

230 Intensives Ltd – SAFEGUARDING POLICY



At 230 Intensives we recognise that the welfare of children is of paramount importance.

We have a responsibility to protect and safeguard the welfare of all children and young people we work with and have an explicit duty to do so under the Children Act 1989 and 2004 and the Education Act 2002.

A 'child' is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age is living independently, in further education, or working does not change his/ her entitlement to services or protection as a child.

At 230 Intensives we believe that all children without exception have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs and that no child, or group of children should be treated any less favourably than others in being able to access the services and support to meet their needs.

All staff and volunteers have a strict duty never to subject a child to any form of harm or abuse. Failure to adhere to these procedures will be treated as gross misconduct.

Children and their parents/ carers who attend 230 Intensives events may view our policy where appropriate and a copy will always be available on our website at www.230intensives.com

Designated safeguarding lead:

The designated safeguarding lead (DSL) within our organisation is Laura Harris

The deputy designated safeguarding lead (DDSL) within our organisation is Melissa Thoms

As safeguarding lead they have completed Level 1 Safeguarding Training, with additional training to fulfil this role:

- Protecting Children From Child Sexual exploitation
- Sportcheer England Squad Safe
- UK Coaching Duty to Care
- Online safety for staff
- Recognising and preventing Female Genital Mutilation
- PREVENT training

The Designated Safeguarding Lead will advise members of staff and visitors to 230 Intensives events on best practice and expectations. They will be responsible for the monitoring and recording of any safeguarding concerns and for ensuring that all concerns are shared with the appropriate statutory authorities.

All staff and volunteers at 230 Intensives should be made aware of this policy and should be able to demonstrate their roles and responsibilities for safeguarding and promoting the welfare of children and young people, including how to raise concerns with both children's social care and the police. Staff and volunteers shall be made aware of this through distributing a copy of this policy, making it available on our website at all times and communicating any updates to this policy directly to staff and volunteers.

Overview of responsibilities:

All staff and volunteers must report all concerns to the designated safeguarding lead or deputy designated safeguarding lead at the nearest available opportunity.

It is the responsibility of all staff and volunteers at 230 Intensives to take steps to protect children and vulnerable adults, to keep them safe.

It is the responsibility of all staff and volunteers to take reasonable steps to protect children and young people from harm and abuse while in contact with our organisation and our staff and to report any incident of or suspicion of abuse to the Designated Safeguarding Lead or in their absence to the appropriate statutory authority.

All staff working at 230 Intensives who have contact with children and young people are required to hold a valid, clear DBS check.

Safeguarding and promoting the welfare of children and young people means:

Protecting children from maltreatment, preventing impairment of a child's health or development, ensuring that children are growing up with the provision of safe and effective care and taking action to ensure that children have the best life chances.

At 230 Intensives we will do this by:

- Identifying and responding to concerns about a child or young person
- Providing a safe and happy training environment
- Supporting development through physical activity in a way that fosters a sense of positive sense of self and enhances well being
- Supporting young people to communicate freely with us, supporting their communication methods, providing time and space to talk
- Fostering an environment of trust and building appropriate professional relationships

Consent and information sharing:

Issues of consent are essential to effective safeguarding practice. Additional consent must be sought for any activity that is out of the usual parameters of our work. Basic consents for day to day activities will be sought through enrolment process, including media release for photograph and video content, and appropriate organisational guidance shall be provided to ensure those consenting have clear and transparent information on what they are consenting to.

Significant harm is no exception to this. Before making a referral to Children's Social Care parents or carers must be informed that we are doing so, including the reasons why and must be asked for consent to do this. It should be noted however that in cases where parents, carers or children do not agree to information being shared we are still able to refer to Children's Social Care without consent but it is important to explain clearly to social care why consent cannot be established and to make a record of this.

Instances where we may not wish to seek consent are where:

- Discussion with parents/ carers could place the child or other members of their family at increased risk
- The child is in immediate danger (e.g. requires medical attention)
- Having the discussion with parents may put the DSL/DDSL or another member of staff at risk.

It is often necessary to share information to provide support and prevent impairment or to protect a child from harm. Decisions to share will be appropriate, necessary and proportionate. If reporting, staff must record their decision and the reasons for it, whether or not we choose to share information. If we decide to share we should record what we shared and who we shared with.

Child protection:

Child Protection refers to activity that is undertaken to protect specific children who are suffering or likely to suffer **significant harm**.

This is about abuse and maltreatment of a child. Someone 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 by others (for example over the internet.) They may be abused by an adult or adults or another child/ children. Abuse may be physical, emotional, sexual, neglectful or multiple types of abuse.

All staff and volunteers should be able to recognise, and know how to act upon evidence that a child's health or development is being impaired or that the child is suffering or likely to suffer significant harm. Training will be provided to staff as part of their on-boarding process. All concern about harm must be recorded and shared with the Designated Safeguarding Lead.

No professional should assume that another will pass on information about the safety of a child. If a professional has concerns about a child's welfare and believe they are or are likely to suffer significant harm they have a responsibility to inform Children's social care.

Seeking medical attention:

If a child has a physical injury, and there are concerns of abuse, medical attention should be sought immediately. Any safeguarding concerns should be shared with ambulance or hospital staff and then must be reported to children's social care.

Nothing should be allowed to delay urgent medical treatment.

Referring a concern and your DSL:

Our Designated safeguarding lead will act on behalf of 230 Intensives in referring concerns or allegations of harm to Children's social care or the police as appropriate. If the designated safeguarding lead is in any doubt information should be shared with children's social care for a second opinion. It is not the role of the DSL to investigate only to collate information, clarify details of the concern and facilitate information sharing. In the absence of the DSL and DDSL, the individual who has the concern is then responsible for contacting children's social care and the information should be shared with the DSL retrospectively.

The contact number for children's social care is 0800 131 3126 (South Staffordshire)

Protection of children:

At 230 Intensives Ltd we will make every effort to protect children from harm when they are attending our workshops and events. We will do this through:

- Appropriate recruitment and selection procedures including ensuring all staff and volunteers hold clear DBS checks.
- We will take all reasonable steps to ensure health safety and welfare for all those who access our organisation and will prevent any form of bullying.
- We will take all practicable steps to ensure that no one working with us or for us would put a child in a situation of unreasonable risk to their health and safety. Staff must be adequately qualified for the instruction carried out.
- We will not harm or abuse children within our care and will take all reasonable steps to ensure no one working with us or around us within the community could harm or abuse a child in our care.
- We will ensure good reporting to our DSL and onward to children's social care where ever we suspect harm and will foster an environment of good communication, transparency and trust.
- All involved with our organisation, including parents and participants in our workshops, will follow our code of conduct which can be found on our website.
- We will ensure parents, staff and participants are aware of guidelines for drop-off and collection of child athletes. Athletes should not leave the building or enter an unsupervised area at any time during an event. All athletes under the age of 18 must be collected at the end of the day from inside the venue building. Athletes leaving an event for a lunch break must be signed out and back in by a parent/carer.
- Athletes visiting the bathroom during workshops should make this known to staff in the workshop or at the reception desk.
- In venues accessible to members of the public, participants under the age of 11 should attend the bathrooms with a supervising adult or peer.

Allegations against staff members/ volunteers:

If any member of staff has concerns about another member of staff or volunteer 230 Intensives such as:

- Believing they have behaved in a way that has harmed or may cause harm to a child
- Having possibly committed a criminal offence against or relating to a child
- Behaved toward a child in a way that indicates he/ she is unsuitable to work with children. (This could include both children within the work place, children within the community or their own children).

The allegation or concern should be reported to the manager with responsibility for dealing with allegations immediately. This is Laura Harris.

Neither the member of staff who has raised the concern/ allegation nor the member of staff who is alleged against should be allowed to question children or be part of any further investigation.

The designated manager for 230 Intensives will report the matter to the Local Authority designated Officer (LADO).

If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk or harm to a child/ren for which that member of staff is responsible, the general principles outlined in this policy will still apply.

This policy will be reviewed annually.

Date of last review: 25/7/24

Signed: *L. Harris* (Designated Safeguarding Lead)

Appendix A:

Definitions of abuse:

Physical abuse: A form of abuse that 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 causes illness in a child.

Emotional abuse: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless, unloved inadequate, or valued in so far as they meet the needs of another person only, 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 the over protection 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 (or cyber bullying), causing children to frequently 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, although it may occur alone.

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, touching outside of clothing. They may also include noncontact 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: The persistent failure to meet a child's 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 and abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care givers); ensure access to appropriate medical care or treatment. It may also include an unresponsiveness to a child's basic emotional needs.

This is not a complete list, just examples. It is essential to remember it is not the role of staff or volunteers to determine whether abuse has taken place. It is simply to identify concerns and share them first with the DSP and then the Local Authority.

Appendix B:

Harm or the potential harm to a child may come to your attention in a number of ways:

- Information given to you by the child, his/ her friends a family member or close associate
- The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' harmful situations through play.
- An injury may arouse suspicion if; it does not compare with the explanation given, different individuals give different explanations, the child appears anxious when discussing the injury, a child is pre mobile or has limited mobility and is bruised.
- Suspicion is raised as a picture of events is built up over time
- A child or young person is known to be having contact with an individual/s that have been identified as presenting a potential risk of harm to children.
- A parents behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child for example substance misuse.

Appendix C:

Managing a disclosure from a child:

- Listen carefully
- Do not ask leading or probing questions
- Never stop an individual who is talking freely
- Never promise to keep a secret
- Be reassuring they have done the right thing in disclosing
- Following the disclosure record the information and pass it on to your DPS.