



SAFEGUARDING CHILDREN AND VULNERABLE YOUNG ADULTS POLICY (CHILD PROTECTION) POLICY

Reviewed August 2021: Jill Eaton

Signed:



Reviewed: 15th August 2021



INTRODUCTION

As a Learning Provider working with young adults in educational work settings it is essential that we work within the guidelines of the schools and County Council policies relating to safeguarding and Child protection.

This document outlines our commitment to ensuring safe practice throughout all levels of delivery:

- Within the core administrative organisation of Sporting Futures Training UK Ltd/CIC/Educational Futures Ltd including, staff and volunteers
- Within our work with Lead Tutors and their Learners who will be based within partner schools and community settings.

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and taking action to enable all children to have the best life chances.

This Child Protection Policy forms part of the everyday safeguarding responsibilities of Sporting Futures Training.

In particular this policy should be read in conjunction with the relevant sections in the Employers Handbook relating to safeguarding such as use of social media, staff code of conduct etc.

As Apprentices in school settings. Learners will follow their own institutions policies.

Sporting Futures Training UK Ltd/cic/Educational Futures Ltd provides a supportive role for ALL our Apprentices to give guidance in relation to any Child Protection issues that may arise whereby professional guidance is required to support the Learners and staff in relation to next steps.

All Learners receive a Safeguarding delivery within their induction at the start of their Apprenticeship (or as close to the start as possible) and in addition will receive training within their work-placements/with their employers. It is the employer's responsibility to ensure that all learners are Level1 safeguarding trained. There are different layers to safeguarding within Sporting Futures Training owing to the nature of our delivery. It is expected that safeguarding issues will be dealt with by the school in the first instance if concerning an issue within that employment setting.

If an allegation involves an SFT Learner, the SFT Safeguarding Lead will make contact with the Designated School Lead to be assured that correct procedures are being followed.

Any disclosures by SFT Learners will be dealt with by SFT Designated Safeguarding Team as identified.

In relation to attendance and absence the SFT Tutor will be kept informed by the Learner and School of absence from the job role and the SFT Office will be notified by Tutor if a Learners absence extends beyond 5 days. Please see attached Safeguarding Processes document

Purpose of a Child Protection Policy

To inform staff, volunteers and partners about the companies responsibilities for safeguarding children.
To enable everyone to have a clear understanding of how these responsibilities should be carried out.

Organisation Staff & Volunteers

All company staff and volunteers have a responsibility to provide a safe environment in which children can learn.

Staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

All staff will receive appropriate safeguarding children training (which is updated regularly –advisory within every 3 years), so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. It is good practice for the Designated Safeguarding Team to



deliver an annual update. All staff will show an understanding of current government safeguarding guidelines. E.g. the Prevent Duty, Working Together to Safeguard Children.

Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Team

All staff, volunteers working directly with Sporting Futures Training UK Ltd/cic/Educational Futures Ltd will have an enhanced disclosure form (DBS) and Specialist Partner Tutors in the first instance the company will review and note their DBS numbers as they will have school based/ Organisation based disclosures which will be held centrally with Sporting Futures Training, however, SFT in light of a review of practise we will be putting them through an SFT disclosure. Staff members and Learners who are under the age of eighteen will be assigned a mentor within their setting to ensure that young members of staff are not themselves victims.

Mission Statement

Ensure staff, volunteers and Learners know the designated safeguarding team within Sporting Futures Training in relation to concerns with regards to all areas of Child Protection and Safeguarding. Sporting Futures Training UK Ltd/cic/Educational Futures Ltd has a designated safeguarding Team who share responsibility. Overall responsibility will be with Directors. All areas are as follows:

DSL: John Baranowski
Deputy DSPs – Jill Eaton and Karen Kelly
Child protection: All Team
DBS: Jill Eaton
On line safety: All Team
Prevent: John Baranowski

Establish and maintain an environment where staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well- being of a child.

Ensure Staff, Volunteers, learners contribute to the five outcomes which are key to children's wellbeing:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing

Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

All staff should comply with company Code of Conduct -as attached at end of policy.

The policy will be reviewed annually by the Designated Lead Team.



Implementation, Monitoring and Review of the Child Protection Policy

THE DESIGNATED SENIOR PERSON (referred to in 'Keeping Children Safe in Education (DFE, April 2014) as Designated Safeguarding Lead')

The Designated Safeguarding Lead Team for Child Protection in this Company are:

NAME: Jill Eaton – Director Safeguarding Lead

Deputy DSPs

Dan Roe – Curriculum Lead new to role Sept 21

Karen Kelly: Curriculum Lead

A Lead/ Deputy DSP will be trained accordingly to the required Level for a Lead DSP and receive bi-annually training to continue this role. The trained Lead and Deputy for this company are: Jill Eaton, Dan Roe – To be trained Oct 2021, Karen Kelly- Outer areas will include DSL who report to the core SFT Safeguarding Team – Sedgefield – Sarah Walmsley, Birmingham – Ali Mapp, Liverpool – Vicky Marshall

The Designated Safeguarding Team received Senior Designated Safeguarding Lead Training from ECP Ltd – Nicole Williamson. There is not a level 3 attached to the training it is the appropriate Level of Training for the Designated Safeguarding Leads role.

All Senior Team as shown above also received Designated Safeguarding Lead Training October 2018 and Safer Recruiting Training

The core team received training on the completion of DBS forms September 2018 – Pro-Action – the company who process our DBS forms.

CPOMS system now in place to record any safeguarding instances. Implemented February 2019.

Senior Team DSL Training – Oct 2020, Safer Recruiting Training - Nov 2020 with ECP Training

The broad areas of responsibility for the designated safeguarding lead are:

Managing referrals

- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies **Appendix 1**
- Sporting Futures Training has an identified associated Counsellor with whom the Safeguarding Team can refer individuals for a supported number of sessions if required.

Training

- The designated safeguarding team should receive appropriate training carried out every two years in order to:
- Obtain access to resources and attend any relevant or refresher training courses

Raising Awareness

- The designated safeguarding team should ensure the companies policies are known and used appropriately:
- Ensure the companies' child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.

Safeguarding and Protection of Vulnerable Young Adults – Processes for Sporting Futures Training

Overview of Sporting Futures Training:

Safeguarding is extremely high on the agenda of Sporting Futures Training and we seek to embed a culture whereby both staff and Learners are confident to raise safeguarding concerns.

Owing to the nature of our work with PE Apprentices within school settings the following is the general rule for consideration and Safeguarding has to operate on two levels:

1. As the Employee of a school, the employers are the first point of contact regarding safeguarding issues relating to SFT Learner i.e. allegations of safeguarding concerns against the Learner in relation to an incident within their own school setting. At this point SFT Designated Team will be informed by the Employer that there is an issue and we will support in accordance with Employer Safeguarding Policy.
2. As the Training provider any disclosure will be dealt with in accordance with SFT procedures, with confidentiality and Learner Safety being paramount. Support will be given to the Learner and relevant signposting to support agencies will occur if required. In all cases individuals will be guided to disclose to the relevant Safeguarding Lead in their place of Employment.

All individual cases are dealt with in accordance with professional codes of conduct taking into consideration Learner safety, confidentiality and any disclosure follows set procedures as outlined in the safeguarding policy.

SFT Designated Safeguarding Team will be alerted to an issue by the tutor and will be involved as much as is allowed owing to confidentiality of case etc.

Where required and allowed the SFT Team will liaise with the Designated Lead for Safeguarding within the school to ensure the Learner is being dealt with in accordance with safeguarding procedures. The case will be recorded centrally by SFT Designated Safeguarding Team.

In individual hub sites at the discretion of the Employer the local tutor may be the first point of contact with regards to concerns, these will be relayed securely through to SFT Designated Team and a professional decision and action will be taken upon appropriate courses of action as per school and SFT policies.

Review of current Practise:

- Apprentice starter paperwork is collated and SFT produce two lists to identify Learning Concerns and Health Concerns
- Tutors are then made aware electronically through secure email of the needs of their Apprentice cohort
- The list is reviewed half termly to address any new starts or leavers and the relevant tutors are made aware of changes
- Data is retained on an encrypted memory stick which is retained within the safe at central office – password is held by Designated Safeguarding Team
- All tutors have access to 'safeguarding cause for concern documents' if they have a concern regarding one of their learners. Recording sheets are kept in the library on CPOMs that all staff can access, these will be completed and then uploaded to the CPOMS system and Senior DSPs will be alerted and be able to offer support and guidance. All learners that are monitored on the CPOMS system are discussed at the half termly safeguarding meeting. Where required exceptional meetings of the Safeguarding Team are drawn together.
- At each review meeting the SFT Designated safeguarding Team will Rag Rate the individual Cause for Concerns
- Whenever a safeguarding cause for concern is entered onto the system the Designated Leads and Deputies in the Central Office will be alerted along with the Designated lead in their area. This will

then allow appropriate support to be allocated to the tutor and the learner. RED – High Priority – Safety of Self/Others – Referral to outside agencies

- AMBER – Continued monitoring through both Tutor and SFT Safeguarding Team
- GREEN – Continued monitoring through Tutor
- Through continual discussions with tutors we will assess at what stage we move the individual to a different Rag Rated category

Safer recruiting involving Learners:

SFT do NOT recruit the learners- Learners are signposted to schools via our recruitment Lead – James French and our Recruitment Co-ordinator – Austin Eaton – Schools interview and carry out their own safer recruitment of learners into their roles as Apprentices.

SFT conduct initial contact phone calls with applicants to inform applicants of the nature of the role and answer any queries the learner may have.

Applicants are then signposted to appropriate schools as determined primarily by geography and distance of apprentice to the potential host school. The school proceeds to interview would be candidates and if candidates are successful then the process of the Apprenticeship journey begins.

All contact with learners takes place whilst in the office and on the work phones.

PREVENT

Any **prevent** concerns should be reported directly to the Anti-terrorism hotline 0800 789321 and inform the SFT Designated Safeguarding Team that this has occurred.

- If required at any point a member of the Designated Safeguarding Team for Sporting Futures Training will attend any meetings related to discussion of individual cases in accordance with Employment and Safeguarding issues.
- **SFT Designated Safeguarding Team**



Jill Eaton
 Director: Deputy DSP
 Overall responsibility & DBS
 07901 603292



Dan Roe
 Designated Safeguard Team
 Training to be attended Oct
 2021



Karen Kelly
 Designated Safeguard Team
 Level 2 Trained: Child Protection
 07534 294919

Sarah Walmsley
 Apprenticeship Lead: Designated
 Safeguard Lead - North East - Sedgfield
 01388 721866

Ali Mapp
 Apprenticeship Lead: Designated
 Safeguard Lead – Kingsbury SSP –
 Birmingham
 0121 – 373 1080 Ext 202

Vicky Marshall
 Apprenticeship Lead: Designated
 Safeguard Lead – Liverpool SSP
 07818065569

Sporting Futures Board members

- Jo Pountney – Director SFT – J.pountney@sortingfutures.co.uk
- Jill Eaton- Director SFT – Jilleaton1@sportingfutures.com
- Anna Morrison - anna@amazingapprenticeships.com
- Karen Kelly - karenkelly1@me.com



- If you had any concerns relating the Designated Safeguarding Team then please contact the Board members above

CHILD PROTECTION PROCEDURES DOCUMENT

The following guidelines are related to school settings and will be specific to individual schools. However, it has been included within Sporting Futures Training Policy to reflect exemplar County Council's procedures in relation to child protection.

Sporting Futures Training would be supporting and working alongside these guidelines with partner schools.

Training for all staff, volunteers and Learners in relation to the accompanying guidelines will be given.

WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 2 for details.**

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'

DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told

- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Person without delay

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Person within their school setting or the Designated Safeguarding Team at Sporting Futures Training.

CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

RECORD KEEPING

When a child has made a disclosure, the member of staff/volunteer should:

- Record as soon as possible after the conversation. Use the school record of concern sheet wherever possible. Sporting Futures Training complete cause for concern form if applicable (appendix 3)
- Do not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Senior Person promptly. No copies should be retained by the member of staff or volunteer.

The Designated Senior Person will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005

ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he will pose a risk of harm if they work regularly or closely with children



This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook, school and company code of conduct or Government document 'Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings'.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised, and the person should be advised that the concern will be shared on a 'need to know' basis only. Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present.

Children's Services – 03001234043
SOOHS (Out of Hours Service-Children's Services) - 03001234043

SPORTING FUTURES TRAINING CODE OF CONDUCT – Appendix 1

This will be given to ALL staff at the start of their employment with Sporting Futures Training **CODE OF CONDUCT FOR STAFF**

Sporting Futures Training seeks to provide a safe and supportive environment where the welfare and health and safety of learners is paramount. Safeguarding is extremely high on our agenda and is embedded in everything we do.

You should seek to act professionally at all time's, but we recognise that tensions and misunderstanding can occur in the context of interaction between staff and Learners.

This guidance aims to help you safeguard learners and reduce the risk of conduct which could be mistakenly interpreted as improper and lead to allegations being made against individuals.

PRINCIPLES

- The welfare of young people and vulnerable adults is paramount. SFT promote a culture where staff and Learners are confident to raise safeguarding concerns.
- You are responsible for your own actions and behaviour You should avoid any conduct which would lead any reasonable person to question your motivation and intentions
- You should understand your responsibilities to safeguard and promote the welfare of learners
- You should work and be seen to work in a transparent way
- You should report any incident which may give rise to concern to the SFT senior team.
- All staff should be aware of and follow SFT's safeguarding policy and procedures
- Staff who breach this code of conduct may be subject to the SFT's disciplinary procedures
- You should apply the same professional standards regardless of culture, disability, gender, language, racial origin, religious belief, sexual orientation or gender status
- Serious breach of this code may result in a referral being made to an external or statutory agency such as the local authority Social Care Team or the Police.

WORKING WITH LEARNERS

You have a duty of care to keep learners safe and are accountable for the way in which you use your authority and position of trust. This duty can be best exercised through the development of caring but professional relationships. You should ensure that your relationships with learners are appropriate to the age and gender of the student, taking care that your conduct does not give rise to comment or speculation. Attitudes, demeanour and language all require care and thought, particularly when dealing with adolescent boys, girls and vulnerable learners.



Comments by you to young and vulnerable Learners, either individually or collectively, can be misconstrued. As a general principle, you must not make unnecessary comments to and/or about learners, which could be construed to have a sexual connotation.

It is also unacceptable for you to introduce or to encourage debate amongst Learners in a class, training situation or elsewhere, which could be construed as having a sexual connotation that is unnecessary given the context of the session or the circumstances.

However, it is recognised that a topic raised by a student is best addressed rather than ignored. It is appropriate for you to advise the student where they can access further advice and support.

You should:

- Treat all Learners with respect and dignity
- Always put the welfare of the learner first
- Understand that the systematic use of insensitive, disparaging or sarcastic comments such as those that refer to a young person's body, intelligence, gender, sexual orientation or ethnicity in any way are unacceptable
- Not swear or use offensive or discriminatory language
- Never make sexual remarks to a learner or discuss your own personal sexual relationships
- Avoid any communication which could be interpreted as sexually provocative
- End the discussion if it becomes uncomfortable or embarrassing
- Work in an open environment avoiding private or unobserved situations and encourage open communication
- Give enthusiastic and constructive feedback rather than negative criticism
- Always challenge inappropriate language from learners or colleagues
- Never allow allegations made by a learner to go unrecorded or not acted upon
- Not do things of a personal nature for a learner that they can do for themselves.

ONE TO ONE SITUATIONS

You should be aware of the potential risks which may arise when working alone with a learner. It is recognised that there will be occasions when confidential interviews or meetings must take place:

- If possible leave the door open or use a room with a window in the door
 - Where such conditions cannot apply, you are advised to ensure that another adult knows that the meeting is taking place
 - Avoid travelling in a car with one learner and inform someone if the situation is unavoidable
- You should take extra care in less formal situations and remember you are still in a position of trust.

CONFIDENTIALITY

You should:

- You should never share information about learners in a casual manner.
- Be clear about when information can be shared and in what circumstances it is appropriate to do so, seeking advice from SFT core team member if required.
- Treat information they receive about pupils in a discreet and confidential manner

YOUR BEHAVIOUR

You should adopt high standards of personal conduct at all times:

- Your clothing should reflect a professional appearance and should be suitable for the occupational area in which you are working
- You should dress in a manner which will avoid inappropriate comments or considered to be discriminatory or culturally sensitive.
- Never act in a way that can be perceived as threatening
- Any communication with learners is appropriate to their apprenticeship and is open and transparent to all others
- You should never keep images of Learners on personal equipment

PHOTOGRAPHING LEARNERS – All in accordance with GDPR May 2018

- Ensure you have got consent to take photographs
- Never store photos of Learners for longer than is absolutely necessary



- Be clear about the purpose of the activity and about what will happen to the images
- Only take a picture of a student to showcase their activity, i.e. do not take casual snaps or selfies. It is okay if you are taking a picture of Learners at work to publish on Partnership or SFT social media e.g. Tweeting a photo of a show or student work and tagging it.

CONTACT WITH LEARNERS

You should never contact a learner for the purpose of friendship. It is recognised that there may be occasions when accidental or reasonable social contact may be unavoidable, e.g. meeting Learners at social venues open to the general public or in shops or at private parties. In such circumstances, you should be mindful at all times of your professional relationship with Learners.

- You should never lend money to Learners. Learners who need money for food or travel should be directed to the SFT Directors Jill Eaton / Jo Pountney.
- It is unavoidable in our working environment to not contact our learners through personal telephone numbers and emails and What's App has become a vital tool in effective communication, however it is vital that when communicating with learners in this way you ensure that all content is related to the learners Apprenticeship and in an open and appropriate manner.
- Please ensure that any What's App or facebook groups set up for the purpose of your learner group communication are not kept private and that SFT Core team are aware.
- Never give out personal contact details, personal email Twitter or Facebook addresses, personal user names or gamer tags
- Never accept friendship or access requests from learners on any social networking sites, 'apps' with social functions or gaming platforms
- Report any suspected infatuation or situation which you may feel compromises your professional standing to a member SFT Core team
- Unavoidable social contact with a learner must be reported to SFT Core team. e.g. where you are a member of the same gym or sports club

REPORTING CHILD PROTECTION DISCLOSURES AND CONCERNS

You should follow the process below if a student tells them about possible abuse:

- Listen carefully and stay calm
 - Do not interview the student, but question normally and without pressure, in order to be sure that you understand what the student is telling you
 - Do not put words into the learner's mouth
 - Reassure the learner that by telling you, they have done the right thing
 - Inform the learner that you must pass the information on, but that only those that need to know about it will be told. Inform them of whom you will report the matter to
 - Note the main points carefully
 - Make a detailed note of the date, time, place, what the learner said, did and your questions etc
 - Do not investigate concerns or allegations yourself, but report them immediately to the Safeguarding Officer
- If, at any point there is a risk of immediate serious harm to a young person or vulnerable adult and a Safeguarding Officer is not available or you disagree with their decision making, a referral should be made to Children's or Adults Social Care immediately. Anybody can make a referral. A Safeguarding Officer should always be informed about any referrals made to Children's or Adults social care as soon as possible.

INCIDENTS THAT MUST BE REPORTED

- If a learner is accidentally hurt
- If you are concerned that a relationship is developing that could represent an abuse of trust
- If you are concerned that a learner is becoming attracted to you or a colleague
- If you are concerned that a colleague is becoming attracted to someone in his/ her care
- If a learner misunderstands or misinterprets something you have done



- If you have had to use reasonable physical restraint to prevent a learner harming themselves, or another, or from causing significant damage to property
- If a learner makes an allegation of abuse
- If you see any suspicious marks on a learner
 - If you notice sudden changes in behaviour

SEXUAL CONTACT

It is a criminal offence for a person in a position of trust to engage in any sexual activity with a person aged under 18 with whom they have a relationship of trust, irrespective of the age of consent, even if the basis for your relationship is consensual. There is NO acceptable behaviour that has either explicit sexual connotations or innuendo. Any such behaviour will always be treated as extremely serious and must be reported immediately.

PHYSICAL CONTACT

There are occasions when it is appropriate and proper for staff to have physical contact with learner's, but it is crucial that they only do so in ways appropriate to their professional role.

- Never touch a learner in a way that may be considered indecent
- Be aware that even well intentioned physical contact can be misconstrued
- Be aware of cultural or religious views about touching and always be sensitive to gender issues.

WHISTLEBLOWING

Whistleblowing should be part of transparent work practices and is not intended to set up mistrust or suspicion among members of staff.

It can be difficult to accept that a colleague may deliberately harm a vulnerable person. It may also be that the behaviour that causes concern is bad practice rather than abuse.

SFT will support and protect all staff and Learners who, in good faith and without malicious intent, report suspicions of abuse or concerns about colleagues and their actions through the Whistleblowing procedure.

APPENDIX 2 - INDICATORS OF HARM

PHYSICAL ABUSE

Physical abuse is deliberately hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a house where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside the family environment.

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence, or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single

bruised eye can be accidental or abusive)

- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, handprints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechiae hemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discoloration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent, or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Nonorganic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause



- Speech, language, or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others



Frequently absent from school
An explanation which is inconsistent with an injury
Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence
Not seeking medical help/unexplained delay in seeking treatment
Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury
Aggressive towards child or others
Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Parent/carer may be over involved in participating in medical tests, taking temperatures, and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much-needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties may (or may not) be associated with this form of abuse.
Parent/carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community
History of mental health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on the child's emotional development.

Although the effects of emotional abuse may take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with a child.

Emotional abuse may involve deliberately 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.

Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones-by a child’s peers.

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 overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self-esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Self-harm

Fear of parents being contacted

Extremes of passivity or aggression

Drug/solvent abuse

Chronic running away

Compulsive stealing

Low self-esteem

Air of detachment – ‘don’t care’ attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention

Low self-esteem, lack of confidence, fearful, distressed, anxious

Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.

Abnormal attachment to child e.g. overly anxious or disinterest in the child

Scapegoats one child in the family

Imposes inappropriate expectations on the child e.g. prevents the child’s developmental exploration or learning, or normal social interaction through overprotection.

Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is the persistent pattern of 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, whether it be adequate food, clothing, hygiene, supervision, shelter or access to appropriate medical care or treatment.

It may also occur if a parent becomes physically or mentally unable to care for a child.

A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child.

Children who are neglected often also suffer from other types of abuse.

Neglect may occur during pregnancy as a result of maternal substance abuse.

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea.

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay



Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self-harming behaviour

Indicators in the parent

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child.e.g. anxious

Low self-esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, and hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family

Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating



Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse is any sexual activity with a child.

Many children and young people who are victims of sexual abuse do not recognise themselves as such.

Sexual abuse can have a long-term impact on mental health.

Sexual abuse 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.

Sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure.

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self-mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)



Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct
Sexually exploited or indiscriminate choice of sexual partners
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in the parents

Comments made by the parent/carer about the child.
Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities
Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness, or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Family member is a sex offender.

Ratified by: Jill Eaton Signature: 
Date: 01-09-2020





Name:	D.O.B/Age:
Cause for concern details:	
Recorded by:	Signature:
Date:	

Date:	Action or review	DST member



Safeguarding Process to be followed by Tutors.

– All tutors should now be using the CPOMs system to record all concerns, below are our steps that we take to ensure that we are looking out for our Learners:

Safeguarding and Protection of Vulnerable Young Adults – Processes for Sporting Futures Training

Overview:

Owing to the nature of our work with PE Apprentices within school settings the following is the general rule for consideration:

As the Employee of a school, the employers are the first point of contact regarding safeguarding issues relating to SFT Learner.

SFT Designated Safeguarding Team will be alerted to an issue by the tutor and will be involved as much as is allowed owing to confidentiality of case etc.

Where required and allowed the SFT Designated Safeguarding Team will liaise with the Designated Lead for Safeguarding within the school to ensure the Learner is being dealt with in accordance with safeguarding procedures. The case will be recorded centrally by SFT Designated Safeguarding Team.

Review of current Practise:

- Apprentice starter paperwork is collated and SFT produce two lists to identify Learning Concerns and Health Concerns
- Tutors are then made aware electronically through secure email of the needs of their Apprentice cohort
- The list is reviewed half termly to address any new starts or leavers and the relevant tutors are made aware of changes
- TUTORS make SFT DESIGNATED SAFEGUARDING TEAM aware of any causes for concern amongst their Learners via CPOMs
- SFT designated safeguarding team have access to, 'cause for concern' recording sheets that are retained within central office via the electronic system of CPOMs – if a tutor has a concern relating to their Learner, they will record the concern on the CPOMs system that alerts the DSPs to the issue
- The cause for concern register is kept securely on CPOMs and the DSPS review all concerns on a half termly basis Where required exceptional meetings of the Safeguarding Team are drawn together.
- At each review meeting the SFT Designated Safeguarding Team will Rag Rate the individual Cause for Concerns
- RED – High Priority – Safety of Self/Others – Referral to outside agencies
- AMBER – Continued monitoring through both Tutor and SFT Safeguarding Team
- GREEN – Continued monitoring through Tutor
- Through continual discussions with tutors we will assess at what stage we move the individual to a different Rag Rated category

Any **prevent** concerns should be reported directly to the Anti-terrorism hotline 0800 789321 and inform the SFT Designated Safeguarding Team that this has occurred. The attached PREVENT POLICY and Risk Assessment/Action Plan can be viewed separately to this document

If required at any point a member of the Designated Safeguarding Team for Sporting Futures Training will attend any meetings related to discussion of individual cases in accordance with Employment and Safeguarding issues.

Please also note that whereby we have an individual who is an SFT Learner working with KEITS Training for NON_LEVY CONTRACT – we will contact the KEITS designated Safeguarding Lead – Rebecca Diamond to ensure they are completely aware and involved as per individual case by case basis.