



Coventry Dynamite Child Protection & Safeguarding Policy

Introduction:

Coventry Dynamite (CD) recognises the importance of its responsibility to protect and safeguard the welfare of children and young people entrusted to its care. We understand that all adults, including temporary staff and volunteers, have a full and active part to play in protecting our children from harm, and that the child's welfare is our paramount concern. As an organisation working with children and young people, CD has a responsibility to act if safeguarding concerns to light, to protect children from harm within the program.

Aims:

- To support the child's development in ways that will foster security, confidence and independence.
- To provide an environment in which children and young people feel safe, secure, valued and respected. They should feel confident that they can approach adults if they're in difficulties believing they will be effectively listened to.
- To raise the awareness of all coaching and non-coaching staff of the need to safeguard children and of their responsibilities in identifying and reporting any safeguarding concerns.
- To emphasise the need for good levels of communication between all members of coaching and non-coaching staff.
- To develop a structured procedure within the programme, this will be followed by all members of CD.
- To check that all adults appointed/authorised by CD have completed DBS checks and are thoroughly vetted. It is the responsibility of CD's directors to appoint a Designated Safeguarding Lead (DSL) to oversee the implementation of this policy. If and when required, the named nominated person will work in conjunction with statutory agencies and other organisations to ensure the safety and wellbeing of the young person.

Designated Safeguarding Lead (DSL):

KEELIE HILL

keelie152@sky.com

The name of the Designated Safeguarding Lead will be clearly displayed in the gym, with a statement explaining the program's role in referring and monitoring cases where safeguarding concerns are raised.



Mission Statement:

As part of its mission, CD is committed to:

- Valuing, listening to and respecting children and young people as well as promoting their welfare and protection.
- Safe recruitment, supervision and training for all staff/coaches/volunteers.
- Adopting a procedure for dealing with any safeguarding / child protection concerns.
- Encouraging and supporting parents/carers.
- Supporting those affected.
- Making links with statutory childcare authorities and other organisations if and when required.

This policy covers all activities run by CD for children and young people under the age of 18 years. It sets out what action will be taken in various circumstances in order to reassure parents, carers and associated parties that all possible steps will be taken to protect children involved in any aspect of the program's activities. The policy is governed by legislation and statutory guidance as below;

- The Children's Act 1989 and 2004
- The London Child Protection Procedures 2016
- Working together to Safeguard Children Procedures 2015 • Data Protection Act 1994 and 1998
- The UN Convention on the Rights of the Child.

This policy acknowledges that:

- Child abuse exists and can present itself in any of its forms - physical, emotional, neglect, sexual - alone or in combination.

Children may be abused and/or neglected by parents, carers, guardians or other trusted adults as well as strangers.

- Abuse may be perpetrated by individuals, groups or networks of individuals.
- Children may also be abused by other children. Aylesbury Cheerleading Academy is committed to on-going child protection training for all staff/coaches/ volunteers to develop their understanding of the signs of abuse and how to respond to disclosures of abuse.
- All new staff will be given access to a copy of our Child Protection and Safeguarding policy.
- Anyone in leadership who has contact with children/young people will complete a Disclosure and Barring Service (DBS) application form.

Responsibilities:

In undertaking our responsibility of care, CD will:

- Refer a child, if there are concerns about possible abuse and liaising with relevant agencies and acting as a focal point for staff to discuss concerns.
- Keep written records of concerns about a child even if there is no need to make an immediate referral.
- Ensure all records are kept confidentially and securely.

Supporting children:

CD recognise that a child who has suffered from harm or witnessed violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth. It is recognised that CD may provide important stability and consistency in the lives of children who have been abused or who are at risk of harm. CD will support all children by:

- Providing support to children by encouraging self-esteem and confidence, while not condoning



aggression or bullying.

- Promoting a positive and caring environment in CD's premises of operation.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.

Confidentiality:

We recognise that all matters relating to child protection are confidential. The DSL will disclose any information about a child to other members of staff only on a need to know basis. All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children. All staff must be aware that they cannot promise a child to keep secrets which might compromise a child's safety or wellbeing. We will always undertake to share our intention to refer a child to Children's Services with their parents/carers, unless to do so could put the child at greater risk of harm or danger.

Supporting Staff:

We recognise that staff, who has become involved with a child who has suffered from harm, or appears to be suffering from harm, may find the situation stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support as appropriate.

Allegations against staff:

Staff should take care not to place themselves in a vulnerable position with a child.

- Any suspicion that a child has been abused by either a member of staff or a volunteer should be reported to the Designated Safeguarding Lead immediately, who will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk.
- The Designated Safeguarding Lead will refer the allegation to the appropriate Local Authority children's services department and contact will be made with the relevant LADO (Local Authority Designated Officer), who will determine if and what further action should be taken.
- The parents or carers of the child will be contacted as soon as possible following advice from children's services department.
- If the Designated Safeguarding Lead is the subject of the suspicion/allegation, the report must be made to one of the head coaches, who will refer the allegation to children's services.

Bullying:

Our policy on bullying is set out in the Anti-Bullying Policy. CD's policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms e.g. cyber, racist, homophobic and gender related bullying. All staff are aware that children with SEN and / or differences/perceived differences are more susceptible to being bullied / victims of child abuse.

Radicalisation and Extremism:

Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation. When any member of staff has



concerns that a child may be at risk of radicalisation or involvement in terrorism, they should speak with the DSL. They should then follow normal safeguarding procedures. If the matter is urgent then Thames Valley Police must be contacted by dialling 999. In non-urgent cases, where police advice is sought, then dial 101.

Female Genital Mutilation (FGM):

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women. From 31 October 2015 a mandatory reporting duty requires teachers to report 'known' cases of FGM in under 18s, which are identified in the course of their professional work, to the police. If an adult is informed by a girl under 18 that an act of FGM has been carried out on her, or another adult observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth, they should call 101 and make a report to the police force in which the girl resides. The duty applies to the individual who becomes aware of the case to make a report. It should not be transferred to the Designated Safeguarding Lead, however the DSL should be informed and a report to the police should be made by the close of the next working day. Where there is a risk to life or likelihood of serious immediate harm the adult should report the case immediately to the police, including dialling 999 if appropriate. There are no circumstances in which coaching or non-coaching staff should examine a girl.

Prevention:

We recognise that the program plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection. The CD community will therefore:

- Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Include regular consultation with children about their feelings towards the gym, training and competitions.
- Ensure that all children know there is an adult in the program whom they can approach if they are worried or in difficulty.
- Ensure all staff are aware of guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.



Child Protection Policy Appendices Child Protection Policy ANNEX 1

Objectives: CD recognises the reality that the abuse of children can sometimes occur both within and outside of the program's community. The directors of CD wish to ensure that the program is able to play its part, together with the parents and other agencies, in preventing such abuse. This is in line with the program's mission statement and aims.

Governing Principles:

- All children have the right to be protected.
- Child abuse occurs in all cultures, religions and social classes.
- The prime concern must always be the interest and safety of the child.
- Children who have been abused need the same care and sensitivity regardless of whether they have been abused by a parent, carer or stranger.
- One aim should be to minimise damage and promote recovery.
- Procedures provide a framework to ensure that the programme takes the appropriate action to help children. They are not, and cannot be, a substitute for professional judgement and sensitivity.

The Policy:

Recognising signs of child abuse Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

6 Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations • Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

Risk Indicators:

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be



taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse, Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.: • Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the



spine)

- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life
- Scars, A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural. Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts



- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause, failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Domestic Abuse

How does it affect children? Children can be traumatised by seeing and hearing violence and abuse. They may also be directly targeted by the abuser or take on a protective role and get caught in the middle. In the long term this can lead to mental health issues such as depression, self-harm and anxiety.

What are the signs to look out for? Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed and have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in your care as a way to escape from their home life. None of these signs are exclusive to domestic abuse so when you are considering changes in behaviours and concerns about a child, think about whether domestic abuse may be a factor.

What should I do if I suspect a family is affected by domestic abuse?

To talk through your concerns call the Coventry Multi Agency Safeguarding Hub on 024 7678 8555 and the email is mash@coventry.gov.uk.

Equality statement

CD is committed to all the children and young people within its program and will ensure that each young person is given the same level of protection regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity.



Disclosure Procedures:

Responding to allegations of abuse under no circumstances should coaching staff/non-coaching staff/volunteer carry out their own investigation into the allegations or suspicion of abuse. The person in receipt of the information should do the following:

- Write down what you have been told or seen as quickly as possible after the incident. Sign and date. Do not add your thoughts or feelings. This record must be factual and as accurate as possible.
- Use the words expressed by the individual.
- Inform a DSL as soon as possible.
- If an allegation is made against anyone in the program (including the Directors) do not speak to this person about the allegation.
- Suspicions must not be discussed with anyone other than the nominated DSL.
- If a referral needs to be made to Social Services or police, do not delay if the nominated person is not available.
- Where the level of risk or concern remains unclear, consultation should be sought from the who will seek to clarify the nature of the concern and whether immediate action is needed to keep the child safe from harm or whether a referral is appropriate.
- Do not question the child/young person to enable you to obtain more information.
- Concerns should be discussed with the parent or carer and, where possible their agreement should be sought before making referrals to Children's Services unless this places a child at increased risk of immediate or significant harm.

The role of the nominated person is to collate and clarify the precise details of the allegation or suspicion and pass this information to Children's Services. It is the responsibility of Children's Services to investigate child protection matters and undertake any Section 47 (child protection investigation) if deemed needed.

Guidelines for responding to an allegation of harm from a child

- Keep calm, do not appear shocked or disgusted; do not tell them you are shocked
- Accept what the child says without passing judgement (however unlikely the disclosure may sound)
- Look directly at the child
- Let them know you will need to tell someone else; don't promise confidentiality
- Be aware that the child may have been threatened and fear reprisals for having spoken to you
- Never push for more information as this may undermine any subsequent investigation

A child may volunteer information about abuse to an adult whom they trust. A child is likely to be under severe emotional stress and will need to be treated with great sensitivity. If, however, information is offered in confidence, it is important to make it clear that it will be necessary to pass on the information to other adults in order to be able to help. If the child does not agree to this then the conversation should be stopped. The concern, however, needs to be related to the DSL.

The addition of a zoom platform to our coaching during the COVID-19 outbreak.

We would like to make a note here that our disclosure procedure has not been altered during the use of ZOOM in the COVID 19 outbreak. The only capacity in which the disclosure process had changed is that any reporting will have to be electronic we have suggested in the **'ZOOM' GUIDANCE FOR COACHES AND ATHLETES** document that any concerns should be reported via email or whats app (a more secure form of messaging).



To talk through your concerns call the Coventry Multi Agency Safeguarding Hub on 024 7678 8555 and the email is mash@coventry.gov.uk.

NSPCC

Get advice Contact the NSPCC if you want to discuss your concerns and get advice.

NSPCC (for adults) Telephone: 0808 800 5000

(free service, lines open 24 hours a day).

For further information or to report your concerns online visit: www.nspcc.org.uk/what-you-can-do/report-abuse/

Child Line

Telephone: 0800 1111 (free)

The ChildLine number won't show up on your phone bill if you call from a landline or from most mobile networks.

The Designated Safeguarding Lead for CD is:

KEELIE HILL

keelie152@sky.com

Remember – where there is an urgent and immediate need to protect a child, dial 999 to contact the Police. Alternatively, if there is a worry that a child / young person may be at risk of harm, contact the relevant DSL or Local Authority Children's Services as soon as possible.