



Herts Disability Sports Foundation

Registered Charity No. 1156034

Child Protection Policy

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Approved

A handwritten signature in black ink, appearing to read 'Patrick McGeough', written over a faint circular stamp.

Date 19th March 2025

(Signature of Chair – Patrick McGeough)

Herts Disability Sports Foundation - Child Protection Policy

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Introduction

1. The key objectives of HDSF are to provide support, education, training and the opportunity to take part in sporting activities for individuals who struggle to access sport and physical activity - to improve physical health and wellbeing. HDSF staff have contact with a wide variety of children and young people through visits to Primary and Secondary Schools, running sports clubs, holiday sporting activities and other community events.
2. HDSF believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practicing in a way that protects them.
3. The purpose of this policy is to:
 - Demonstrate the protocols and procedures HDSF has designed to protect children and young people who receive HDSF's services. This includes the children of adults who use our services.
 - Provide staff and volunteers with the overarching principles that guide our approach to safeguarding and child protection.
 - Inform staff, volunteers and Trustees about our responsibilities for safeguarding children, and have a clear understanding of how our procedures should be carried out.
4. This policy applies to all staff of Herts Disability Sports Foundation (HDSF) including Trustee Board members, paid staff, volunteers, agency staff, students and anyone working on behalf of the Foundation. It shows a commitment to protecting and safeguarding children against potential or actual harm. It fully accepts and promotes the principle enshrined in the Children Act 1989 that the welfare of the child is paramount.
5. It should be noted that HDSF operates a positive and inclusive approach to employment practices and at any time, we may have staff or volunteers with learning difficulties who would find it difficult to carry out all the duties outlined in this policy. We operate a supportive leadership policy; only senior/specialist members of staff may deliver a session on their own, where it is safe and appropriate to do so. All other staff deliver sessions in teams of 2 or more - where the staff member or volunteer does not have the capability to carry out all the functions outlined in this policy, the 'lead' member of staff will assume that responsibility.
6. The policy also demonstrates a commitment to working with statutory bodies, voluntary agencies and other organisations to promote the safety and welfare of children and acting promptly whenever a concern is raised about a child or about the behaviour of an adult. HDSF will work with the appropriate statutory bodies when an investigation into abuse is necessary.

7. We will endeavour to safeguard children and young people by;

- valuing them, listening to and respecting them,
- adopting child protection guidelines through procedures and a code of conduct for staff and volunteers.
- recruiting staff and volunteers safely, ensuring all necessary checks are made.
- sharing information about child protection and good practice with children,
- parents, carers, staff and volunteers,
- sharing information about concerns with agencies who need to know, and involving parents and children appropriately,
- providing effective management for staff and volunteers through supervision, support and training,
- reviewing our policy and good practice on a regular basis.

8. HDSF will endeavour to safeguard the children who attend activities we fund, organise or facilitate by following these procedures if a concern is raised about a child's welfare.

9. The definition of a child for the purpose of this document is anyone under the age of 18 years (Children's Act 1989).

It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether abuse has occurred. That is a task for the professional child protection agencies following a referral to them of concern about a child.

Policy statement

10. HDSF acknowledges the legal and moral duty of care to safeguard and promote the welfare of children and is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice.

11. The policy recognises that the welfare and interests of children are paramount in all circumstances. It aims to ensure that (regardless of age, gender, religion or beliefs, ethnicity, disability, sexual orientation or socio-economic background) all children:

- have a positive and enjoyable experience of sport and physical activity with HDSF in a safe and child-centered environment, and
- are protected from physical or psychological abuse whilst participating in sport and physical activity.

12. HDSF acknowledges that some children, including disabled children and young people or those from ethnic minority communities, can be particularly vulnerable to abuse. We accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

13. As part of our safeguarding policy, HDSF will;

- promote and prioritise the safety and wellbeing of children and young people,
- ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children and young people,
- ensure appropriate action is taken in the event of incidents/concerns of abuse and support is provided to the individual(s) who raises or discloses the concern,
- ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored
- ensure that staff and volunteers behave appropriately, following the HDSF codes of conduct,
- prevent the employment/deployment of unsuitable individuals,
- ensure robust safeguarding arrangements and procedures are in operation.

14. The policy and procedures are mandatory for everyone involved in HDSF. Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in dismissal/exclusion from HDSF.

Any concerns about the behaviour or conduct of an HDSF member of staff in relation to safeguarding, expressed by an employee or volunteer, should be reported immediately to the Designated Lead and will be reviewed under HDSF disciplinary procedures. A concern about HDSF staff, expressed by a member of the public, will be dealt with as a Complaint. In either case, the concern will be reported to the Lead Trustee for Safeguarding – no matter the outcome. The concerns will be treated seriously and will provide an opportunity to review standards and learn – no matter the outcome.

Training

15. Staff and volunteers receive appropriate Level 1 Safeguarding training on appointment and at least every 3 years thereafter (in accordance with HSAB Workforce Training Strategy, 2018). Any changes to this policy are communicated to staff with a discussion on the implications for working practices. The nominated Lead Trustee will work with the Charity Director to ensure that all Trustees receive appropriate Safeguarding training on appointment and at least every 3 years thereafter. The Lead Trustee is trained to Level 3, the Named Person (Charity Director) and Deputy Named Person (Chief Operating Officer) to Level 2. Safeguarding training is mandatory for staff, volunteers and Trustees.
16. All employees with responsibility for the delivery of sessions are First Aid trained, with refresher training as required. The Lead member of staff on each activity is trained to Level 2 in an appropriate discipline and qualified staff are affiliated to appropriate governing bodies. Records of training are maintained centrally and reviewed on a regular basis.

Policy Review

17. The policy will be reviewed every year, or earlier in the following circumstances.
 - a. changes in legislation and/or government guidance,
 - b. as required by the Hertfordshire Safeguarding Children Partnership,
 - c. as required by the Charity Commission,
 - d. when the details of the Named Person or Deputy change,
 - e. as a result of any other significant change or event.

Legal Framework

18. The Children's Act 1989 sets out that the child's welfare is paramount and safeguarding and promoting it is the priority.
19. The Children's Act 2004 set out a duty on local authorities to work closely with those providing services to children and young people.
20. Working Together to Safeguard Children 2018 sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004. It is important that all practitioners working to safeguard children and young people understand fully their responsibilities and duties as set out in primary legislation and associated regulations and guidance.
21. As a registered charity, the Trustees of HDSF are required to abide by Charity legislation which states they should proactively safeguard and promote the welfare of their charity's beneficiaries. They should also take reasonable steps to ensure that these beneficiaries or others who come into contact with their charity do not, as a result, come to harm. This is a key governance priority and Trustees have appointed a Lead Trustee for Safeguarding to ensure safeguarding is a consideration in all discussions. Under certain circumstances, the Trustees are required to report serious incidents related to Safeguarding to the Charity Commission and they agree to do so in accordance with Charity Commission guidance.
22. The UN Convention on the Rights of the Child sets out key principles which are enshrined within these acts and the statutory guidance. From 15 January 1992, when the treaty came into force, every child in the UK has been entitled to over 40 specific rights. These include;
 - the right to life, survival and development,
 - the right to have their views respected, and to have their best interests considered at all times,
 - the right to a name and nationality, freedom of expression, and access to information concerning them,
 - health and welfare rights, including rights for disabled children, the right to health and health care, and social security,
 - the right to education, leisure, culture and the arts,
 - special protection for refugee children, children in the juvenile justice system, children deprived of their liberty and children suffering economic, sexual or other forms of exploitation.

The rights included in the convention apply to all children and young people, with no exceptions.

23. This policy takes account of and follows best practice procedures outlined by the Hertfordshire Safeguarding Children Partnership and as described in the model Child Protection Policy (dated September 2024), and in the DfE advisory document 'Using after-school clubs, tuition and community activities' (dated September 2023).

Named Persons and Important Contacts

24. HDSF has an appointed individual who is responsible for dealing with any safeguarding concerns. In their absence, the deputy will assume their responsibilities.

25. The Named Persons for child protection within HDSF are:

Named Person for Safeguarding	Ros Cramp (Charity Director)
Work telephone number:	01462 542498
Mobile number:	Released to staff
Emergency contact no:	Released to staff
Deputy:	Sine Bates (Chief Operating Officer)
Work telephone number:	01462 542498
Mobile number:	Released to Staff
Emergency contact no:	Released to Staff

The HDSF Lead Trustee for Safeguarding is Tom Horey.

Other Key Contacts:

Children's Services (including out-of-hours)	0300 123 4043
Local Authority Designated Officer (LADO)	01992 555420 LADO.Referral@hertfordshire.gov.uk
Police	In an emergency – 999 No immediate risk to life but a police response is required - 101
NSPCC	0808 800 5000

Further useful contacts are listed in Appendix 5

Responsibilities of individuals

26. All members of HDSF are to;

- understand and apply this policy and procedure in their activities,
- identify opportunities and undertake appropriate training to support them in their role,
- act appropriately at all times and be able to challenge inappropriate behaviour in others,
- be able to recognise harm, and
- know how to report any concerns in a timely and appropriate way.

27. In addition, senior members of the organisation (including Trustees) are to;

- ensure all staff and volunteers understand this policy and procedure,
- take a constructive approach to child protection and accept the legal responsibility to provide a duty of care to protect and safeguard the wellbeing of children engaged in any activity over which it has supervision and control,
- promote an organisational culture of openness that ensures that all children, employees, service users and carers are listened to and respected as individuals and feel they can raise their concerns and know that they will be listened to, without worrying that something bad will happen as a result,
- offer opportunities to undertake appropriate safeguarding training and refresher training,
- ensure that the policy and procedure is adhered to and undertake regular compliance audits,
- ensure that all staff and volunteers are aware of the contents of the HDSF Whistleblowing policy and any other relevant policies,
- ensure that parents, staff and volunteers are provided with information about this policy (via the HDSF website), what it does, and what they can expect from HDSF,
- ensure that parents, children, staff and volunteers are provided with clear procedures to voice their concerns or lodge complaints if they feel unsure or unhappy about anything (by publishing the HDSF complaints policy on the website),
- commit to and lead on the continuous development, monitoring and review of this policy and the procedures outlined within it.

28. The role and responsibilities of the Named Persons are;

- to ensure that all staff are aware of what they should do and who they should go to if they are concerned that a child/young person may be subject to abuse or neglect,
- to ensure that any concerns about a child/young person are acted on, clearly recorded, referred on where necessary and followed up to ensure the issues are addressed,
- to record any reported incidents in relation to a child/young person or breach of safeguarding policies and procedures. This record will be kept in a secure place and its contents will be confidential,
- ensure that appropriate safeguarding training is undertaken by staff in a regular and timely manner (and that appropriate records of training are maintained),
- inform the Lead Trustee for Safeguarding of any incidents or allegations.

These actions relate to concerns raised by a member of HDSF or by a parent, carer or guardian.

29. The role and responsibilities of the Lead Trustee for Safeguarding are;

- making sure everyone in the organisation is aware of their safeguarding responsibilities and knows how to respond to concerns,
- raise awareness of Child Protection and Adult Safeguarding issues within the Board of Trustees,
- challenging any decisions which adversely affect anyone's wellbeing,
- managing allegations of abuse against someone involved in the organization,
- reporting on serious incidents as necessary,
- remain up to date with Safeguarding developments,
- assure themselves and the Board of Trustees that the Safeguarding Policies and procedures in place for HDSF are effective and support the delivery of a robust approach to Safeguarding.

Safer Staffing and DBS checks

30. Every organisation has its own processes for recruiting to paid and unpaid work. Herts Disability Sports Foundation is no exception. Locally, the Hertfordshire Safeguarding Children Partnership sets out guidance in the Safe Staffing Handbook.
31. A key point includes DBS or Enhanced DBS checks for staff or volunteers working directly with children or who have frequent contact with children through the organisation. HDSF undertakes an Enhanced DBS check on all staff and volunteers (including Trustees) on appointment where possible – volunteers under age 16 are not eligible for DBS checks. Ideally, references are taken up in advance of them commencing with the organisation and these are checked.
32. Any staff or volunteers who have not been vetted prior to working with children will be closely supervised and not left alone with a child in a one-to-one situation. All visitors (external agents) attending HDSF activities will always be closely supervised.

Recognising abuse and neglect

Definition of abuse

33. Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in family, institutional or community settings, by those known to them or more rarely by a stranger, for example via the internet. They may be abused by an adult or adults, or another child or children.
34. An abused child is any boy or girl, under 18 years of age, who has suffered from, or is believed likely to be at significant risk of, physical injury, neglect, emotional abuse, sexual abuse or bullying.

Physical Abuse

35. Physical abuse 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.

Emotional Abuse

36. Emotional abuse is a form of Significant Harm which involves the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

Sexual Abuse

37. Sexual abuse is a form of Significant Harm which 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.

Neglect

38. 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.

Bullying

39. Bullying is behaviour by a group or individual, repeated over time, with the intention of hurting another person. Bullying results in pain and distress to the victim. Bullying can take various forms including verbal and physical assault, stealing, damage to personal items and social exclusion and ridicule and can be at different levels. It is important that staff, coaches and volunteers are aware of the issues and that they take appropriate action. Bullying includes cyber bullying.

40. All HDSF staff and volunteers should be aware that abuse can happen between children (child-on-child abuse) as well as between adults and children.

41. Further details on forms of abuse and neglect, and signs of abuse of neglect, can be found in Appendix 1.

Guidance for instructors and volunteers

42. If a child confides in you;

- Stay calm, approachable and open to what they have to say,
- Listen to them carefully without interrupting,
- Make it clear that you are taking what they are telling you seriously,
- Acknowledge that you understand how difficult this might be for them to say what they are saying,
- Reassure them that they have done the right thing by telling someone,
- Let them know that you will do everything you can to help them,
- Do not show any shock or disgust,
- Do not probe further,
- Do not ask leading questions that might suggest the answer,
- Do not make assumptions,
- Do not make any comments about the alleged abuser,
- Do not make promises you cannot keep, particularly about keeping the information 'secret', but explain that you may need to share it with an appropriate person.
- Do not discuss with colleagues apart from the Named Person (or their deputy),
- Follow the steps outlined in the next section.

43. If an adult (parent/guardian/carer) expresses concerns about the behaviour or conduct of an HDSF member of staff in relation to safeguarding – they should be encouraged to use the HDSF complaints policy to raise their concerns. A copy is available on the HDSF website or if they wish to provide their details, a copy will be sent to them by Sine – please pass on the details to Sine immediately. All concerns should be forwarded to Ros and a record made on the Form at Appendix 3. The concerns will be reviewed to ensure that HDSF safeguarding standards are being met.

If in doubt, assume that it could happen here and it could be happening to this child.

Steps to follow if you are worried about a child or if a child confides in you

44. HDSF recognises that it has a duty to act on reports or suspicions of abuse and believes that the safety of the child should override any doubts, hesitations, or other considerations (such as the potential to have a negative impact on professional relationships with others).
45. A flow diagram for actions to take if you are worried about a child or if a child confides in you is at Appendix 2.
46. If you observe worrying changes in a child's or young person's behaviour, physical condition or appearance, you should follow these steps;
- Initially talk to the child/young person about what you are observing. It is okay to ask questions, for example: "I've noticed that you don't appear yourself today, is everything okay?" But never use leading questions,
 - Listen carefully to what the young person has to say and take it seriously,
 - Never investigate or take sole responsibility for a situation where a child/young person talks about matters that may be indicative of abuse,
 - Always explain to children and young people that any information they have given will have to be shared with others, if this indicates they and/or other children are at risk of harm,
 - Notify HDSF's Named Person for child protection/safeguarding (Ros Cramp). If you cannot contact the Named Person, contact the Deputy Named Person (Sine Bates).
 - Record what was said as soon as possible after any disclosure, using the form attached at Appendix 3, and send to the Named Person for child protection/safeguarding,
 - Respect confidentiality and file documents securely.
47. The Named Person(s) will take immediate action if there is a suspicion that a child has been, or is likely to be, abused. In this situation the Named Person will contact the police and/or Children's Services. If a referral is made direct to Children's Services this must be followed up in writing within 24 hrs.
48. Parents / carers will need to be informed about any referral to Children's Services unless to do so would place the child at an increased risk of harm.
49. The Named Person can also seek advice and clarity about a situation that is beginning to raise concern through Children's Services 0300 123 4043 or from the NSPCC National Child Protection on 0808 800 5000.

50. All HDSF staff must make **immediate** contact with the Named Person where;

- It is believed or suspected that a child is suffering or is likely to suffer Significant Harm, or
- Where a professional has identified an unmet need in relation to a Child in Need.

51. The Named Person will make a referral to the Children and Families (Social Care) Assessment Team if they feel this threshold is met.

52. A referral must be made as soon as possible when any concern of significant harm becomes known - the greater the level of perceived risk, the more urgent the action should be.

If you are worried about a child you have a duty to refer.

53. The belief or suspicion about significant harm may be based on information which comes from different sources. It may come from a member of the public, the child concerned, another child, a family member or other professional staff. It may relate to a single incident or an accumulation of lower level concerns

54. The information may also relate to harm caused by another child, in which case both children, i.e. the suspected perpetrator and victim, must be referred.

55. The suspicion or allegation may relate to a parent or professional or volunteer caring for or working with the child – see the next section, entitled 'Managing allegations against an adult who works with children or young people'.

A referral must be made even if it is known that Children's Services (Social Care) are already involved with the child/family.

56. Advice and consultation may be sought about the appropriateness of the referral by contacting the local Children's Services (Social Care) Assessment Team or, if the case is open, the allocated social worker. Alternatively, advice may be sought from the police or the Named Person for safeguarding.

If in doubt, assume that it could happen here and it could be happening to this child.

Managing allegations against an adult who works with children or young people

57. The procedures outlined in this section should be followed whenever it is alleged a person who works with children has, in any activity connected with her/his employment or voluntary activity;
- behaved in a way that has, or may have harmed a child,
 - possibly committed a criminal offence against / related to a child,
 - behaved toward a child in a way which indicates s/he is unsuitable to work with children.
58. The procedures apply to situations when;
- there are suspicions or allegations of abuse by a person who works with children in either a paid or unpaid capacity,
 - it is discovered that an individual known to have been involved previously in child abuse is, or has been, working with children.
59. If an allegation relating to a child is made about a person undertaking paid or unpaid care, consideration must also be given to the need to alert those who manage her/him in that role.

Procedure

60. When an allegation is first reported, you should take the matter seriously and keep an open mind. You **should not investigate or ask leading questions** if seeking clarification and it is important not to make assumptions. Confidentiality should not be promised and the person making the allegation should be advised that the concern will be shared on a 'need to know' basis only
61. Actions to be taken include making a written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, what was said and anyone else present – use the form in Appendix 3. This form should be signed and dated and immediately passed on to the Named Person for Safeguarding without delay.
62. If the allegations of abuse involve the Named Person, the form should be passed to the Deputy Named Person who will immediately contact the Chair of Trustees. The Chair of Trustees will assume the Safeguarding responsibilities of the Named Person.
63. If an allegation of abuse is shared with you – it is not your role to decide whether it is true or not, particularly if it concerns a member of HDSF staff. Failure to report allegations in accordance with procedures is a potential disciplinary matter.

64. If there is an immediate or imminent risk of significant harm to a child or young person, you should contact Children's Services (Social Care) or the Police and then speak to the Named Person for Safeguarding to inform them of the actions you have taken. Follow this up in writing using the form attached in Appendix 3.
65. The Named Person for Safeguarding must take steps to ensure that the person against whom the allegation is made is removed from the situation immediately. This may be done by either agreement or suspension from the organisation until the matter has been fully investigated.
66. The Named Person for Safeguarding will follow the Managing Allegations against Adults who work with Children and Young People policy on the HSCP website by referring the issue to the Local Authority Designated Officer (LADO).
67. Any member of staff who believes that allegations or suspicions, which have been reported to the appropriate manager, are not being investigated properly has a responsibility to report it to a higher level or directly to the LADO.
68. The LADO must be told, within one working day, of all allegations that come to HDSF's attention and appear to meet the criteria so that s/he can consult or refer to the Police Designated Unit Manager and Children's Services (Social Care) Team Manager as appropriate.
69. If, for any reason, there are difficulties with following the above procedure, the Whistle Blowing Procedure should be considered or a referral made directly to Children's Services (Social Care) and / or the Police.
70. The need for consultation must not delay a referral, which should be in accordance with Referral procedure.
71. HDSF should keep the subject of allegations informed of progress in the case and arrange to provide appropriate support (via Occupational Health or equivalent). If the person is suspended, s/he should be kept informed of development in the workplace and if a member of a Trades Union or professional association, advised at the outset to contact that body.

Confidentiality

72. Information about a referral about a child or an allegation against a member of staff or volunteer must be restricted to those who have a need to know, in order to;
 - protect children,
 - facilitate enquiries,
 - avoid victimization,
 - safeguard the rights of the person about whom the allegation has been made and others who might be affected,
 - manage disciplinary/complaints.

73. The Named Person for Safeguarding may ask you for further information in order to make any referrals. You should not discuss or share this information with anyone else within the organisation. Any paperwork you have generated should be stored securely in a locked filing cabinet, or if stored on a computer it should be password protected.

Managing activities involving Children and Young People

74. When managing an activity involving children and young people, it is important to consider a risk assessment, both in terms of the health and safety of participants, but also of the potential child protection issues.

75. Each activity should have a risk assessment undertaken to consider what level and impact of risk there may be to the children and to the staff or volunteers.

Record keeping

76. Whilst record keeping may seem overly bureaucratic from time to time, it is important to keep good and clear records of the work of HDSF. It is particularly important to keep a register of attendance, a fire register and emergency contact details for all children and adults working with you.

77. Any details must be kept securely in accordance with the Data Protection Act 1998.

78. You should also store copies of your risk assessments for activities (see the next section).

79. Good record keeping promotes confidence in HDSF and in the safety of children who are participating in the activities.

Risk Assessments

80. Under the Health and Safety at Work Act 1974, HDSF, an employer has a duty to ensure, so far as is reasonably practicable, the health and safety of their employees and others affected by their work activities. This includes participants in off site visits.

81. HDSF is also required, under the Management of Health and Safety at Work Regulations 1999, to;

- a. assess risks arising from activities,
- b. implement suitable control measures,

- c. provide information, training and supervision,
- d. monitor the arrangements for controlling risk.

82. Although the ultimate responsibility for health and safety rests with HDSF, specific tasks are delegated to competent individuals. This would include the organisation of visits. This policy outlines the responsibilities of those involved in the organisation of visits, standards of competence and the arrangements for assessing risk and implementing suitable control measures. It also outlines how HDSF will monitor the arrangements.

83. Managers and employees involved with organising or supervising visits also have a legal duty to take reasonable care of their own and others' health and safety and to co-operate with HDSF to enable it to meet its health and safety responsibilities. This will be achieved through complying with the policy and following the associated guidance.

84. Risk assessment and risk management are legal requirements. For visits they involve the careful examination of what could cause harm during the visit and whether enough precautions have been taken or whether more should be done. The aim is to make sure no one gets hurt or becomes ill. The control measures should be understood by those involved.

85. Risk assessments should explicitly cover how special needs (e.g. educational, medical) are to be addressed. The programme of a visit, as set out in the risk assessment and the consent form, should not be deviated from and should include details of emergency/contingency measures including fire risks and emergency evacuation.

86. There are three levels of risk assessment for visits:

Generic: Apply to the activity wherever or whenever it takes place. The information provided in this policy and associated guidance is based on a generic risk assessment.

Visit/Site Specific: Will differ from place to place and group to group. Those organising visits are responsible for carrying out visit /site specific risk assessments. Managers must ensure an adequate risk assessment is carried out.

Ongoing: The group leader should reassess risks while the visit is taking place, making judgements and decisions as the needs arise.

87. In addition to the above, individual risk assessment should be carried out on children whose vulnerability, behaviour or other factors may put them or others at greater risk.

88. HDSF staff and volunteers do not provide personal care for children or young people – this is the responsibility of the parent/guardian/carer who will remain on site to meet these needs.

Taking photographs or videos of children

89. From time to time photographs or videos may be taken on behalf of HDSF of children participating in activities for marketing/promotion purposes.
90. All employees, trustees and volunteers should be aware and understand that it is unlawful to photograph, video, record and/or store, save, share the name of children without the explicit consent of the person with parental or carer responsibilities.
91. HDSF staff, volunteers and Trustees are not permitted to take any photographs or videos of the session unless specifically directed by the Lead Instructor who will have confirmed that parental permission has been given. Once the photograph or video has been downloaded to secure storage (for promotional or marketing purposes) the photograph or video will be deleted from the recording device.

Appendix 1 - Recognising abuse and neglect

Definition of abuse

Abuse and neglect are forms of maltreatment of a child. 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 or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

An abused child is any boy or girl, under 18 years of age, who has suffered from, or is believed likely to be, at risk of significant risk of physical injury, neglect, emotional abuse or sexual abuse.

Physical abuse (including when masqueraded as discipline and chastisement)

Physical abuse 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.

Physical abuse often arises from a wish to chastise. English law allows smacking by parents in that parents can use the defence of “reasonable chastisement” but only in a charge of common assault.

The introduction of section 54 of the Children Act 2004 changed the law, to remove the reasonable chastisement defence for actual bodily harm. Actual bodily harm includes minor visible injuries such as a graze, a scratch, an abrasion or bruising around the eye. Common assault implies a transient trifling injury such as reddening of the skin or no injury at all. The use of an implement to hit a child though not specifically prohibited is more likely to leave a mark. Thus the law allows a parent to smack a child where doing so leaves no mark upon the skin, so only light smacks are permitted. “Over chastisement” which implies at least actual bodily harm would be against the law and the reasonable chastisement defence would not apply. This means, for example, that a parent can no longer justify beating a child on the grounds that child is difficult to raise.

Although the reasonable chastisement defence only applies to the criminal law the concept influences decisions taken in the family courts. The defence applies only to parents and adults acting in loco parentis with the parent’s permission. Physical chastisement, i.e. corporal punishment, of any form has been prohibited in state schools since 1986, private since 1998 and by child minders since 2003.

It is important that all professionals treat injuries caused to children by their parents as an assault and do not condone or excuse this because their intention was to discipline the child. Professionals should be cautious about referring to such assaults as “over-chastisement” as this can have the effect of minimising the impact on the child of the injuries or implying the child’s behaviour was a contributory cause.

There is evidence that even smacking allowed within the law is harmful to children. For

example, minor forms of regular smacking of pre-school children is associated with an increased risk of antisocial behaviour after 2-3 years even when allowing for other parenting risk factors and the presence of such behaviour at study entry. Maternal depression and violence between adult partners are associated with a greater risk of smacking children than either factor present alone regardless of child behaviour. Parents who experience physical punishment in their childhood are more likely to smack their own children.

The following definition is taken from a previous version of Working Together (Working Together 2010)

“Physical abuse 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 or, or deliberately induces illness in a child.”

Signs of Physical Abuse

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree;

- Unexplained recurrent injuries or burns,
- Improbable excuses or refusal to explain injuries,
- Wearing clothes to cover injuries, even in hot weather,
- Refusal to undress for gym,
- Bald patches,
- Chronic running away,
- Fear of medical help or examination,
- Self-destructive tendencies,
- Aggression towards others,
- Fear of physical contact - shrinking back if touched,
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study'),
- Fear of suspected abuser being contacted.

Emotional Abuse

The following definition is taken from a previous version of Working Together (Working Together 2010)

“Emotional abuse is a form of Significant Harm which involves 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 cyberbullying) 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.

Signs of Emotional Abuse

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree;

- Physical, mental and emotional development delay,
- Sudden speech disorders,
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc'),
- Overreaction to mistakes,
- Extreme fear of any new situation,
- Inappropriate response to pain ('I deserve this'),
- Neurotic behaviour (rocking, hair twisting, self-mutilation),
- Extremes of passivity or aggression.

Sexual Abuse

The following definition is taken from a previous version of Working Together (Working Together 2010)

“Sexual abuse is a form of Significant Harm which 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.”

Signs of Sexual Abuse

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree;

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age,
- Medical problems such as chronic itching, pain in the genitals, venereal diseases,
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia,
- Personality changes such as becoming insecure or clinging,
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys,
- Sudden loss of appetite or compulsive eating,
- Being isolated or withdrawn,
- Inability to concentrate,
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder,
- Starting to wet again, day or night/nightmares,
- Become worried about clothing being removed,
- Suddenly drawing sexually explicit pictures,
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

Neglect

The following definition is taken from a previous version of Working Together (Working Together 2010)

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-giver),
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs of neglect

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree;

- Constant hunger,
- Poor personal hygiene,
- Constant tiredness,
- Poor state of clothing,
- Emaciation,
- Untreated medical problems,
- No social relationships,
- Compulsive scavenging,
- Destructive tendencies.

Bullying

Bullying affects everyone at some point in their lives. It may be at school, at college, in an activity group or club, in the workplace or even at home.

Parents, carers, teachers and others working with children have a duty to take action if they suspect or discover that children are being bullied. Bullying includes;

- People calling you names,
- Making things up to get another person into trouble,
- Hitting, pinching, biting, pushing and shoving,
- Taking things away from someone,
- Damaging another person's belongings,
- Stealing someone's money,
- Taking someone friends away from them,
- 'Cyberbullying',
- Spreading rumours,
- Threats and intimidation,
- Making silent or abusive phone calls,
- Bullies can also frighten the victim so that they don't want to go to school or take part in other activities. The victim may pretend to be ill to avoid the bully.

Developing a 'code of conduct' with children and young people can assist with minimising the opportunity for bullying and encourage their participation in the activities of the group.

Child-on-Child Abuse

Where one child is bullying another and can include;

- Bullying,
- Abuse in intimate personal relationships,
- Physical abuse,
- Sexual violence,
- Sexual harassment,
- Upskirting,
- Initiation/hazing.

Note: A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone.

Appendix 2 – What you need to do if you have a child protection concern

These guidelines are for HDSF staff, volunteers, Trustees and parents/carers. If in doubt, **always** contact the HDSF Named Person – Ros Cramp.

You are concerned about the child's welfare or safety – what you've seen, heard or been told.



Does the child need Urgent medical attention? If they do - Dial 999 and tell the ambulance staff the child may be at risk.



Phone Ros to tell her what has happened – tell her as much as you can. If you can't reach Ros, phone Sine.



Fill in the form at Appendix 3 – this is important.



Action for Named Person;

- If you suspect the child has been, or is likely to be, abused - contact the police and /or children's services. [For Children's services advice 0300 123 4043]
- If the complaint is about staff from another organisation, contact their Safeguarding Lead immediately
- If the allegation is against a member of HDSF – remove them from the situation immediately.
- Refer the issue to the LADO – 01992 555420.
- Complete the form at Appendix 4.

Appendix 3 – HDSF Reporting a Concern Form

This form will be used to report concerns about both children or adults who use our services.

Strictly Confidential - Please print clearly

Full name of the Child or Adult at Risk:
About the incident
Where were you?
What happened?
Was anyone else there?
Your name
Have you told the Ros or Sine about this incident
When?
How did you contact them?

Appendix 4 – HDSF Named Person Record of Actions

Strictly Confidential

Full Name of the Child/Adult at Risk	
DOB	
Name of Parent/Carer	
Their address	
Time/date you were advised of the incident	
How were you advised?	
Please provide full details of the incident	
What action have you taken?	
Have you contacted Children's Services (Social Care) or the Police?	Yes / No Why?
Have you contacted the LADO?	Yes / No Why?
Name of person completing this form	
Your contact telephone no.	

Appendix 5 – Useful Contacts/Support Organisations

If you have concern that a child is being harmed as a result of abuse or neglect, you must not keep these concerns to yourself. Keeping children safe is everyone's responsibility. Doing nothing is not an option.

You need to ensure that you speak to the appropriate organisations who can listen to and record your concern, and then take appropriate action. In Hertfordshire, these are the numbers that you can ring for advice and to make a referral:

Children's Services (including out of hours): 0300 123 4043

Joint Child Protection Investigation Team (Police): 01707 354000

Joint Child Protection Investigation Team (JCPIT) is a specialist team with countywide Responsibility for undertaking child protection investigations.

The Police: 999 (in an emergency)

Other useful contact information

The Forced Marriage Unit (FMU) provides advice and guidance for British nationals being forced into marriage overseas:

[Forced marriage - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

The FMU also provides expert advice to professionals, especially those confronted by it for the first time. Tel: 0207 008 0151

If the situation is urgent always call 999

NSPCC Child Protection Helpline

The NSPCC Child Protection Helpline is a free 24-hour service that provides counselling, information and advice to anyone concerned about a child at risk of abuse. Telephone: 0808 800 5000 - Email: help@nspcc.org.uk

The Child Protection in Sport Unit (CPSU) exists to help young people play sport and stay safe. The CPSU works to help achieve the NSPCC mission to end child abuse. Herts Sports Partnership works closely with the CPSU and their website contains a wealth of information to support the safeguarding of children in sport and physical activity:

[NSPCC Child Protection in Sport Unit | CPSU \(the cpsu.org.uk\)](http://the cpsu.org.uk)

WHEN IN DOUBT, CONCERNS MUST BE SHARED APPROPRIATELY.

Appendix 6 – Safeguarding Arrangements for online service delivery

1. Context

HDSF continue to follow the protocols and procedures contained in the main body of this policy. However, new methods of delivery online (developed during the Pandemic) require new measures to ensure the safety of both service users and HDSF staff. Guidance from the government, PHE and Hertfordshire Safeguarding Children Partnership will continue to inform our practice – safeguarding children and HDSF staff will be our priority over service delivery.

2. Additional Safeguarding Protocols for online participants

These have been designed to create a safe online environment by limiting access and monitoring of activities by a dedicated member of staff.

- a. Zoom sessions are all password protected to limit access.
- b. Individual zoom codes used for each group / each individual disco to limit access.
- c. On entering a Zoom session, the participant's name will automatically appear on the screen – if the display lists more than their first name, then HDSF will change to just their first name.
- d. All zoom sessions are recorded to monitor for issues regarding H&S or safeguarding and to ensure that delivery is professional and appropriate at all times. They may also be used for promotional purposes. Recordings are reviewed and if no issues, the recording is deleted.
- e. Photo/video consent is included in the booking form. If a recording/photo is to be used for promotion and consent has not been given, a logo will cover the image of that person.
- f. Emergency contact number for each participant is also included on the booking form, so that contact can be made immediately if there is a concern.
- g. All sessions have a lead and a moderator at all times (the moderator supervises screens, and reacts quickly if something wrong e.g. turns their video/audio feed off).
- h. Discos have a DJ and a moderator. If a disco has more than 23 devices connected, a second moderator is added.
- i. Limit to discos is 46 (49 screens - DJ and 2 moderators). Physical activity sessions have fewer participants to allow more targeted interaction to motivate on an individual level.

3. Additional Online Safeguarding Protocols for HDSF staff

- a. All staff have been reminded of the protocols surrounding contact with participants – online contact brings an increased risk that participants may try to make personal

contact with staff. HDSF staff will not share their personal social media contact details with participants under any circumstances. Any online personal contact from a participant (about any matter) will immediately be reported to the Designated Safeguarding Officer or the Deputy Safeguarding Officer.

- b. HDSF will not contact participants on social media for personal/private interaction. However, participants/carers do contact HDSF through different social platforms – we will respond on those platforms but only to share information about sessions.
- c. Apart from the Zoom host, no other staff have the facility to record Zoom sessions. HDSF are not permitted to take any photographs of the sessions unless specifically directed by Ros. Once the photograph has been downloaded to secure storage (for promotional purposes) the photograph will be deleted from the recording device.
- d. HDSF staff are aware that although they may be working from home, their visual presence will maintain professional standards in terms of video background and HDSF corporate clothing.

4. Review

If there are changes to the online delivery of sessions (activity, groups, frequency, etc.) the additional safeguarding protocols in this Annex will be reviewed to ensure they remain fit for purpose.