

Child Protection & Safeguarding Policy

Approved May 2024
Next revision May 2025



1 Background

Sport at the Heart takes its responsibility for the care of other people's children extremely seriously. All staff and volunteers working directly with children and young people will be made aware of this policy, will undergo child protection training and will receive an enhanced criminal record check.

This policy sets out what action will be taken in various circumstances in order to reassure parents, carers and funders that all possible steps will be taken to protect children involved in any aspect of the organisation's work.

This policy acknowledges that:

- Child abuse exists and can present itself in any of its forms, physical, emotional, neglect or sexual, alone or in combination
- Children may be abused and/or neglected by their parents, carers, guardians or other trusted adults as well as by strangers
- Abuse may be perpetrated by individuals, groups or networks of individuals
- Children may also be abused by other children

Children and young persons under the age of 18 of all races, religions and cultures, with or without disabilities, from any model of family life have an equal right to protection from abuse.

This policy is based on:

- The Children's Act 2004
- Safeguarding Disabled Children 2009
- The Care Act 2014
- Working Together to Safeguard Children 2018

The Children's Act 2004 places 2 specific duties on agencies to co-operate in the interests of vulnerable children:

Section 27 provides that a local authority may request help from:

Any local authority

Any local education authority

Any housing authority

Any health authority, Special Health Authority or National Health Service Trust; and

Any person authorised by the secretary of state

In exercising the local authority functions under Part 3 of the Act. This part places a duty on local authorities to provide support and services for children in need; including children looked after by the local authority and those in secure accommodation. The authority whose help is requested in these circumstances has

a duty to comply with the request, provided it is compatible with its other duties and functions.

Section 47 of the act places a duty on:

any local authority; any local education authority; any housing authority; any health authority, Special Health Authority or National Health Service Trust; and any person authorised by the secretary of state to help a local authority with its inquiries in cases where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

2 Categories of Abuse

The definitions of abuse outlined below are taken from the governments' 'Working Together to Safeguard Children' 2018

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

Physical Abuse:

This 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 feigns the symptoms of, or deliberately causes ill health to a child who they are looking after. This situation is commonly described using terms such as factitious illness by proxy or Munchausen's syndrome by proxy.

Emotional Abuse:

This is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child's emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve age or developmentally inappropriate expectations being imposed on children. It may involve 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 ill treatment of a child, though it may occur alone.

Sexual Abuse:

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production or, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

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. It may involve a parent or carer failing to provide adequate food, shelter and clothing,

failure to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Organised Abuse:

Organised or multiple abuse may be defined as abuse involving one or more abuser and a number of related or non-related abused children and young people. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse.

Organised and multiple abuse occur both as part of a network of abuse across a family or community, and within institutions such as residential homes or schools.

Note: Children whose situations do not currently fit the above categories may also be at significant risk of harm. This could include situations where another child in the household has been harmed or the household contains a known child abuser.

3 Key Issues in Identifying Child Abuse

Child abuse can take place in a number of different settings, of which the following are examples:

- It is likely to occur most commonly where the young person knows the individual/s and is trusted. This can be a parent, carer, babysitter, sibling, relative, or friend of the child or of the family.
- The abuser is sometimes someone in authority such as a teacher, youth leader, children's worker or church/mosque worker/leader.
- The abuser is sometimes a paedophile or other person who sets out to join organisations to obtain access to children.

As an organisation working with children and young people, Sport at the Heart has a responsibility to act if abuse comes to light and, as far as possible, to protect children from the possibility of being abused within the organisation. For the purposes of this policy a child or young person is anyone under the age of 18 years of age.

It is the responsibility of the Sport at the Heart's Board of Trustees to appoint a designated Child Protection person to oversee the implementation of this policy. These positions would be held for a one-year term and then be reviewed by the Board when and as appropriate.

Designated Safeguarding Lead: Nary Wijeratne

Contact Number: 07857 992633

Email: nary@sportattheheart.org

Deputy Designated Lead: Matthew Burrage

Contact Number: 07506 866527

Email: matty@sportattheheart.org

School Holidays Safeguarding Lead: Sacha Lumley
Contact Number: 07534 269921
Email: sacha@sportattheheart.org

Trustee Responsible for Safeguarding: Olga Mirzoin
Contact number: 020 7328 1199
Email: hello@sportattheheart.org

4 Detection – Signs of Abuse

Extreme care should be taken as misreading signs of abuse can result in significant harm or trauma to the child and their family. In general staff employed in the independent and voluntary sector will not have the expertise to diagnose child abuse but do have a responsibility to be alert and aware of the signs. However, just because a child exhibits one of the signs listed below, this does not mean that they have been abused. Nevertheless, the presence of one or more of the signs, or their repeated presence, might raise concerns and should be used as a prompt for discussion with the Designated Safeguarding Lead in their absence the matter should be brought to the attention of another senior staff member without delay. However, where a child has made a direct allegation or there is clear evidence of a child suffering or at risk of suffering significant harm the matter should be referred immediately to the Social Services.

Physical signs

- any injuries, bruises, bites, burns, fractures, etc, which are not consistent with the explanation given for them
- injuries which occur to the body in places which are not normally exposed to falls, rough games, etc
- injuries which appear to have been caused by a weapon e.g. cuts, welts, etc
- injuries which have not received medical attention
- instances where children are kept away from the group inappropriately or without explanation
- self-mutilation or self-harm e.g. Cutting, slashing, drug abuse

Emotional signs

- Changes or regression in mood and behaviour, particularly where a child withdraws or becomes clinging. Also depression/aggression
- nervousness/inappropriate fear of particular adults e.g. frozen watchfulness
- sudden changes in behaviour e.g. under-achievement or lack of concentration
- inappropriate relationships with peers and/or adults e.g. excessive dependence
- attention-seeking behaviour
- persistent tiredness
- wetting or soiling of bed or clothes by an older child

Neglect signs

- regular poor hygiene
- persistent tiredness
- inadequate clothing
- excessive appetite
- failure to thrive e.g. poor weight gain
- consistently being left alone and unsupervised

Sexual signs

- any direct disclosure made by a child concerning sexual abuse
- child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play
- preoccupation with sexual activity through words, play or drawing
- child who is sexually provocative or seductive with adults
- inappropriate bed-sharing arrangements at home
- severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- children at risk of FGM
- other emotional signs (see above) may be indicative of sexual or some other form of abuse

Extra Categories of Vigilance

Extra categories of vigilance highlighted in Working Together to Safeguard Children means that staff and volunteers should be aware of the need to refer to Early Help or the Designated Safeguarding Lead for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child
- has a parent/carer in custody

5 Procedures for Responding to Allegations/Concerns of Abuse

1. All concerns about the welfare of a child or concerns that a child may be suffering, or at risk of suffering abuse or neglect should be referred to the Designated Safeguarding Lead who will seek to clarify the nature of the concern and whether immediate action is needed to make them safe from harm.
2. Where there is a clear allegation or strong suspicion or evidence of abuse, there must be no delay in making a referral to Brent Council.

Brent Family Front Door (Social Services)

Telephone: 020 8937 4300 (option 1)

Email: family.frontdoor@brent.gov.uk

3. Where there is no clear evidence or allegation but suspicion exists that abuse may have occurred, a preliminary consultation with the Designated Safeguarding Lead should take place without delay. If the designated officer is absent at this time, then preliminary consultation should take place with the Deputy Designated Safeguarding Lead.
4. Where the level of risk remains unclear, consultation should be sought from Social Services as to whether a referral is appropriate (see information at end of policy document).
5. At the end of any discussion about a child, the referrer and Social Services should be clear about who will be taking what action or that no further action will be taken. The decision will be recorded by Social Services and the professional referrer.
6. Concerns should be discussed with the parent or carer and, where possible their agreement should be sought before making referrals to Social Services **unless this places a child at increased risk of significant harm**. For example, in cases where the allegation of abuse is of a sexual nature, which must involve a referral directly to the relevant Social Services department or Police Child Protection Team.
7. Social Services should decide on the next course of action within 24 hours. On the basis of available evidence they have a responsibility to address whether there are concerns about both the child's health and development, or actual and/or potential harm which justify further inquiries, assessment or intervention.
8. You should not discuss your suspicions or allegations with anyone other than those named in the above points.
9. Under no circumstances attempt to carry out any investigation into allegations or suspicions of abuse. It is the task of Social Services to investigate the matter under Section 47 of the Children Act 2004.
10. Referrals may lead to:
 - a. no further action
 - b. directly to the provision of services or other help and/or
 - c. a fuller assessment of the needs and circumstances of the child which may in turn lead to child protection inquiries
 - d. emergency action to safeguard the child
 - e. Child protection inquiries being undertaken

6 Guidelines for Responding to an Allegation of Abuse from a Child

General Points

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

Helpful things to say or show

- Show acceptance of what the child says
- "I take what you are saying very seriously"
- "I am pleased that you have told me. Thank you for telling me"
- If appropriate, "it isn't your fault and you are not to blame at all"
- "I am sorry that happened to you"
- "I will help you"

Things not to say

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

Concluding the conversation

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

What to do after the conversation

- The staff must compile, with help if necessary, a written record of the allegation or suspicion including
- Date, time and place conversation and date, time and place of allegation and anyone else present
- What the concern is

- Exactly what the child has said
- What was happening immediately beforehand e.g. description of the activity)
- What if anything the parent or carer is saying
- What if anything the staff are saying
- Any known relevant history
- If the initial note is handwritten, keep it if it is subsequently typed up.
- Inform the Designated Safeguarding Lead, immediately, in their absence inform the Deputy immediately. Record the date and time that the concern was reported to the Family Front Door.
- If the concern is about the Designated Safeguarding Lead, concerns should be reported to the Deputy and the trustee responsible for safeguarding.
- Either the Designated Safeguarding Lead or you should contact the Family Front Door. Whilst allegations or suspicions of abuse will normally be reported to the Designated Safeguarding Lead, in their absence, the deputy, the absence of both should not delay a referral to the LADO.
- Exceptionally, should there be any disagreement between the person in receipt of the allegation or suspicion and the Designated Safeguarding Lead or Deputy as to the appropriateness of a referral to the Family Front Door, that person retains a responsibility as a member of the public to report serious matters to the Family Front Door, and should do so without hesitation.
- Do not be tempted to try to investigate further the claims – this could lead to contamination of the evidence and could jeopardize any Police investigation and criminal prosecution activity.
- Brent Council should be asked to keep the project informed of any outcome.

7 Appointment of Workers

The following procedures are designed to promote the effectiveness of work and to protect both children and workers. The procedures involve all potential staff and volunteers being treated as potential job applicants.

Appointing Workers.

Prospective workers will be asked to complete an application form requesting basic details, experience or working with children. SatH expects that all staff and volunteers working directly with children will be subject to enhanced police checks (DBS). Disclosure of a criminal record may not itself prevent appointments as the nature of any offence is considered; with the exception of convictions for crimes against children. Where employees and volunteers may be in contact with children two references will be taken prior to appointment. Interviews will be undertaken and any gaps in job history or rapid movement from one to another will be investigated.

8 Safeguarding training

The Designated Safeguarding Lead and Deputy Designated Safeguarding Lead will be trained to a minimum of level 3. There will be a completed refresher every 2/3 years. All staff and volunteers will complete a safeguarding children and young people in sports workshop, either online or in person every 3 years. All staff and volunteers will complete SatH in-house Safeguarding training annually, normally in

July. Staff and volunteers complete safeguarding training as part of their induction. All trustees have an NSPCC learning course for Charity Trustees and will update this certificate every 3 years, or board appointment, whichever comes first.

9 Boundaries and Touch

All workers are responsible for establishing and maintaining appropriate boundaries and or ensuring that meeting their own emotional needs are not dependent on their relationships with children and young people. Keep everything public. A hug in the context of a group is very different from a hug behind closed doors. Touch should be related to a child's needs not the workers. Touch should be age appropriate and be initiated by the child rather than the worker. Avoid any physical activity, which is, or may be construed as, sexually stimulating the adult or child. For example, fondling, touching private parts of the body. Workers should take responsibility for monitoring one another in the area of physical contact. They should be free to constructively challenge a colleague if necessary.

10 Seeking Expert Advice

If concerns regarding the welfare of a child come to light, and it is unclear if they should be referred to Social Services the Designated Safeguarding Lead, may discuss the situation with the Family Front Door/ Brent Early Help Team.

If the concerns relate to a staff member or volunteer, concerns can be discussed with the Brent LADO 020 8937 2057.

The NSPCC also offer child protection advice via their hotline 0808 800 5000.

11 Where to make your Referral

Referrals should be made to **Brent Council's Family Front Door on the telephone number 020 8937 4300 (option 1) during office hours or if the concern is out of office hours, contact the emergency duty team on 020 8863 5250. The email is family.frontdoor@brent.gov.uk**

If the referral **concerns the conduct of a staff member or volunteer of SatH, or a staff member of another organisation, contact the Brent LADO on 0208 937 2057.**

12 Managing Behaviour

Staff will be required at all times to treat children with respect and will not administer any forms of discipline that humiliates or ridicules the children i.e. shouting, smacking, threatening, shaking or by use of a "naughty chair or corner" etc.

Staff will set a good example to children at all times by being polite, considerate, not shouting, being calm, kind and gentle.

Staff will manage unwanted behaviour through the use of distraction, supervision and early intervention in potential disagreements. Any forms of physical, verbal or discriminating abuse will be challenged. Staff will act fairly in dealing with all incidents. This is set out in the Behaviour Policy.

Parents and visitors will be expected to follow these rules whilst on the premises.

13 Health, Safety and Welfare

Sport at the heart has a legal duty to provide a safe and healthy environment for children, staff, parents, carers and visitors. For this reason smoking, alcohol and non-prescription drugs are banned at all times from premises where Sport at the Heart is working. This ban applies to all staff, volunteers, parents, carers and visitors. Any breach of this ban by staff will be regarded as a serious breach of workplace discipline as would any other action that might endanger health and safety at work.

The Health & Safety policy sets out requirements for protecting members' health safety and welfare on and off site.

Sick Children

If a child/young person falls seriously ill or sustains serious injuries while at an activity of Sport at the Heart or on an off-site activity, parents will be contacted immediately and the child/young person will be escorted to the hospital by the person in charge and remain there until the parent or carer arrives.

Lost Children

Sport at the Heart staff will take necessary precautions to ensure that while children are in their care, they are safe. However, if a child is lost or missing while at an activity of Sport at the Heart or on an off site activity, parents will be contacted immediately. The police will be informed and staff will take advice as to the next steps in finding the missing child and keep parents informed accordingly.

Left Children

In the event that a child is not collected from an activity of sport at the Heart, and the parents can not be contacted either at home or on the emergency contact number, social services will be informed and the child will be taken to the nearest police station with relevant details and left there for the police to handle. The staff will take advice from the police and /or social services on how to proceed.

Online Safety

Sport at the Heart understand the importance of online communication for children and young people's development. However, we recognise that relevant safeguards need to be put in place to ensure children and young people remain safe while online or using social media. During exceptional times (such as COVID-19), we may find ourselves working remotely and online with young people much more than we would normally do so. All staff, volunteers and young people should agree to the 'Acceptable Use for Internet and Social Media Statement' before any remote working

takes place. Furthermore, staff and volunteers will adhere to the guidance for working online set out in the Code of Conduct for Staff and Volunteers.

Photo and media consent

SatH may from time to time take pictures of activities for reports, funders, publicity and to use on our website and social media. We will always ask parental consent and permission upon registration/ membership of whether a child has consent to be photographed. If the picture is to be used publicly, we will always contact the parent/ carer directly with a picture of the image to explicitly ask if it is ok to use the image.

Phone usage at sessions

Staff and volunteers are not to use their phones, personal social media or messaging services when at work. In emergencies they can be contacted on the SatH phone numbers, and if they need to make an urgent call or send a message they may leave the session (if it is appropriate to do so). For children and young people, there will be no phones allowed for junior sessions where participants are under the age of 13. Phones will be handed in and kept in a locked space and given back at the end of sessions. For senior sessions with young people aged 14+ we will take a common-sense approach to phone usage by trusting young people trust to use their phone responsibly. No staff, young person or volunteer will, under no circumstances, be allowed to take pictures or record other young people without their knowing or consent, or reference each other on social media in a harmful way.

14 Allegations against Staff

Any complaint against a member of staff must be made to the Director/ Chair of the Board of Trustees who will seek the advice of Social Services and/or the police on how to proceed with investigations.

In accordance with Sport at the Hearts' Disciplinary Procedure, the complaint will be treated as gross misconduct.

The member of staff involved will be suspended from duty during investigation of the complaint.

Whilst other members of staff should show due courtesy and respect the confidentiality of colleagues, the needs, welfare and protection of children will at all times be paramount.

If the complaint is against the Director (who may also be the Designated Safeguarding Lead), a complaint should go to the Deputy Designated Safeguarding Lead or the Board of Trustees.

If the Director or Chair of the Board of Trustees is informed of a complaint by the authorities the Director/ Chair will meet with the authorities in order to be acquainted with the details and agree appropriate action.

15 Complaints Procedure

Sport at the Heart is committed to continual improvement of its services and facilities. It recognises that complaints are an important tool for addressing problems

and will endeavour to ensure that all complaints are investigated and acted upon fairly.

Complaints can be raised with any member of staff, either verbally or in writing. The member of staff will either respond or refer the complaint to a more senior member of staff for investigation. Following investigation, a response will be made in writing setting out the nature of the complaint, the outcome of the investigation and any proposed actions as a result of the complaint.

If the complainant is not satisfied with the response the person dealing with it should refer the complaint to the Director.

Any complaints that cannot be satisfactorily resolved by the Director will be referred to the Board whose decision will be final.

If the complainant is still not satisfied with the response, they are welcome to contact the local authority, Brent, whose contact number is 020 8937 1234 or Charities Commission on 0300 066 9197. SatH is a registered CIO number 1168659.

Signed:

A handwritten signature in black ink, appearing to read 'Nary Wijeratne', written over a horizontal line.

Name: Nary Wijeratne

Position: Director

Date: 16/05/2024