



SPORTING CHANCES

“Encouraging Excellence, Nurturing Talent”

Sporting Chances Group Child Protection Policy

Introduction

The Sporting Chances Group believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to Safeguard the welfare of all children and young people, by a commitment to practice which protects them under the Education Act 2002 and the Children’s Act 1989.

We recognise that the wellbeing of the child/young person is paramount. All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity have the right to equal protection from harm or abuse.

Working in partnership with children, young people, parents, carers and other agencies is essential in promoting children’s welfare.

The purpose of this policy is to provide protection for the children and young people who receive the services of the Sporting Chances Group by the following actions:

- Raising awareness of child protection issues amongst all staff and volunteers and of what to do if they have concerns;
- Developing and implementing procedures for identifying and reporting cases, or suspected cases, of abuse;
- Developing effective links with relevant agencies and co-operating as required with their enquiries regarding child protection matters including attendance at case conferences and core group meetings;
- Establishing and maintaining a safe environment in which children feel secure and are encouraged to talk freely about anything that concerns them;
- Supporting students who have been abused or may be at risk of harm in accordance with any agreed child protection plan;
- Ensuring we respond appropriately to any concern or allegation about a member of staff or volunteer.

What is Abuse and Neglect?

Abuse and neglect are forms of maltreatment of a child under 18 years. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family, institutional or community setting; by those known to them or, more rarely, by a stranger.

There are usually said to be four types of child abuse :

1. Physical Abuse
2. Emotional Abuse
3. Sexual Abuse
4. Neglect

General Indicators of Abuse and Neglect

The risks are increased when there is:

- Parental or carer drug or alcohol abuse
- Parental or carer mental health disorders or disability of the mind
- Domestic violence or history of violent offending
- Previous child maltreatment in members of the family
- Known maltreatment of animals by the parent or carer
- Vulnerable and unsupported parents or carers
- Pre-existing disability in the child, chronic or long-term illness.

1. Physical Abuse

Definition: Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm, including by fabricating the symptoms of, or deliberately inducing illness.

Alerting features:

Abrasions	Eye Injuries	Lacerations	Spinal Injuries
Bites (human)	Fractures	Ligature marks	Strangulation
Bruises	Hypothermia	Oral Injuries	Subdural haemorrhage
Burns or scalds	Intra-abdominal injuries	Petechiae	Teeth marks
Cold injuries	Intra-cranial injuries	Retinal haemorrhage	
Cuts	Intra-thoracic injuries	Scars	

2. Emotional Abuse

Definition: Emotional abuse is persistent emotional mal-treatment such as to cause severe and persistent adverse effects on emotional development, and may involve any of the following:

- Conveying to a child that they are worthless, unloved, inadequate, or valued only insofar as they meet the needs of another person.

- Denying the child opportunities to express their views, deliberately silencing them, making fun of what they say or how they communicate.
- Age or developmentally inappropriate expectations or interactions that are beyond the child's developmental capability, overprotection and limitation of exploration and learning, or preventing participation in normal social interaction.
- Seeing or hearing the ill-treatment of another.
- Serious bullying (including cyber-bullying), causing children to feel frightened or in danger, or the exploitation or corruption of children.

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

Alerting features:

Persistent harmful parent or carer – child interactions	Hiding or scavenging for food without medical cause	Precocious or coercive sexualised behaviour
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Also consider:

Physical/mental/emotional or developmental delay	Unexplained changes in behaviour or emotional state	Emotional extremes, aggression, or, passivity	Drug/solvent abuse
Low self-esteem	Self-harming/mutilation	Secondary enuresis or encopresis	Running away
Responsibilities which interfere with normal daily activities (eg school)			School refusal

3. Sexual Abuse

Definition: Forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or 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 sexual images or grooming in preparation for abuse (including via the internet). Women can commit acts of sexual abuse, as can other children.

Alerting features:

Sexually transmitted infection	Pregnancy in under 13s
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Also consider:

Sexually transmitted infection in 13-15 year olds	Marked power differential in relationship
Sudden changes, inappropriate sexual display, secrecy, distrust of familiar adult, anxiety when left alone with particular person, self-harm, mutilation, attempted suicide	Unexplained or concealed pregnancy

4. Neglect

Definition: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. It involves failures 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 to ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to basic emotional needs.

Alerting features:

Abandonment	Repeated injuries due to inadequate supervision	Failure to seek medical help appropriately
Repeatedly not responding to child or young person	Persistently smelly or dirty	

Also consider:

Poor personal hygiene, poor state of clothing	Untreated tooth decay	Poor attendance for immunisations
Frequent infestations (scabies, head lice)	Repeated animal bites, insect bites or sunburn	Low self-esteem
Faltering growth (due to poor feeding)	Inconsistent treatment for medical problems	Lack of social relationships; children repeatedly left inadequately supervised
Parents failing to engage with healthcare or to attend appointments. Frequent use of A&E and Out-of-Hours services		

Patterns of Maltreatment

The previous sections reflect the emphasis on the observation of patterns of possible maltreatment, including the interaction with the parent or carer, as well as physical signs which are inconsistent with their developmental stage or with the explanation given.

In addition, there are a number of injury patterns that cause **immediate** concern:

- Multiple bruising, with bruises of different ages;
- Bruising in non-motile baby, particularly facial bruising;
- Baby rolls over at six months;
- Baby attempts to crawl at eight months.

Some other situations which need careful consideration:

- Girls under 16 with pregnancy or sexually transmitted disease, especially those with learning difficulties.
- Very young girls using contraception.
- Parents with learning difficulties.
- The child reports being abused, or another person reports this.
- The child has an injury for which the explanation seems inconsistent or which has not been adequately treated.
- Changes of behaviour, over time or suddenly, becoming quiet and withdrawn, or aggressive.
- Refusal to remove clothing for normal activities or keeping covered up in warm weather.
- The child appears not to trust particular adults.
- An inability to make close friends.
- Inappropriate sexual awareness or behaviour for the age.
- Fear of going home or parents being contacted.

Signs and Symptoms of Self-Harm

Self-harm (also known as self-injury or self-mutilation) is the act of deliberately causing harm to oneself, either by causing a physical injury, by putting oneself in dangerous situations and/or self-neglect. It can take many forms:

- Cutting, burning, biting
- Substance abuse
- Excessive exercising
- Inserting objects into the body
- Head banging and hitting
- Taking personal risks

- Picking and scratching
- Neglecting oneself
- Pulling out hair
- Eating disorders
- Overdosing and self-poisoning

Triggers include:

- Relationship problems
- Pressures e.g. school work, exams, sporting performance, family issues
- Bullying
- Trying to fit in
- Feeling bad about self (guilt, shame, hopelessness, worthlessness, powerlessness, out of control)
- Physical, emotional or sexual abuse
- Depression
- Illness or health problem
- Confusion about gender or sexuality
- Bereavement
- Financial worries
- Feeling not listened to, isolated or alone
- Inability to experience emotional pain even for a short time.

Breast Ironing

Keeping Children Safe in Education (2016) mentions Breast Ironing under so-called 'Honour-based Violence'. It is practiced in some African countries, notably Cameroon. Girls aged between 9 and 15 have hot pestles, stones or other implements rubbed on their developing breasts to stop them growing further.

Forced Marriage

This is an entirely separate issue from arranged marriage. It is a Human Rights Abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups and whistle blowing may come from younger siblings.

Never attempt to intervene directly or through a third party. Cases must be referred to the Police.

Female Genital Mutilation (FGM)

This comprises all procedures involving partial or total removal of the external female genitalia or other deliberate injury to the female genital organs. It is illegal in most countries including the UK, is internationally recognised as a violation of human rights and is a form of child abuse with long-lasting harmful consequences.

Professionals in all agencies and individuals and groups in relevant communities need to be alert to the possibility of a girl being at risk of, or already having suffered FGM.

Mandatory Reporting Duty (started in October 2015):

Section 5B of the Female Genital Mutilation Act 2003 (as amended by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers, social workers and healthcare professionals, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases unless there is good reason not to, will face disciplinary sanctions.

All cases should be considered and discussed with the designated safeguarding lead and involve children's social care as appropriate.

Perpetrators believe that FGM:

- Brings status/respect to the girl, and social acceptance for marriage
- Preserves a girl's virginity
- Represents part of being a woman or a rite of passage
- Upholds family honour
- Cleanses and purifies the girl, helps her to be hygienic
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Indicators that may point to a potential for FGM happening:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Family from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leone, Egypt, Nigeria, Eritrea Yemen, Afghanistan, Kurdistan, Indonesia and Pakistan)
- Knowledge that a sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Indicators that may point to FGM having happened:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn or subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable

- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinary tract infection
- Disclosure

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that action is taken **without delay**.

Child Trafficking

Child trafficking is the recruitment and movement of children within the country or from abroad, for the purpose of exploitation.

- Sexual exploitation
- Labour exploitation
- Domestic servitude
- Cannabis cultivation
- Moving drugs
- Criminal activity
- Benefit fraud
- Forced marriage

Ritualistic Abuse

Some faiths believe that spirits and demons can possess people (including children). The use of physical violence to try and get rid of the spirit is physical abuse even if the intention was to help the child.

Peer on Peer Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each

other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially and/or developmentally. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry or physical damage. It may also be that the behaviour is “acting out” which may derive from sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may be a need for some form of behaviour management or intervention, or educative input.

Abusive sexual activity includes any behaviour involving coercion, threats or aggression together with secrecy, or where there is an unequal power base.

Children with Special Educational Needs (SEMH, Autism and Challenging Behaviour).

Children with SEN may be especially vulnerable to abuse and extra care is needed to interpret apparent signs of abuse or neglect. Students with autism are vulnerable because of their:

- Dependence on others for basic and social needs
- Lack of control over their own life
- Compliance and obedience ‘instilled’ as good behaviour
- Inability to retain knowledge about social and sexual relationships, and misunderstanding these areas
- Inability to communicate experiences

Staff Responsible for Child Protection Within the Sporting Chances Group

Designated Safeguarding Lead – David Johnson

Deputy Safeguarding Leads – Naomi Potter and Sofie Potter

The Designated Safeguarding Lead has a responsibility to:

- Liaise with referred schools, parent/carer on individual child protection cases;
- Act as the contact person, providing advice and support and ensuring that all staff are aware of their role;

- Be responsible for coordinating action on child protection issues
- Discuss individual cases with staff on a “need to know basis” to protect children's right to confidentiality;
- Raise awareness about child protection on an ongoing basis;
- Ensure that they and other staff who provide significant cover receive updated training at least every 2 years and keep on record;
- To provide all staff with guidance on procedures to follow in the event that they suspect a child/young person is at risk from harm.

Safeguarding requires that we place the child’s wellbeing at the centre of our work.

The reporting of all Safeguarding concerns is a mandatory duty. Failure to understand or comply with our agreed protocol and practice will be treated very seriously and could lead to disciplinary action.

This policy applies to all staff including Senior Managers, paid workers, volunteers, sessional workers, apprentices, agency staff, students and anyone working on behalf of the Sporting Chances Group.

We will seek to safeguard children and young people by:

- Recruiting all staff safely, ensuring all necessary checks are made
- Sharing information/concerns to the appropriate lead
- Sharing information about child protection and good practice with staff and volunteers on a need to know basis
- Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers
- Providing effective management for staff and volunteers through supervision, support and training
- Raising child protection concerns with each schools safeguarding officer or social worker
- Informing parents or carers at the earliest appropriate opportunity.

Confidentiality of Records

Our students and their parents have the right to expect that all staff will deal sensitively and sympathetically with their situation. It is important that information is only available to those who need to know it. Parents and, where appropriate, students should be told their right to confidentiality may be breached if information comes to light suggesting possible harm to a young person.

Visitors

All visitors are required to sign in the visitors book on arrival and escorted around the premises by a member of staff, the visitor will not be left alone with any students at any time.

Allegation of Abuse

If a student makes allegations about abuse, whether concerning themselves or a third party, staff must immediately pass this information on to the Lead.

It is important to remember that it can be more difficult for some students to tell than for others. Children who have experienced prejudice and discrimination through racism may well believe that people from other ethnic groups do not really care about them. They may have little reason to trust those they see as authority figures and may wonder whether you will be any different.

Children with a disability, especially a sensory deficit or communication disorder, will have to overcome barriers before disclosing abuse. They may well rely on the abuser for their daily care and have no knowledge of alternative sources. They may believe they are of little worth and simply comply with the instructions of adults.

When responding to a child making an allegation of abuse:

- Stay calm;
- Listen carefully to what is being said;
- Reassure the child that they have done the right thing by telling you;
- Find an appropriate early opportunity to explain that it is likely the information will need to be shared with others – do not promise to keep secrets;
- Allow the child to continue at his/her own pace;
- Ask questions for clarification only, and at all times avoid asking questions that are leading or suggest a particular answer;
- Tell them what you will do next and with whom the information will be shared;
- Record in writing what has been said using the child's own words as much as possible. Note the date, time, any names mentioned, to whom the information was given and ensure that paper records are signed and dated;
- Pass on to Designated Safeguarding Lead.

Emergencies

If you believe a child is in immediate physical danger you should call the Police on 999. If a child is injured or showing signs of illness, you should seek medical assistance and contact the child's carers, who will normally be able to consent to treatment. Depending on your degree of concern you may need call for an ambulance. Dependent on age and understanding, the child may be able to consent to treatment, or medical staff may decide that the emergency is such that consent should be overridden. It is your responsibility to access help and contact the child's parent or carer, not to determine consent issues.

School Safeguarding Lead Contacts

Limes:	Sharon Bezer	0208 652 1168
Stars:	Beverly Williamson	0208 404 3127
Beckmead:	Michael Nelson-Langaigue	0208 777 9311
Carew:	Helen Morris	0208 647 8349

London Borough of Sutton Contact Details

- LBS Multi-Agency Safeguarding Hub (MASH) 0208 649 0418/0420
 - LBS Education, Safeguarding Children Advisor 0208 649 0414
 - LBS Education, Safeguarding & Wellbeing Lead 0208 288 5630
 - LBS Children & Families Referral & Assessment Service (RAS)
0208 770 4343/4263
 - LBS (out of office hours) Children & Families Emergency Duty Social Work
Team (EDT) 0208 770 5000
 - LBS Child Protection Advisor (Quality & Performance Unit) 0208 770 4532
 - Local Authority Designated Officer (LADO) 0208 770 4022
- If there is a need to make a referral outside of office times call the Out of
Hours service 0208 770 4322

Further Information and support

www.thinkuknow.co.uk

www.disrespectnobody.co.uk

www.saferinternet.org.uk

www.internetmatters.org

www.psheassociation.org.uk

www.educateagainsthate.com

www.gov.uk/government/publications/the-use-of-socialmedia-for-online-radicalisation