

**Child Protection and Safeguarding policy**

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| **Approved By** | **Version** | **Issue date** | **Review date** | **Contact person** |
| Board | 2 | June 2018 | June 2019 | Ken Masters |

**Subject to annual review unless there is:**

* Change in safeguarding legislation
* Trust implements new activity
* Safeguarding incident
* Following significant organisational change

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# Policy statement and principals

Bristol Rovers Community Trust (BRCT) is committed to providing a safe and positive environment for everyone involved in its services and activities. The Trust takes its extended moral and legal duty of care very seriously in relation to children and young people. We seek to ensure the safety and wellbeing of all children and to protect them from harm or abuse when they engage in any activities conducted under the name of Bristol Rovers Community Trust*.* This policy is one of a number in the Trust’s safeguarding portfolio*.*

This policy is promoted to all new staff, volunteers and participants and via the Trust website. It is also included in the staff handbook.

## Child protection statement

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

The procedures contained in this policy apply to all staff and volunteers are consistent with those of Bristol Local Safeguarding Children Board (LSCB).

### Policy principles

* The welfare of the child is paramount
* All children, regardless of age, ability, culture, race, language, religious beliefs, sexual or gender identity, have equal rights to protection
* Safeguarding is everybody’s responsibility. All staff and volunteers have a responsibility to respond positively in response to any concerns, suspicion or disclosure that may suggest a child is at risk of harm
* Children, volunteers and staff involved in child protection issues will receive appropriate support
* Staff and volunteers with roles and responsibilities for children and young people will be subject to appropriate safe recruitment checks and safeguarding training
* BRCT staff and volunteers of the Trust will receive appropriate learning and training opportunities to ensure that they can make informed and confident responses to safeguarding issues
* BRCT is committed to providing a safe and positive environment for all children and young people to participate in the sport to the best of their abilities for as long as they choose to do so

### Policy aims

* To provide all staff and volunteers with the necessary information to enable them to meet their safeguarding and child protection responsibilities
* To promote consistent good practice
* To demonstrate the Trust’s commitment to safeguarding children

### Terminology

**Safeguarding** and promoting the welfare of children refers to the process of protecting children from maltreatment, preventing the impairment of health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and taking action to enable all children have the best outcomes.

**Child protection** refers to the processes undertaken to protect children who have been identified as suffering, or being at risk of suffering, significant harm.

**Staff** refers to all those working for or on behalf of the Trust, full time or part time, temporary or permanent, in either a paid or voluntary capacity.

**LDSO** refers to the Lead Designated Safeguarding Officer at the Trust

**DSO** refers to the designated safeguarding officer at the Trust

**Child** includes everyone under the age of 18.

**Parent** refers to birth parents and other adults who are in a parenting role, for example stepparents, foster carers and legal guardians.

# Safeguarding legislation and guidance

The following safeguarding legislation and guidance has been considered when drafting this policy:

* Children Act 1989
* Children Act 2004 Children and Families Act 2014
* Criminal Justice Act 1988
* UN Convention on the Rights of the Child
* The Human Rights Act 1998
* Sexual Offences Act 2003
* Safeguarding Vulnerable Groups Act 2006
* Equality Act 2010
* Serious Crime Act 2015Counter terrorism and Security Act 2015
* Protection of Freedoms Act 2015
* Working Together to Safeguard Children 2017
* Keeping Children Safe in Education 2016
* What to do if you’re worried a child is being abused 2015

# Roles and responsibilities

**Key personnel**

**The lead designated safeguarding officer (LDSO) for safeguarding is**

Ed Strange

Contact details: email: edstrange@bristolroverscommunitytrust.org.uk

Tel: 07902 500965

**Matchday DSO**

Adam Tutton

Contact details: email: [adam@bristolroverscommunity.org.uk](mailto:adam@bristolroverscommunity.org.uk)

Tel: 07889 044058

**The Senior Safeguarding Manager is**

Ken Masters

Contact details: email: kennethkmdm@aol.com

Tel: 07710 439922

**The Lead Designated Safeguarding Officer (LDSO):**

* has the status and authority within the Trust to carry out the duties of the post, including committing resources and supporting and directing other staff
* is appropriately trained, with regular updates
* acts as a source of support and expertise to the Club community
* has a working knowledge of LSCB procedures and FA Procedures
* makes staff aware of LSCB training courses and the latest policies on FA safeguarding
* keeps detailed written records of all concerns, ensuring that information-sharing and record storage is secure and compliant with statutory guidance and General Data Protection Regulation
* refers cases of suspected abuse to the Local Authority, FA Case Management Team, ISA and/or police as appropriate
* attends and/or contributes to child protection strategy meetings and conferences
* takes the lead role in development of BRFC’s safeguarding framework and coordinates the implementation of the club’s approach to safeguarding children and young people
* Coordinates the Club’s contribution to child protection plans
* develops effective links with relevant statutory and voluntary agencies including the LSCB
* ensures that Safeguarding policy and linked policies, procedures and practice guidance are reviewed and updated annually
* liaises with and reports regularly to the Senior Safeguarding Manager and Technical Board
* Coordinates dissemination of policy, procedures and resources through each area of Club activity or responsibility
* Promotes the safeguarding policy to all stakeholders and publicly, on the Club’s website and by other means
* Advises about safeguarding recruitment/deployment checks, training needs, resources and requirements and ensures all staff have access to and undertake appropriate learning and training opportunities with compliance being reviewed regularly

**The Designated Safeguarding Officer:**

* is appropriately trained, with regular updates
* has a working knowledge of LSCB procedures and FA Procedures
* keeps detailed written records of all concerns, ensuring that information-sharing and record storage is secure and compliant with statutory guidance and General Data Protection Regulation
* refers cases of suspected abuse to the Local Authority, Lead Designated Safeguarding Officer, FA Case Management Team, ISA and/or police as appropriate
* Liaises with and reports regularly to the Lead Designated Safeguarding Officer
* Promotes the safeguarding policy to all within their department
* Is aware of Safeguarding Recruitment Policies/Checks and relevant training required for all positions within their departments and abides

**The Senior Safeguarding Manager:**

Is responsible for the strategic and operational direction and embedding safeguarding across the club. The Senior Safeguarding Manager is also responsible for ensuring that accountability and governance arrangements for the Trust are understood and addressed at Board level.

**Good practice guidelines and staff code of conduct**

Good practice includes:

* treating all with respect
* setting a good example by conducting ourselves appropriately
* maintaining a child focus and involving children and young people in decisions that affect them
* encouraging positive, respectful and safe behaviour by all
* being a good listener
* being alert to changes in children’s behaviour and to signs of negative impact, abuse, neglect and exploitation
* recognising that challenging behaviour may be an indicator of abuse
* reading and understanding the Club’s child protection policy, staff behaviour policy and guidance documents on wider safeguarding issues
* being aware that the personal and family circumstances of some children and other issues of diversity (including disability and communication/learning differences) lead to an increased risk of abuse
* sharing all concerns about a child’s safety and welfare to the LDSO / DSO without delay, or, if necessary directly to police or children’s social care

# Abuse of position of trust

All staff are aware that inappropriate behaviour towards children is unacceptable and that their conduct towards them must be beyond reproach.

Staff understand that under the Sexual Offences Act 2003 it is an offence for a person over the age of 18 to have a sexual or intimate relationship with a person under the age of 18, where that person is in a position of trust, even if the relationship is deemed consensual. This means that any sexual activity between those in a position of trust and a young person under 18 may be a criminal offence and would be reported to the Local Authority Designated Officer (LADO).

# Children who may be particularly vulnerable

Some children may be at increased risk of harm or abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to recognise concerning behaviour or to accept that abuse can occur. To ensure that all children involved in Trust activities receive equal protection, we will give special consideration to those who are:

* disabled or have communication and language differences
* young carers
* affected by parental substance misuse, domestic violence or parental mental health needs
* asylum seekers
* living away from home
* vulnerable to being bullied, or engaging in bullying
* living in temporary accommodation
* live transient lifestyles
* living in chaotic and unsupportive home situations
* vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability, gender identity or sexuality
* at risk of sexual exploitation
* do not have English as a first language
* at risk of female genital mutilation (FGM)
* at risk of forced marriage
* at risk of being drawn into extremism.

This list provides examples of additionally vulnerable groups and is not exhaustive. Special consideration includes the provision of safeguarding information and resources in community languages when appropriate and accessible formats for children with communication support needs.

# Responding to allegations, disclosures or concerns

All staff, volunteers and players have a responsibility to ensure the safety and welfare of children and to take appropriate steps to ensure that suspicions and allegations of abuse are taken seriously and responded to quickly and appropriately. It is not the responsibility of anyone within the trust to decide whether or not child abuse has taken place. It is never an option to do nothing if you become aware of concerns. These should be shared with the appropriate designated individuals or agencies without delay so that advice can be sought, and appropriate action taken. It is however recognised that an individual may need to respond to a situation immediately and prior to such contact if the nature of the suspicion or report is putting the child concerned in immediate danger.

# ▪ Raising concerns about a member of staff or a colleague

Staff who are concerned about the behaviour of a colleague towards a child are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague’s career. All staff must remember that the welfare of the child is paramount. The Trust’s whistleblowing code enables staff to raise concerns or allegations, initially in confidence and for a sensitive enquiry to take place.

All concerns of poor practice or possible child abuse by colleagues should be reported to the LDSO Complaints about the LDSO should be reported to the Senior Safeguarding Manager. The LADO will be notified of any concerns relating to staff and the Trust’s Designated staff will consult with the police and local authority children’s social care as appropriate. Useful contact details are listed at the end of this policy.

Staff may also report their concerns directly to the LADO, children’s social care, the police or the NSPCC if they believe direct reporting is necessary to secure action. Where there is a complaint against a member of BRFC staff then one of the following may occur:

* A criminal investigation led by the Police
* A child protection investigation led in a multi-agency approach by the Local Authority
* A disciplinary or misconduct investigation led by the trust, which may also involve The EFL Trust

The trust will delay an internal disciplinary or misconduct investigation while a criminal or local authority investigation takes place.

## Historical Allegations against staff

All concerns will be taken seriously by BRCT and responded to positively irrespective of when they arose. Evidence demonstrates that historic concerns may indicate current risks and therefore the Trust encourages anybody with concerns to report them directly to the Police or Lead Designated Safeguarding Officer.

Please see the trust’s Whistleblowing policy.

Allegations concerning staff who no longer work at the Trust, or historical allegations will be reported to the police and/or LADO, FA and EFL.

# Staff training

It is important that all staff receive training to enable them to recognise the possible signs and indicators of abuse, neglect and exploitation and to know what to do if they have a concern.

New staff and Board members will receive a briefing during their induction, which includes the Club’s safeguarding policies and procedures, staff behaviour policy, reporting and recording arrangements, and details for the LDSO. All staff, including the LDSO, SSM and Board will receive training that is regularly updated. All staff working directly with children will be required to attend an FA safeguarding course (managers, trust, officials, trust mascots medics and other support staff) and coaches will be required to undertake the FA coaches’ safeguarding children course (‘How we support’ level 1 workshop) or the UK Coaching Safeguarding and Protecting Children workshop. Training should be refreshed at least every three years. All staff will also receive safeguarding updates via email, website access and staff meetings throughout the year.

# Safer recruitment

Our Trust complies with the requirements of Keeping Children Safe in Education (DfE 2016 and DfE 2018 which is currently subject to consultation) and the LSCB by carrying out the required checks including the take up of references and verifying the applicant’s identity, qualifications and work history. The Trust’s Staff Recruitment policy and procedures set out the process in full and can be found on our website. All staff engaged in any way in activities involving substantial and unsupervised responsibilities in relation to children, young people and adults at risk are required to have a Disclosure and Barring Service check (DBS) and will not be allowed to work in any unaccompanied capacity until clearance has been received by the Club’s LDSO.

## Volunteers

Volunteers, will undergo DBS checks commensurate with their role and responsibilities in the Club, their contact with children and adults at risk and the supervision provided to them. Under no circumstances will a volunteer who has not been appropriately checked be left unsupervised.

## Contractors

The Trust checks the identity of all contractors working on site and requests DBS with barred list checks where required by statutory guidance. Contractors who have not undergone checks will not be allowed to work unsupervised during times where children/adults at risk are on site.

# Site security

Visitors to the Trust, including contractors, are asked to sign in and are given a yellow lanyard showing a visitors badge, which confirms they have permission to be on site. All visitors are expected to observe the Trust’s safeguarding and health and safety regulations.

# Off-site arrangements, trips and visits

All extended and off-site activities are subject to a risk assessment to satisfy health and safety and safeguarding requirements. Where Trust activities are provided by and managed by the Trust, our own child protection policy and procedures apply. If other organisations provide services or activities in partnership with or on behalf of the Trust we will check that they have appropriate procedures in place, including safer recruitment procedures.

When our children are involved in off-site activities facilitated or organised by the Trust, including day and residential visits and work-related activities, we will check that effective safeguarding and child protection arrangements are in place.

# Staff/children/adults at risk online and electronic communication

The Trust provides advice to staff and volunteers regarding their personal online activity and electronic communication. BRCT has strict rules regarding online contact and electronic communication with participants and service users (children/adults at risk). Staff found to be in breach of these rules may be subject to disciplinary action and/or internal/external investigation.

# Child protection procedures

## Recognising abuse

To ensure that our children are protected from harm, we need to understand what types of behaviour constitute abuse and neglect.

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm, for example by hitting them, or by failing to act to prevent harm, for example by leaving a small child home alone.

Abuse may be committed by adult men or women and by other children and young people.

Working Together to Safeguarding Children 2017 (HM Gov) and Keeping Children Safe in Education (DfE 2016) refer to four categories of abuse. These are set out at Appendix One along with indicators of abuse.

## Bullying

While bullying between children is not a separate category of abuse and neglect, it is a very serious issue that can cause anxiety and distress. All incidences of bullying, including cyber-bullying and prejudice-based bullying should be reported and will be managed through our anti-bullying procedures

## Taking action

**Any child in any family and in any organisation could become a victim of abuse. Staff should always maintain an attitude of “it could happen here”.**

Key points for staff to remember for taking action are:

* in an emergency take the action necessary to help the child if necessary, call 999
* report your concern as soon as possible to the LDSO, definitely by the end of the day
* do not start your own investigation
* share information on a need-to-know basis only - do not discuss the issue with colleagues, friends or family
* complete a record of concern via the COMS system for those with access or written report if unable to access the system.
* seek support for yourself as these issues almost always have an emotional impact.

## If you are concerned about a child’s welfare

There will be occasions when staff may suspect that a child may be subject to harm or abuse. These concerns may arise as a result of issues within Trust activities or outside of the Trust environment. Their behaviour may have changed, they may show signs of confusion or distress, or physical indicators may have been noticed. In these circumstances, staff should give them the opportunity to talk and ask if they are OK or if they can help in any way.

Staff should record these early concerns and report them to the DSO. If the child does reveal that they are being harmed, staff should follow the advice below and discuss their concerns with the LDSO.

## If somebody discloses to you

It takes a lot of courage for anybody to disclose that they are being abused and there are even greater blocks for children and young people. They may feel ashamed, particularly if the abuse is sexual; their abuser may have threatened what will happen if they tell; they may have lost all trust in adults; or they may believe, or have been told, that the abuse is their own fault. Sometimes they may not be aware that what is happening is abusive.

If a child talks to a member of staff about anything that indicates a potential risk to their safety or wellbeing, **the staff member will, at the appropriate time, let the child know that in order to help them they must pass the information on to someone who can help or advise (the LDSO)**. The point at which they state that this is a matter for personal and professional judgement. During their conversations with the child staff should:

* allow them to speak freely
* remain calm and not overreact
* give reassuring nods or words of comfort – ‘I’m so sorry this has happened’, ‘I want to help’, ‘This isn’t your fault’, ‘You are doing the right thing in talking to me’
* not be afraid of silences
* **under no circumstances** ask investigative questions – such as how many times this has happened, whether it happens to siblings, or what does their mother think about it. It is fine to say ‘do you want to tell me what has happened?’ or ‘Can you describe what you mean by [*quote something they have said*]?’ in order to clarify what has caused them distress or harm
* at an appropriate time tell the child/adult at risk that in order to help them, the member of staff must pass the information on to the Trust’s safeguarding lead to get advice and support
* not automatically offer any physical touch as comfort. If the child is upset and initiates the contact themselves, this should be recorded and reported
* tell the child what will happen next
* report verbally to the LDSO themselves (never assume the child or someone else will or has done so)
* provide reassurance, but false promises of confidentiality should never be made.
* complete a written record and hand it to the LDSO or via CPOMS for those with access as soon as possible
* seek support for themselves as managing concerns always has an emotional impact

## Notifying parents

The Trust will normally seek to discuss any concerns about a child with their parents/legal guardian. This must be handled sensitively and the LDSO will make contact with the parent in the event of a concern, suspicion or disclosure.

Our focus is the safety and wellbeing of the child. Therefore, if the Trust believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children’s social care and/or the police before parents are contacted.

# Confidentiality and sharing information

All staff will understand that safeguarding issues warrant a high level of confidentiality, not only out of respect for the person and staff involved but also to ensure that information being released into the public domain does not compromise evidence or any subsequent investigation.

Staff should only discuss concerns with the LDSO and/or Senior Safeguarding Manager. That person will then decide who else needs to have the information and they will disseminate it on a ‘need-to-know’ basis.

However any member of staff can contact children’s social care if they are concerned about a child.

Safeguarding information will be stored and handled in line with the Data Protection Act 1998.

Information sharing is guided by the following rules and principles\*:

1. neither data protection legislation and guidance or human rights law are barriers to sharing information in the interests of safeguarding
2. be open and honest
3. seek advice (from designated people e.g. LDSO or statutory agencies)
4. share information with consent where possible
5. always consider safety and wellbeing
6. the information shared is necessary, proportionate, relevant, adequate, accurate, timely and secure
7. a record must be kept of your actions, decision & reasons for it

*\*Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers.HM Gov. March 2015*

Information sharing decisions will be recorded whether or not the decision is taken to share.

Records of concern and other written information will be stored in a locked facility with restricted access and any electronic information will be stored in a protected file, transferred securely and only made available to appropriate individuals.

Child protection records are normally exempt from the disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request to see child protection records, they will refer the request to the LDSO/SSM.

The Trust’s confidentiality and information-sharing policy is available to parents and young people/adults at risk on request.

# Referral to children’s social care

The LDSO will make a referral to children’s social care if it is believed that a child is suffering or is at risk of suffering significant harm. The child (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child. Any member of staff may make a direct referral to children’s social care if they believe independent advice and action is necessary to protect a child.

# Reporting directly to child protection agencies

Staff should follow the reporting procedures outlined in this policy. However, they may also share information directly with children’s social care, police or the NSPCC if:

* the situation is an emergency and the LDSO/DSO and SSM are unavailable
* they are convinced that a direct report is the only way to ensure the child’s safety
* for any other reason they make a judgement that direct referral is in the best interests of the child.

# Peer on peer abuse

Children may be harmed by other children or young people. Staff will be aware of the harm caused by bullying and will use the Club’s anti-bullying procedures where necessary. However, there will be occasions when a child’s behaviour warrants a response under child protection rather than antibullying procedures.

Peer on peer abuse can take many forms, including:

* **physical abuse** such as biting, hitting, kicking or hair pulling
* **sexually harmful behaviour/sexual abuse** such as inappropriate sexual language, touching, sexual assault
* **sexting,** including pressuring another person to send a sexual imagery or video content
* **teenage relationship abuse** - defined as a pattern of actual or threatened acts of physical, sexual or emotional abuse, perpetrated against a current or former partner
* **initiation/hazing** - used to induct newcomers into an organisation such as sports team or school groups by subjecting them to a series of potentially humiliating, embarrassing or abusing trials which promote a bond between them
* **prejudiced behaviour** - a range of behaviours which causes someone to feel powerless, worthless or excluded and which relates to prejudices around belonging, identity and equality, in particular prejudices linked to disabilities, special educational needs, ethnic, cultural and religious backgrounds, gender and sexual identity.

Abuse is abuse and should never be tolerated or passed off as ‘banter’ or ‘part of growing up’. Different gender issues may be prevalent when dealing with peer on peer abuse, for example girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence.

At our Trust, we take the following steps to minimise or prevent the risk of peer on peer abuse.

* We will seek to promote an open and honest environment where young people feel safe to share information about anything that is upsetting or worrying them.
* Induction processes are used to provide a moral framework outlining codes of conduct, acceptable behaviour and stressing the effects of bullying.
* Staff will endeavour always to create surroundings where everyone feels confident and at ease in the Trust.
* We will ensure that Trust activities are well supervised by appropriate and qualified staff and volunteers.

All allegations of peer on peer abuse should be passed to the LDSO immediately. They will then be investigated and dealt with as follows.

* **Information gathering** - children, staff and witnesses will be spoken with as soon as possible to gather relevant information quickly to understand the situation and assess both the impact and whether there was intent to cause harm.
* **Decide on action** - if it is believed that any young person is at risk of significant harm, a referral will be made to children’s social care. The LDSO will then work with children’s social care to decide on next steps, which may include contacting the police.
* **Inform parents** - as with other concerns of abuse, the school will normally seek to discuss concerns about a child with parents. Our focus is the safety and wellbeing of the child and so if the Trust believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children’s social care and/or the police before parents are contacted.

**Supporting those involved**

The support required for the child who has been harmed will depend on their circumstance and the nature of the abuse. Support could include counselling, mentoring, the support of family and friends and/or support with improving peer relationships or some restorative justice work.

Support may also be required for the child that exhibited harmful behaviour. We will seek to understand why the child acted in this way and consider what support may be required to help the child change behaviours. Once those needs have been met, the consequences for the harm caused or intended will be addressed with them in partnership with parents and external agencies as required.

# Sexting

There is no accepted definition of ‘sexting’ but most professionals agree that it refers to the sending or posting of sexually suggestive images, including nude or semi-nude photographs of a person under 18 years of age, via mobiles or over the internet. The UK Council for Child Internet Safety defines sexting as the production and/or sharing of sexual photos and videos of and by young people who are under the age of 18. It includes nude or nearly nude images and/or sexual acts. It is also referred to as ‘youth produced sexual imagery’.

‘Sexting’ does not include the sharing of sexual photos and videos of under-18 year olds with or by adults. This is a form of child sexual abuse and must be referred to the police.

Guidance for staff and volunteers dealing with sexting incident/disclosure:

* The incident should be referred to the LDSO immediately and the LDSO will clarify the concerns with any staff involved in reporting and ensure concerns are accurately recorded
* Never view, download or share the imagery yourself, or ask a child to share or download – this is illegal.
* If you have already viewed the imagery by accident (e.g. if a young person has showed it to you before you could ask them not to), report this to the LDSO
* Do not delete the imagery or ask the young person to delete it
* Do not ask the young person(s) who are involved in the incident to disclose information regarding the imagery. This is the responsibility of the LDSO
* Do not share information about the incident with other members of staff, the young person(s) it involves or their, or other, parents and/or carers
* Do not say or do anything to blame or shame any young people involved
* Do explain to them that you need to report it and reassure them that they will receive support and help from the LDSO.
* If there is a concern a young person has been caused distress, harmed or is at risk of harm a referral will be made to the police immediately. The police do not seek to criminalise young people but take sexting very seriously and will take appropriate action which may include seizure of devices and speaking to the young people involved. On-line abuse through sexting can have very serious consequences and undertaking an investigation at Club level can lead to images and evidence being deleted which prevents appropriate action being taken to support and/or educate those involved or impacted by these issues. Parents will be informed at an early stage and involved in the process unless the police advise against this or there is good reason to believe that involving parents would put the young person at risk of harm.

# Sexual exploitation of children

Sexual exploitation involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of children or young people, and victims can be boys or girls. Children and young people are often unwittingly drawn into sexual exploitation through the offer of opportunities, future career gains, friendship and care, gifts, drugs and alcohol, and sometimes accommodation. Sexual exploitation is a serious crime and can have a long-lasting adverse impact on a child’s physical and emotional health. It may also be linked to child trafficking.

A common feature of sexual exploitation is that the children often don’t recognise the coercive nature of the relationship and therefore do not see themselves as a victim. In some cases parents/guardians also fail to recognise that a relationship is potentially abusive and both the child and their carers may initially resent what they perceive as interference by staff, but staff must act on their concerns, as they would for any other type of abuse.

All staff are made aware of the indicators of sexual exploitation and all concerns are reported immediately to the LDSO.

# Honour-Based Violence

‘Honour-based’ violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of HBV are abuse.

FGM is the collective name given to a range of procedures involving the partial or total removal of external female genitalia for non-medical reasons. In England, Wales and Northern Ireland, the practice is a criminal offence under the Female Genital Mutilation Act 2003. The practice can cause intense pain and distress and long-term health consequences, including difficulties in childbirth.

FGM is carried out on girls of any age, from young babies to older teenagers and adult women. Many such procedures are carried out abroad and staff should be particularly alert to suspicions or concerns expressed by a girl of any age about going on a long holiday during the summer vacation period.

A forced marriage is a marriage in which a female (and sometimes a male) does not consent to the marriage but is coerced into it. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or sexual violence and abuse. In England and Wales the practice is a criminal offence under the Anti-Social Behaviour, Crime and Policing Act 2014. The reporting of any concerns about either suspected forced marriage or FGM is mandatory.

A forced marriage is not the same as an arranged marriage. In an arranged marriage, which is common in several cultures, the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses.

Children may be married at a very young age, and well below the age of consent in the UK which would make it unlawful in relation to a UK citizen. Relevant Trust staff receive training and should be particularly alert to suspicions or concerns raised in relation to a young person who is being taken abroad and may be anxious or prevented from returning to the UK.

# Radicalisation and Extremism

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups or activities.

The government defines extremism as ‘vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs’ (HM Government Prevent Strategy).

Some children are at risk of being radicalised: adopting beliefs and engaging in activities which are harmful, criminal or dangerous. Islamic extremism is the most widely publicised form however staff should also remain alert to the risk of radicalisation into white supremacy extremism.

‘Prevent’ is a cross-Government policy that forms one of the four strands of the UK’s strategy for counter terrorism which includes the prevention of radicalisation of vulnerable adults and children. Those who are targeted with a view to radicalise them are often the most vulnerable in society including those with poor networks of support or who are experiencing socially isolated, mental health issues and/or learning and communication issues.

Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from other risks.

If the behaviour of anybody involved in our activities indicates that they or those around them are at risk of harm, staff should report these concerns immediately to the LDSO. In the event that there appears to be an immediate risk or danger call 999.

# Private fostering arrangements

A private fostering arrangement occurs when someone other than a parent or a close relative cares for a child for a period of 28 days or more, with the agreement of the child’s parents. It applies to children under the age of 16 or aged under 18 if the child is disabled. By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify children’s services as soon as possible.

Where a member of staff becomes aware that a child may be in a private fostering arrangement they will raise this with the LDSO and the Trust will notify the local authority who will check whether the arrangement is suitable and safe for the child.

## Looked after children

The most common reason for children becoming looked after (taken into care) is as a result of abuse or neglect. Children’s early experiences have a significant impact on their development and future life chances. As a result of their experiences, both before and during care, looked after children are at greater risk than their peers.

Appropriate staff will be informed about a child’s looked after legal status and care arrangements, including the level of authority delegated to the carer by the local authority looking after the child. Any indicators or signs that a looked after child may require additional support or protection must be reported without delay to the LDSO who will share concerns with the Local Authority without delay.

### Related safeguarding portfolio policies

This policy should be read alongside our other Trust safeguarding policies and procedures:

* Safeguarding Adults Policy
* Photography and digital images policy
* Whistle blowing policy
* Complaints policy
* Anti-bulling procedures
* Staff and Volunteers Code of Conduct
* Spectators, Parents and Carers Code of Conduct
* Data Protection Policy
* Business Continuity /Disaster Recovery Plan
* Equality, Diversity and Inclusion Policy
* Late Collection of Children Policy
* Health and Safety Policy
* Safer Recruitment policy

# Sharing Concerns and Reporting Contact Details

All concerns should be recorded as soon as possible. Records should include the date, time relating to the welfare of any child, whether these concerns arise outside of or within Trust activities, should be shared and advice sought without delay. Wherever possible, please have as many relevant details to hand e.g. full name, date of birth and address of child, siblings and parents; full details of the concern etc. but do not let a lack of detail block you from reporting.

**The following contact numbers are provided for the reporting of concerns:**

**BRCT Lead Designated Safeguarding Officer**

Ed Strange

T: 07902 500965

Email: edstrange@bristolroverscommunitytrust.org.uk

**Bristol Safeguarding Children Board:**

Tel: 0117 903 6444

Emergency out of hours 01454 615 165

**Local Authority Designated Officer:**

The Cheshire East LADO sits within the Safeguarding Unit and is accountable to the Safeguarding Manager Children, and Families. The LADO is supported by a LADO Business Support Officer who undertakes the administrative duties of the LADO role.

LADO contact details: Tel: 0117 9037795

**Police:**

Emergency: 999

Local: Call 101 and ask for Cheshire Constabulary’s Child Protection Team

**EFL Safeguarding Trust:**

Claire Taylor

Tel: 07964 905652

Email: ctaylor@efltrust.com

**Trust Safeguarding Officers:**

**Ed Strange, Lead Safeguarding Officer**

E: edstrange@bristolroverscommunity.org.uk

M: 07902 500965

**Ken Masters**, Senior Safeguarding Manager

E: kennethmdm@aol.com

T: 07710 439922

**Adam Tutton**, Community Trust CEO, Matchday DSO

E: [adam@bristolroverscommunity.org.uk](mailto:adam@bristolroverscommunity.org.uk)

T:07889 044058

**Nikki Parker, Bristol Rovers FC, Lead Safeguarding Officer**

E: safeguarding@bristolrovers.co.uk

T: 07828 113952

**NB**: Nikki Parker is employed by Bristol Rovers Football Club and in absence of Ed Strange or when

a female Safeguarding officer is required will work alongside the Community Trust adhering to the

trust policies and procedures when assisting with Safeguarding and Welfare concerns or

issues.

# Appendix One

## Four categories of abuse

### Physical abuse

Physical abuse is a form of abuse which 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 (this used to be called Munchausen’s Syndrome by Proxy but is now more usually referred to as fabricated or induced illness).

### 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 a child 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 a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), 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, although 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 also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

## Indicators of abuse

Physical signs define some types of abuse, for example, bruising, bleeding or broken bones resulting from physical or sexual abuse, or injuries sustained while a child has been inadequately supervised. The identification of physical signs is complicated, as children may go to great lengths to hide injuries, often because they are ashamed or embarrassed, or their abuser has threatened further violence or trauma if they ‘tell’. It is also quite difficult for anyone without medical training to categorise injuries into accidental or deliberate with any degree of certainty. For these reasons, it is vital that staff are also aware of the range of behavioural indicators of abuse and report any concerns to the designated safeguarding lead.

**It is the responsibility of staff to report their concerns. It is not their responsibility to investigate or decide whether a child has been abused.**

A child who is being abused, neglected or exploited may:

* have bruises, bleeding, burns, fractures or other injuries
* show signs of pain or discomfort
* keep arms and legs covered, even in warm weather
* be concerned about changing in front of others
* look unkempt and uncared for
* change their eating habits
* have difficulty in making or sustaining friendships
* appear fearful or withdrawn
* avoid eye contact
* be reckless with regard to their own or other’s safety
* self-harm
* frequently miss sessions, arrive late or try to leave activities before they are scheduled to end
* show signs of not wanting to go home
* display a change in behaviour – from quiet to aggressive, or happy-go-lucky to withdrawn
* challenge authority
* become disinterested in their studies or training
* be constantly tired or preoccupied
* be wary of physical contact
* be involved in, or particularly knowledgeable about drugs or alcohol
* display sexual knowledge or behaviour beyond that normally expected for their age
* acquire gifts such as money or a mobile phone from new ‘friends’

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They should be viewed as part of a jigsaw, and each small piece of information will help the LDSO to decide how to proceed.

**Consent for participants**

All activities are pre-bookable online via the trust website as part of bookings all adults are requested to tick the consent box stating that they are consenting to the terms and conditions of the activity they are booking the minor. is the adults responsibility to ensure they make the trust aware of any medical issues or safeguarding concerns prior to the activity taking place.

**Delivery Ratios**

When delivering Community Trust activities we work on the following ratio:-

1:15

When employed to deliver activities by outside organisations the activity leader will be guided by the organisations working ratio and safeguarding policy and procedures.

## Club process and procedures for dealing with disclosures

**Stay calm, reassure, take ser**

**iously, make no promises, don’t**

**ask leading questions, and make**

**a record**

**Yes**

**Yes/unsure**

**SSM/LDSO will clarify concerns**

**(**

**seeking advice from the EFL**

**/FA**

**and Statutory Agencies as**

**appropriate)**

**. Interim suspension**

**may be imposed during the**

**investigat**

**ion**

**-**

**H**

**R**

**will then deal**

**with as**

**safeguarding/**

**misconduct**

**issue. Will be referred to EFL/FA**

**where**

**appropriate**

**Report to the LDSO/SSM immediately who**

**will assess the circumstances and report**

**the matter to Social Services, LADO and/or**

**Police, FA, EFL Safeguarding Manager.**

**Suspension of the member of staff to be**

**considered**

**If the allegation relates to the LDSO report**

**to the SSM who will follow the above.**

**Is the matter serious enough to**

**potentially be a criminal offence?**

**Report to LDSO/SSM**

**Is the behaviour an**

**alleged brea**

**ch of the**

**Trust safeguarding policy or Code of**

**Conduct?**

**Possible outcomes:**

**No case to answer**

**Further training and support needed**

**Advice/sanctions/warning as per staff**

**code of conduct**

**Dismissal**

**Referral to DBS/inclusion on barred list**

**Working ban imposed by the FA**

**Possible outcomes:**

**Police investigation**

**Criminal proceedings/conviction**

**Civil proceedings**

**Dismissal**

**Inclusion on DBS barred list**

**Working ban imposed by FA**

**Allegation of Child abuse o**

**r Poor Practice by a Member of BRCT Staff/volunteer**

**NO**

|  |
| --- |
| **Allegation or Incident of Child Abuse** |
| **Stay calm, reassure, take seriously, make no promises, don’t ask leading questions, and make a record** |

**No**

**Yes**

**YES**

**NO**

**Refer to Trust**

**SSM or LDSO**

**Is the matter serious enough to potentially be a Criminal Offence or safeguarding concern?**

**YES**

**/unsure**

**NO**

**Does the allegation or incident**

**involve the Child’s Parent or**

**Carer?**

**Does the allegation or inci**

**dent**

**involve the Child’s Parent or**

**Carer?**

**Contact**

**emergency services,**

**ambulance/**

**police**

**Is LDSO available?**

**Is the child in need of urgent medical attention? Or immediate Risk of Harm?**

No

**Yes**

**NO**

**YES**

**Inform Parent/Carer at**

**earliest opportunity**

**Inform LDSO/SSM**

**immediately**

**who will**

**make an assessment and a referral to**

**Children’s Servic**

**es where necessary**

**Pass written report on circumstances of**

**disclosure, what was said, by whom, when**

**to LDSO/SSM a.s.a.p.**

**Inform Parent/Carer**

**at earliest opportunity**

**Inform LDSO/SSM immediately**

**LDSO/SSM will inform other relevant agencies**

**police, Children’s Services, LADO, and**

**EFL**

**/FA**

**where appropriate**

**Pass written report on circumstances of**

**disclosure, what was said, by whom, when to**

**LDSO/SSM a.s.a.p.**