The plan will need to be agreed by all concerned, e.g. coaches, parents.

### **Learning Disabilities**

Young people with learning disabilities may require more help to learn new skills. Coaches need to be made aware of the player's disability so that they understand that the child may need more help to participate in training sessions and games. It is important that parents communicate with the Company with regards to any additional support their child may need.

### **Progressive or Potentially Terminal Illnesses**

With children with progressive illnesses such as cancer, it is important to ask open questions that will allow the child and their parents or carer to share information openly about any progressive illnesses that may be active or in remission but could have an impact in terms of possible health and safety issues.

Progressive illnesses by their very nature are likely to change with time. The young person's ability to take part in activities may become more limited and more specialist provisions may be required to enable them to take part. For example, a young person being able to maintain his/her involvement with a Football club for as long as possible may be of primary importance following a diagnosis of a potentially terminal illness such as cancer.