



Safeguarding Policy

World Sport Ministries (WSM) believes that children have the right to be completely secure from both the fear and reality of abuse. The protection of children in our care is the responsibility of everyone on all of our activities. Therefore, all staff need to be vigilant and act on any concerns they may have regarding the welfare of the children they are working with. If any member of staff has is suspicious about the treatment of a child during a coached session or sports camp, they must immediately raise it with the project manager.

Area Child Protection Committees (ACPC) are now known as Local Safeguarding Children Boards (LSCB). All staff should familiarise themselves with their LSCB's contact details. WSM's child protection procedures comply with all relevant legislation and other guidance or advice from the Local Safeguarding Children Board (LSCB).

Safeguarding children policy

WSM is committed to ensuring that it meets its responsibilities in respect of safeguarding through the provision of support and training to staff. Therefore, WSM will ensure that:

- All staff and volunteers are carefully recruited, have verified references and have full and up-to-date DBS checks. (Do not work unsupervised if the check is in progress)
- All staff and volunteers are given a copy of the Safeguarding Children from Abuse policy during their induction and have its implications explained to them.
- All staff and volunteers receive regular training and supervision in safeguarding issues and are provided with any relevant information and guidance. All staff must keep themselves up to date on safeguarding issues and procedures as and when updates are delivered.
- All staff are provided with supervision and management support commensurate with their responsibilities in relation to safeguarding, and their requirement to maintain caring and safe relationships with children.
- All staff are aware of the main indicators of child abuse.



- ❑ All staff are aware of their statutory requirements in respect of the disclosure or discovery of child abuse and the procedure for doing so. All staff and volunteers are instructed to report the disclosure or discovery of abuse to the Project Manager or the Safeguarding Officer.
- ❑ **WSM** will take appropriate action in relation to the findings of any investigation into allegations of abuse, consistent with its duties to protect the safety of children and uphold fair processes for staff and volunteers.
- ❑ **WSM** will share information about safeguarding and good practice with children, parents/carers and staff.
- ❑ Any member of staff or volunteer under investigation for the alleged abuse of a child, will be subject to the provisions of the Staff Disciplinary and Grievance Procedures Policy.
- ❑ Staff should be following best practice at all time and should not display inappropriate behaviour, which could be deemed as a safeguarding issue, see 'Safe caring policy'.
- ❑ Grant Sheppard is currently the Designated Safeguarding Lead (DSL) and Byron Culf and Akeel Yousaf the Deputy DSL's. These officers will have suitable experience, training and expertise, and will be responsible for liaising with social services and the Local Safeguarding Children Board (LSCB) in any child protection matter.
- ❑ All safeguarding concerns are to be reported to the DSL's who will lead a thorough investigation and if deemed necessary the case will be referred to the LSCB.

WSM is committed to reviewing its Safeguarding Children from Abuse policy and procedures at regular intervals. **GET Sported** will undertake an annual safeguarding children audit with a mid-year review.

Safe caring

All staff understand **WSM's** safeguarding procedures and have had appropriate training and guidance in the principles of safe caring. To this end:



- ❑ Every effort will be made to avoid or minimise time when members of staff or volunteers are left alone with a child. If staff are alone with a child, the door of the room should be kept open and another member of staff should be informed.

- ❑ If a child makes inappropriate physical contact with a member of staff or volunteer, this will be recorded fully in the *Incident Record Book*.

- ❑ Staff will never carry out a personal task for children that they can do for themselves. Where this is essential, staff will help a child whilst being accompanied by a colleague. Unless a child has a particular need, staff should not accompany children into the toilet. Staff are aware that this and other similar activities could be misconstrued.

- ❑ Staff will be mindful of how and where they touch children, given their age and emotional understanding. Unnecessary or potentially inappropriate physical contact will be avoided at all times.

- ❑ All allegations made by a child against a member of staff will be fully recorded, including any actions taken, in the *Incident Record Book*. In the event of there being a witness to an incident, they should sign the records to confirm this.

DEFINITIONS OF ABUSE (England and Wales)

The definitions of child abuse recommended as criteria throughout England and Wales by the Department of Health, Department for Education and Employment and the Home Office in their joint document, Working Together to Safeguard Children (1999) and by the DCSF 'Working Together to Safeguard Children' March 2010 are as follows:

Abuse and neglect are forms of maltreatment of a child. 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 for example, via the internet. They may be abused by an adult or adults, or another child or children.

All staff have child protection training and will be vigilant to signs and evidence of physical, sexual and emotional abuse or neglect.



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*.

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 capacity, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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.

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 care-givers); or
- ensure access to appropriate medical care or treatment.

It may 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 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.

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.

(A child may suffer more than one category of abuse).

*Munchausen's Syndrome by proxy

The Oxford Textbook of Psychiatry defines Munchausen's Syndrome by proxy as: *"A form of child abuse in which the parents, or carers, give false accounts of symptoms in their children and may fake signs of illness (to draw attention to themselves). They seek repeated medical investigations and needless treatment for their children."*

RECOGNISING ABUSE

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.



Indicators of physical abuse

Physical observations

Any injuries with no explanation, or with conflicting explanations/inconsistent accounts

Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.

Injuries which have not received medical attention

Neglect – under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care, etc.

Repeated urinary infections or unexplained tummy pains

Bruises: on trunk; on face, upper arm, shoulders and neck consistent with gripping; fingertip bruising/finger marks

Burns and scalds: cigarette burns; burns caused by lengthy exposure to heat

Human bite marks

Fractures, particularly spinal fractures

Swelling and lack of normal use of limbs

Cuts/scratches/substance abuse

Behavioural observations

Unusually fearful of adults

Unnaturally compliant to parents

Refusal to discuss injuries/fear of medical help

Withdrawal from physical contact

Aggression toward others

Wears cover-up clothing

Reluctance to change for, or participate in, games or swimming

Indicators of sexual abuse

Physical observations

Any allegations made by a child concerning sexual abuse

Damage or soreness to genitalia, anus or mouth

Sexually transmitted diseases

Unexpected pregnancy, especially in very young girls

Unexplained recurrent urinary tract infections and discharges or abdominal pain

Behavioural observations

Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play.

Hinting at sexual activity through words, play or drawing

Child who is sexually provocative/promiscuous or seductive with adults

Inexplicable decline in school performance

Sudden apparent changes in personality

Lack of concentration, restlessness, aimlessness

Socially withdrawn

Overly-compliant behaviour

Acting out, aggressive behaviour

Poor trust in significant adults

Regressive behaviour/onset of wetting (day or night)

Onset of insecure, clinging behaviour

Arriving early at school, leaving late, running away from home

Suicide attempts, self-mutilation, self-disgust



Inappropriate bed-sharing arrangements at home

Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations

Eating disorders – anorexia, bulimia

Indicators of Emotional Abuse

Behavioural observations

Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also, depression/aggression, extreme anxiety.

Physical, mental and emotional development delays

Acceptance of punishment which appears excessive

Over-reaction to mistakes

Continual self-depreciation

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (eg rocking, hair twisting, thumb sucking)

Self-mutilation

Fear of parents being contacted

Drug/solvent abuse

Nervousness, frozen watchfulness

Obsessions or phobias

Sudden under-achievement or lack of concentration

Inappropriate relationships with peers and/or adults

Attention-seeking behaviour

Persistent tiredness

Running away

Compulsive stealing/scavenging

Lying

Indicators of neglect

Physical observations

- Poor personal hygiene
- Poor state of clothing
- Emaciation, pot belly, short stature
- Poor skin tone and hair tone
- Untreated medical problems

Behavioural observations

- Constant hunger
- Constant tiredness
- Frequent lateness or non-attendance at school
- Destructive tendencies
- Low self-esteem
- Neurotic behaviour
- Poor social relationships
- Running away
- Compulsive stealing/scavenging
- Multiple accidents and accidental injuries

Internet: Use of social networking

As an organisation working with young people and children, we acknowledge the impact and involvement that social media networking sites such as Facebook, Twitter, Instagram, Linked-in etc have on the lives of young people. WSM acknowledges the role of these in which young people interact with each other and there is great benefit for these tools to be used by the leaders as a form of communication. This enables young people (13+) to adopt greater responsibility and



learn time management skills for tasks and events happening within the organisation. There is also great potential to encourage young leaders in their faith and to create an extended discipleship role outside of a face-to-face event.

At the same time, we acknowledge the dangers and potential risks that these sites can pose to both young people and adult leaders and have the potential to be abused as ways of interacting with young people. Therefore, as an organisation, any adult leader and young leader using social networking must abide by our recommended guidelines to safeguard both workers and young people involved.

WSM will not be held responsible for anything that happens via social networking that breach our recommended guidelines of behaviour for those under 18 (and above 13) and for adults over 18 years.

Guidelines for under 18s and parents:

Social Media Networks have a minimum age restriction of thirteen. Parents should talk to their children about the reasons behind the age restriction as they are there for a reason. Accessing such sites too early can expose children to unnecessary bullying and inappropriate content. It is also very important to ensure children and young people feel comfortable about telling their parents things that have happened online. Talking to their children will help parents to understand the ways in which they are using the internet, social media and their mobile phone. Talking to children about responsible behaviour is important as sometimes children who are victims of cyberbullying may also be involved in cyberbullying others. It's important to ensure they know they can go and talk to an adult or a parent if they are being bullied and need support. How parents talk to their children will depend on their age.

The following are some things that parents may wish to consider teaching their children about using the internet safely:

- Make sure you use the privacy settings.
- Always respect others – be careful what you say online.
- Be careful what pictures or videos you upload. Once a picture is shared online it cannot be taken back.
- Only add people you know and trust to friends/followers lists online. When talking to strangers, keep your personal information safe and location hidden.
- Treat your password like your toothbrush – keep it to yourself and change it regularly.
- Block the bully – learn how to block or report someone who is behaving badly.
- Do not retaliate or reply to offending e-mails, text messages or online conversations.
- Save the evidence. Always keep a copy of offending e-mails, text messages or a screen grab of online conversations and pass to a parent, a carer or a teacher.
- Most social media services and other sites have a button you can click on to report bullying. Doing this can prevent a bully from targeting you and others in



the future. Many services take bullying seriously and will either warn the individual or eliminate his or her account.

- While you are on your mobile phone make sure you also pay attention to your surroundings.
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For more information on protecting children on social media from cyber bullying visit: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/375420/Advice_for_Parents_on_Cyberbullying_131114.pdf

Sports Camps and other projects: Guidelines on communication for adult leaders and Young Leaders

WSM recognises the important role that social networking websites play in the ways in which young people communicate and the effectiveness of these groups within youth ministry, however, WSM also recognises the potential safeguarding issues social networking brings, therefore WSM recommendations of good practice include:

- All social networking sites have the potential to allow workers and young leaders to communicate on a one-to-one basis however we would strongly recommend that any one-to-one communication using a social networking site is kept in the public eye to safeguard both young people and workers.
- On Facebook, communication should be done using the wall function (i.e. posting on someone's wall) and it is recommended that this is used for communicating on a one-to-one basis on Facebook and for replying to private messages that young leaders may have sent to workers.
- In the case of group messages (messages sent to multiple young people perhaps for an event) it is advisable that another adult is also copied into this message and make sure these messages are logged and not removed.
- Try to use designated Facebook groups e.g. 'Youth Sport Leadership Development' or 'GET Sported' page to communicate with Young Leaders.
- In all communication with young people using social networking sites it is advisable to not use abbreviations (for example: lol) as these can often be misinterpreted by parents.
- The use of instant chat on Facebook, Twitter, Instagram, Myspace, Bebo and likewise is not allowed as it provides no log of conversations and could potentially leave a worker open to allegations.
- If a public wall post is not appropriate for responding to a young person then a worker should arrange a public meeting, phone the young person's parents or seek further advice from the Child Protection advocate depending on the level of information a young person has disclosed using a social networking site.
- It is recommended that staff should not be communicating with Young Leaders after 10pm in order to maintain a safe boundary between work and personal life.



For more information on the safety features on the social networking sites visit:
<http://www.saferinternet.org.uk/advice-and-resources/parents-and-carers/safety-tools-on-online-services/social-networks>

CHILD PROTECTION POLICY

Dealing with allegations

WSM is committed to ensuring that it meets its responsibilities in respect of child protection by treating any allegation seriously and sensitively. **WSM** will not carry out any investigation itself into a suspected child abuse incident. On discovering an allegation of abuse, the DSL will immediately refer the case to the local statutory child protection agencies. Further to this, the following principles will govern any suspected or reported case of abuse:

- Where actual or suspected abuse comes to the attention of staff, they will report this to the DSL at the earliest possible opportunity. This includes any allegation about a staff member.
- Staff are encouraged and supported to trust their professional judgment and if they suspect abuse has, or is taking place, to report this.
- Full written factual records of all reported incidents will be produced and kept confidential, signed and dated. Accurate information recorded will include:
 - full details of the alleged incident;
 - details of all the parties involved;
 - any evidence or explanations offered by interested parties;
 - relevant dates, times and locations and any supporting information or evidence from members of staff.
 - **WSM** will demonstrate great care in distinguishing between fact and opinion when recording suspected incidents of child abuse.
- The DSL will be responsible for ensuring that written records are dated, signed and kept confidentially.
- If an allegation of abuse is made against the DSL, the Registered Person will be informed as soon as possible. They will then assume responsibility for the situation or delegate this role to a senior member of staff. (see below for contact telephone number)
- Staff are immediately suspended pending further investigation.



- Any member of staff dismissed as unsuitable to work with children will be referred to the Independent Safeguarding Authority.

- Any children involved in alleged incidents will be comforted and reassured.

- Staff will ensure that any concerns/allegations are treated sensitively & confidentially.

Disclosures

In circumstances where a child makes an allegation or a disclosure, the member of staff concerned will:

1. Listen fully to all the child has to say.
2. Make no observable judgement.
3. Ask open questions that encourage the child to speak in their own words.
4. Ensure the child is safe, comfortable and not left alone.
5. Make no promises that cannot be kept; such as promising not to tell anybody what they are being told.

Where possible, **WSM** will always respect the wishes of children and young people who do not consent to share confidential information. However, the lack of consent can be overridden if the facts of the case are in the public interest.

WSM will always consider the safety and welfare of a child or young person when making decisions to share information about them. Where there is concern that the child is suffering or at risk of suffering significant harm, the child's safety and welfare must be the overriding factor.

Staff will be made aware of the Department of Health's booklet 'What to do if You're Worried A Child Is Being Abused?' (2015), and 'Working together to safeguard children DCSF 2018.

Referring Allegations to Child Protection Agencies

If the project manager or the Safeguarding Officer has reasonable grounds for believing that a child has been – or is in grave danger of being – subject to abuse, the following procedure will be activated:



- Contact will be made, at the earliest possible opportunity, with the local social services department (see below)

- The DSL will communicate as much information about the allegation and related incidents as is consistent with advice given by social services and the police.

- At all times, the safety, protection and interests of children concerned will take precedence. The DSL and staff will work with and support parents/carers as far as they are legally able.

- WSM** will assist the social services and the police, as far as it is able, during any investigation of abuse or neglect. This will include disclosing written and verbal information and evidence.

KEY CONTACT DETAILS

Allegations Against Staff

LADO (Local Area Designated Officer): Sarah Hogan

01225 396810

Allegations/Concerns of Abuse

LASB (Local Area Safeguarding Board)

Children & Families Assessment & Intervention Team:

01225 396312 or 01225 396313

Emergency Duty Team (out of office hours):

01454 615165

Police assistance: 999

DATE OF NEXT REVIEW:



CHANGE OF RECORD

Date of Change:	Changed By:	Comments:
31/8/23	B.CULF	Changed DSL to Grant Sheppard