OVERSEAL RUNNING CLUB- CHILD PROTECTION AND SAFEGUARDING POLICY

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| **Starting Point – referral line****Early help & safeguarding** | **01629 533190** | **Electronic referrals can be made**  |
| **LADDO** | **Miles Dent** | **01629 531940** |
| **ORC Club Leader**  | **Justin Kirkham**  |  |
| **Welfare Officer (Adults)** | **Vickie Tomlin** | **welfare@orc.run** |
| **Welfare Officer (Children)**  | **Trudie Howman** | **welfare@orc.run** |

## Our responsibilities

Overseal Running Clubfully recognises its responsibilities for Child Protection and Safeguarding, and this Policy sets out how the club will deliver these responsibilities.

This policy should be read in conjunction with:

 ‘Working Together to Safeguard Children’ (2013) pending revisions for 2015, which is statutory guidance to be read and followed by all those providing services for children and families, including those in education.

Furthermore, we will follow the procedures set out by the Derbyshire Safeguarding Children’s Board:[**http://derbyshirescbs.proceduresonline.com/index.htm**](http://derbyshirescbs.proceduresonline.com/index.htm)

Our policy is also in line with Child Protection in Sport guidelines.

Equal Opportunities Act 2010

## Our Principles

Safeguarding arrangements in Overseal Running club are underpinned by three key principles:

* Safeguarding is everyone's responsibility: all, Committee and Volunteers should play their full part in keeping children safe.
* That ORC operates a child-centred approach: a clear understanding of the needs, wishes, views and voices of children.
* That all Committee and Volunteers have a clear understanding regarding abuse and neglect in all forms; including how to identify, respond and report. This also includes knowledge in the process for allegations against professionals. Committee and Volunteers should feel confident that they can report all matters of safeguarding children in our Policy

There are 6 main elements to our Policy, which are described in the following sections:

* The types of abuse that are covered by the policy;
* The signs of abuse that Committee and Volunteers should look out for;
* Roles and responsibilities for Safeguarding;
* Expectations of commitee and Volunteers with regard to Safeguarding, and the procedures and processes that should be followed, include the support provided to children;
* How the policy will be managed and have its delivery overseen.

Through implementation of this policy we will ensure that our ORC provides a safe environment for children take part in sport.

# Types of Abuse

## Child Abuse

There are four types of child abuse as defined in ‘Working Together to Safeguard Children’ (2013) which is defined in the Keeping Children Safe in Education statutory Guidance 2014 as:

* **Physical abuse -** may involve hitting, shaking, throwing, poisoning, burning/scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
* **Emotional abuse -** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental 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, though it may occur alone.
* **Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact or 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** 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. It may include a failure to:
	+ Provide adequate food, clothing and shelter.
	+ 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.
	+ Respond to a child’s basic emotional needs

**Bullying** and forms of bulling including Cyber Bullying is also abusive and will include at least one, if not two, three or all four, of the defined categories of abuse

**Specific safeguarding issues**

‘Keeping Children Safe in Education’ 2015 identifies specific safeguarding issues.

* child sexual exploitation (CSE)
* bullying including cyberbullying
* domestic violence
* drugs
* fabricated or induced illness
* faith abuse
* female genital mutilation (FGM)
* forced marriage
* gangs and youth violence
* gender-based violence/violence against women and girls (VAWG)  mental health
* private fostering
* radicalisation (See appendix a for British values)
* sexting
* teenage relationship abuse
* trafficking

Female genital mutilation (FGM): 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 FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care

# Signs of Abuse

## Physical abuse

Most children will collect cuts and bruises and injuries, and these should always be interpreted in the context of the child’s medical / social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given; these can often be visible on the ‘soft’ parts of the body where accidental injuries are unlikely, e g, cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern.

The physical signs of abuse may include:

* Unexplained bruising, marks or injuries on any part of the body.
* Multiple bruises- in clusters, often on the upper arm, outside of the thigh.
* Cigarette burns.
* Human bite marks.
* Broken bones.
* Scalds, with upward splash marks.
* Multiple burns with a clearly demarcated edge.

Changes in behaviour that can also indicate physical abuse:

* Fear of parents being approached for an explanation.
* Aggressive behaviour or severe temper outbursts.
* Flinching when approached or touched.
* Reluctance to get changed, for example in hot weather.
* Depression.
* Withdrawn behaviour.
* Running away from home.

## Emotional Abuse

Emotional abuse can be difficult to identify as there are often no outward physical signs. Indications may be a developmental delay due to a failure to thrive and grow, however, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate emotional abuse include:

* Neurotic behaviour e.g. sulking, hair twisting, rocking.
* Being unable to play.
* Fear of making mistakes.
* Sudden speech disorders.
* Self-harm.
* Fear of parent being approached regarding their behaviour.
* Developmental delay in terms of emotional progress.

## Sexual Abuse

All Staff and Volunteers should be aware that adults, who may be men, women or other children, who use children to meet their own sexual needs abuse both girls and boys of all ages. Indications of sexual abuse may be physical or from the child’s behaviour. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

* Pain or itching in the genital area.
* Bruising or bleeding near genital area.
* Sexually transmitted disease.
* Vaginal discharge or infection.
* Stomach pains.
* Discomfort when walking or sitting down.

Changes in behaviour which can also indicate sexual abuse include:

* Sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn.
* Fear of being left with a specific person or group of people.
* Having nightmares.
* Running away from home.
* Sexual knowledge which is beyond their age, or developmental level.
* Sexual drawings or language.
* Bedwetting.
* Eating problems such as overeating or anorexia.
* Self-harm or mutilation, sometimes leading to suicide attempts.
* Saying they have secrets they cannot tell anyone about.
* Substance or drug abuse.
* Suddenly having unexplained sources of money.
* Not allowed to have friends (particularly in adolescence).
* Acting in a sexually explicit way towards adults.

## Neglect

It can be difficult to recognise neglect, however its effects can be long term and damaging for children.

The physical signs of neglect may include:

* Being constantly dirty or ‘smelly’.
* Constant hunger, sometimes stealing food from other children.
* Losing weight, or being constantly underweight.
* Inappropriate or dirty clothing.

Neglect may be indicated by changes in behaviour which may include:

* Mentioning being left alone or unsupervised.
* Not having many friends.
* Complaining of being tired all the time.
* Not requesting medical assistance and/or failing to attend appointments.

# Safeguarding Roles and Responsibilities

**4.1 All Volunteers and Committee have responsibility for the following:**

* Being aware of the Derby and Derbyshire Safeguarding Procedures, [**http://derbyshirescbs.proceduresonline.com/index.htm**](http://derbyshirescbs.proceduresonline.com/index.htm) and ensuring these procedures are followed.
* Listening to, and seeking out, the views, wishes and feelings of children and young people, ensuring in this that the child’s voice is heard and referred to.
* Knowing who the welfare officers for the club are.
* Being alert to the signs of abuse, including specific issues in Safeguarding and their need to refer any concerns to the Safeguarding Designated Lead(s)
* Know about the ‘Allegations Against Professionals’ procedures and feel confident in been able to use them.
* Being aware of the Guidance for Safer Working Practice 2009 and local procedures for Safer Working Practices.
* Ensuring that their Child Protection training is up to date, and taking place at recommended intervals to ensure commitee, Volunteers are kept up to date.
* Sharing information and working together to provide children and young people with the help and support they need.
* Supporting individuals who have been abused in accordance with his/her Child Protection Plan.
* Seeking early help where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) to prevent needs escalating to a point where intervention would be needed via a statutory assessment.
* If at any time it is considered that the child may be a child in need as defined in the Children Act 2014, or that the child has suffered significant harm or is likely to do so, a referral is made immediately to Local Authority Children's Social Care. Referrals will also be in line with CSP and NSP guidelines.
* Committee and Volunteers are aware of the Derby City and Derbyshire Safeguarding Children Board’s Escalation Policy and Process, which may be followed if a individuals fears their concerns have not been addressed, and of the Confidential Reporting Code (Whistle Blowing).

[**http://www.derbyshirescb.org.uk**](http://www.derbyshirescb.org.uk/news/newsitems/escalation_policy.asp)

* Learning from the outcomes of serious case reviews

**4.3 Creating a safe environment:**

* We will ensure that our club are competent to carry out their responsibilities for Safeguarding in promoting the welfare of children by creating an environment and an ethos whereby all Volunteers feel able to raise concerns and be supported in their Safeguarding role.
* That parents/carers know about our principles in Safeguarding, who along with the local community are made familiar with and are able to participate in any policy, procedure or initiatives which contributes to the safety of the children in that local community.

**4.4 Recruitment, volutneers:**

* We must prevent people who pose a risk of harm from working with children by adhering to statutory responsibilities to check Staff who work with children
* We must ensure volunteers undergo appropriate checks via the Disclosure and Barring Service (DBS) relevant to their post;
* We must be aware of the Disqualification by Association rules; having a relevant procedure in place which can be applied if required.
* We must have procedures in place to make a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed, removed due to Safeguarding concerns, or would have been had they not resigned; aware that this is a legal duty.
* That our Volunteers are adequately supervised;

**Responding to suspicions of abuse**

* We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
* When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be demonstrated through: - significant changes in their behaviour; - deterioration in their general well-being; - their comments which may give cause for concern, or the things they say (direct or indirect - disclosure); - changes in their appearance, their behaviour, or their play; - unexplained bruising, marks or signs of possible abuse or neglect; and - any reason to suspect neglect or abuse outside the setting.
* We take into account factors affecting parental capacity, such as social exclusion, domestic violence, parent’s drug or alcohol abuse, mental or physical illness or parent’s learning disability.
* We are aware of other factors that affect children’s vulnerability such as, abuse of disabled children; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, such as through internet abuse; and Female Genital Mutilation; that may affect, or may have affected, children and young people using our provision.
* We also make ourselves aware that some children and young people are affected by gang activity, by complex, multiple or organised abuse, through forced marriage or honour based violence or may be victims of child trafficking. While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we may come into contact with.
* Where we believe that a child in our care or that is known to us may be affected by any of these factors we follow the procedures below for reporting child protection concerns.
* Where such evidence is apparent, the key person makes a dated record of the details of the concern and discusses what to do with the welfare officer. The information is stored on the child's personal file.
* In the event that a club, committee or volunteer is unhappy with the decision made of the designated person in relation to whether to make a safeguarding referral they must follow escalation procedures.
* We refer concerns to the local authority children’s social care department and co-operate fully in any subsequent investigation. NB In some cases this may mean the police or another agency identified by the Local Safeguarding Children Board.
* We take care not to influence the outcome either through the way we speak to children or by asking questions of children.
* We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but the club may override the young person’s refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.

**Recording suspicions of abuse and disclosures**

* Where a child makes comments to a club member that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff: - listens to the child, offers reassurance and gives assurance that she or he will take action; - does not question the child; - makes a written record that forms an objective record of the observation or disclosure that includes: the date and time of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person to whom the concern was reported, with the date and time; and the names of any other person present at the time.
* These records are signed and dated and kept in the clubs safeguarding file, which is kept securely and confidentially.
* The member will report to the welfare officer of the issue at the earliest opportunity and within one working day.

**Making a referral**

We refer through to Starting point if we are concerned that a child is suffering from or at risk of significant harm ring **01629 533190**.

Early help, advice and support in other cases. For more information contact

* Deb Smith on **01629 532064** or email deb.smith@derbyshire.gov.uk or
Stuart Cottee on **01629 532062** or email stuart.cottee@derbyshire.gov.uk

**Informing parents**

* Parents are normally the first point of contact. We discuss concerns with parents to gain their view of events unless we feel this may put the child in greater danger.
* We inform parents where we make a record of concerns in their child’s file and that we also make a note of any discussion we have with them regarding a concern.
* If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral will be made, except where the guidance of the Derbyshire Safeguarding Children Board and Starting point does not allow this, for example, where it is believed that the child may be placed in greater danger.
* This will usually be the case where the parent is the likely abuser. In these cases the social worker will inform parents.

**Liaison with other agencies**

* We work within the Derbyshire Safeguarding Children Board guidelines.
* We have procedures for contacting the local authority on child protection issues, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure that it is easy, in any emergency, for the setting and children’s social care to work well together.
* We will notify the registration authority of any incident or accident and any changes in our arrangements which may affect the wellbeing of children or where an allegation of abuse is made against a club member (whether the allegations relate to harm or abuse committed on during club or elsewhere). Notifications will be are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.

**Allegations against committee, co leaders, club memebers**

* We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the club which may include an allegation of abuse.
* We respond to any inappropriate behaviour displayed by members of staff or any other person working with the children, which includes: - inappropriate sexual comments; - excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images.
* We follow the guidance of the Derbyshire Safeguarding Children Board when responding to any complaint that a member of staff, or volunteer within the setting has abused a child.
* We respond to any disclosure by children or staff that abuse by a club member or volunteer within the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.
* We refer any such complaint immediately to Derbyshire Safeguarding Children Board social care department to investigate. And to the Local Authority Designated Officer (LADO) to investigate: on. 01629 531940
* We will also report disclosures to CSP and NSP.
* We co-operate entirely with any investigation carried out by children’s social care in conjunction with the police.
* Where the commitee and children’s social care agree it is appropriate in the circumstances, the Club leader will suspend the person, or the volunteer, for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the club, individual, as well as children and families throughout the process.

**Disciplinary action**

* Where a individual has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, we will notify the Disclosure and Barring Service of relevant information so that individuals who pose a threat to children (and vulnerable groups), can be identified and barred from working with these groups.
* The club will also ensure that the outcome of any action is reported to regulatory body as soon as the outcome is known.

**Confidentiality**

All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of Derbyshire Safeguarding Children Board.

Support to families

* We believe in building trusting and supportive relationships with families, staff and volunteers in the group.
* We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, providing information, monitoring of the child, and liaising at all times with the local children’s social care team.
* We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
* We follow the Child Protection Plan as set by the child’s social care worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.
* Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access to Records procedure and only if appropriate under the guidance of the Local Safeguarding