SAFEGUARDING CHILDREN POLICY

Contents

Section 1: Key Contacts

Designated Safeguarding Lead (DSL)	Joanna Morrison joanna@solidaritysports.org 07455 906418
(Deputy Safeguarding Lead)	Miriam Lovelace miriam@solidaritysports.org 07947758634

In the DSL's absence, the Deputy DSL will assume safeguarding responsibilities. All safeguarding concerns must be reported without delay to the DSL or Deputy DSL.

Section 2: Introduction and Purpose

Solidarity Sports is fully committed to safeguarding and promoting the welfare of all children and young people. We recognise our moral and legal responsibility to ensure that every child in our care feels safe,

supported, and listened to.

This policy sets out how we protect children from harm, abuse, and neglect in accordance with UK legislation and national best practice. It applies to all trustees, staff, volunteers, and ambassadors, whether working directly or indirectly with children. It also applies to all activities and settings in which Solidarity Sports operates, including after-school programmes, under-5s sessions, weekend activities, holiday and residential trips, and one-to-one mentoring.

The following statutory and regulatory frameworks underpin this policy:

- Children Act 1989 and 2004
- Working Together to Safeguard Children 2023
- Keeping Children Safe in Education 2024
- Children and Social Work Act 2017 (Local Safeguarding Partnerships)
- Sexual Offences Act 2003
- Equality Act 2010
- Data Protection Act 2018 (GDPR)

This policy complements our other safeguarding-related procedures, including:

- Safer Recruitment
- Online Safety
- Whistleblowing
- Managing Allegations Against Staff

We are committed to creating a culture where safeguarding is viewed as everyone's responsibility. We believe all children - regardless of age, gender identity, ethnicity, ability, language, religion, or sexual orientation - have the right to be protected from harm, treated with respect, and given the opportunity to thrive in a safe and supportive environment.

We recognise that safeguarding must be responsive to children's individual experiences, including the impact of inequality, trauma, disability, and marginalisation. Cultural awareness, anti-discriminatory practice, and accessibility are central to our safeguarding approach.

Definition of Safeguarding (Working Together to Safeguard Children, 2023):

Safeguarding and promoting the welfare of children means:

- Providing help and support as soon as needs are identified
- Protecting children from maltreatment
- Preventing the impairment of children's mental and physical health or development ● Ensuring children grow up with safe and effective care
- Taking action to enable all children to achieve the best outcomes

This policy is reviewed annually by the CEO in consultation with the Designated Safeguarding Lead and ratified by the Board of Trustees. Urgent updates may be made mid-year in response to legislative or operational changes.

Section 3: Abbreviations and definitions

Term	Meaning
CYP	Children and Young People
DSL	Designated Safeguarding Lead
LADO	Local Authority Designated Officer
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CCE	Child Criminal Exploitation
LAC	Looked After Child
DV	Domestic Violence
FGM	Female Genital Mutilation
GDPR	General Data Protection Regulation

Safeguarding:

Defined in Working Together to Safeguard Children (2023) as:

- Protecting children from maltreatment
- Preventing the impairment of health or development
- Ensuring children grow up with safe and effective care
- Taking action to ensure the best possible outcomes

Child Protection	Section 47 of the Children Act 1989: Following receipt of a referral, the local authority social worker will begin to gather information as part of an assessment of the child's needs. If, during the course of this assessment (which may be very brief), a concern arises that a child may be suffering, or likely to suffer, significant Harm, then the local authority is required by Section 47 of the Children Act 1989 to make enquiries. The purpose of this multi-agency enquiry and assessment is to enable agencies to decide whether any action should be taken to safeguard and promote the welfare of the child. Any decision to initiate an enquiry under Section 47 must be taken following a Strategy Meeting/Discussion.
Child Abuse	Child abuse is when someone harms a child. It can be physical, sexual or emotional, or involve neglect.
Child in Need	Section 17(10) of the Children Act 1989 states that a child shall be taken to be in need if: a) The child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development b) The child's health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or c) The child is disabled and "family", in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.
Significant Harm	The threshold that justifies compulsory intervention into family life in the best interest of the child. A person may abuse or neglect a child by inflicting harm or by failing to act to prevent harm

Looked After Child (LAC)	Under the Children Act 1989, a child is legally defined as 'looked after' by a local authority if he or she: •gets accommodation from the local authority for a continuous period of more than 24 hours •is subject to a care order (the child is placed in the care of the local authority) •is subject to a placement order

Section 4: Objectives

The implementation of this policy ensures that all children and young people (CYP) supported by Solidarity Sports receive safe, compassionate, and high-quality care in line with statutory guidance and sector best practices. It ensures that all Trustees, Staff, Volunteers, and Ambassadors understand their safeguarding responsibilities and are confident in fulfilling them.

The Charity is committed to creating and maintaining the safest possible environment for CYP, both physically and emotionally.

We will achieve this by:

- Recognising that all children have the right to live free from abuse, harm, and exploitation • Promoting early help and timely intervention before needs escalate
- Fostering joint working with parents and carers in the interest of children's wellbeing • Following safer recruitment practices to ensure all staff and volunteers are appropriately vetted and qualified
- Ensuring all staff and volunteers accept their responsibility to help prevent and report abuse or neglect
- Appointing a Designated Safeguarding Lead (DSL) to oversee the safety and well-being of children
- Supporting staff and volunteers in raising safeguarding concerns promptly and without fear • Listening to children and providing regular opportunities for CYP, parents, and carers to express their views or concerns
- Responding quickly, proportionately, and appropriately to any concern, disclosure, or allegation • Regularly reviewing the effectiveness of this policy and its related procedures
- Ensuring compliance with the **Data Protection Act 2018** and **UK GDPR**, balancing the need to protect personal data with the duty to share safeguarding information appropriately
- Embedding a culture of inclusion, anti-discrimination, and contextual safeguarding in all aspects of our work
- Working in partnership with external agencies to ensure a joined-up approach to child protection

Section 5: Types of Abuse

Child abuse and neglect are forms of maltreatment that cause actual or potential harm to a child's health, development, or well-being. Abuse may be perpetrated by adults or other children, including in-person or through online environments.

The definition of abuse has evolved to reflect the growing recognition that children can suffer harm not only through direct action but also by witnessing the abuse of others (e.g. domestic abuse), or by being exposed to harmful environments, including online.

Abuse may result in:

- A potentially life-threatening injury
- Long-term or permanent impairment of mental, emotional, social, or physical development • Psychological trauma that impacts the child's well-being and safety

Abuse can be intentional or unintentional. Parental factors such as domestic violence, mental ill-health, or substance misuse can significantly increase the risk of harm to a child.

Children may be abused in any setting, including their home, peer group, care placement, online platforms, educational institutions, or in public.

It is important to note that even if a child appears to recover or shows no immediate signs of distress, serious harm may still have occurred.

The four main categories of abuse recognised in statutory guidance are:

1. **Physical abuse**
2. **Emotional abuse**
3. **Sexual abuse (including exploitation)**
4. **Neglect**

These categories are not mutually exclusive, and multiple types of abuse may occur simultaneously. In addition to these, Solidarity Sports also recognises other forms of harm such as:

- **Peer-on-peer abuse**, including bullying, harmful sexual behaviour, and coercive control • **Online abuse**, including grooming, exploitation, and image-based harm
- **Child criminal exploitation (CCE)**
- **Child sexual exploitation (CSE)**
- **Domestic abuse**, including controlling and coercive behaviour
- **Radicalisation and extremism**
- **Harmful traditional practices**, such as female genital mutilation (FGM), forced marriage, and so-called honour-based violence
- **Non-accidental injury**, where harm is caused deliberately rather than by accident

a) Physical Abuse

Physical abuse involves deliberately causing physical harm to a child. This may include hitting, shaking, slapping, punching, throwing, burning or scalding, poisoning, drowning, or suffocating. It also includes non-accidental injury, even if the harm appears minor.

Physical abuse can also occur when a parent or carer fabricates or induces illness in a child (commonly referred to as Fabricated or Induced Illness, or FII).

Possible signs of physical abuse may include:

- Unexplained injuries such as bruises, bite marks, burns, scalds, or fractures, especially if recurrent or located in unusual areas
- Injuries that appear to have a pattern (e.g. hand marks, belt marks)
- Conflicting, vague or improbable explanations for injuries
- Reluctance or refusal to discuss injuries
- Untreated or hidden injuries
- Fear of physical contact, flinching, or shrinking away from adults
- Extreme compliance or 'watchfulness'
- Aggressive behaviour, bullying or becoming withdrawn
- Fear of going home or of certain adults being contacted
- Fear of undressing, changing clothes, or medical examinations
- Running away or frequently going missing
- Unexplained changes in behaviour or school attendance
- Wearing long-sleeved or inappropriate clothing to cover injuries, even in hot weather • Physical discomfort without a medical explanation

1. **NSPCC What is Physical Abuse**:
   https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/physical-abuse/

2. **Childline Physical Abuse:**
   https://www.childline.org.uk/info-advice/bullying-abuse-safety/abuse-safety/physical-abuse

3. **Gov.uk What to do if you're worried a child is being abused:**
   https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused

b) Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is a serious form of child abuse and gender-based violence. It involves the partial or total removal of the external female genitalia for non-medical reasons and is illegal in England and Wales under the **Female Genital Mutilation Act 2003**.

FGM can cause long-lasting physical and psychological harm. It is often carried out on girls during childhood, typically between infancy and age 15, and is usually performed without consent.

Section 5B of the FGM Act 2003 places a legal duty on regulated professionals in health, social care, and education in England and Wales to report known cases of FGM in girls under 18 to the police. This applies when:

- A girl tells a professional that she has undergone FGM
- A professional observes physical signs that FGM has been carried out

While the mandatory reporting duty applies to specific professionals, all adults have a duty to report concerns about potential or actual FGM. If FGM is suspected, this must be referred immediately to the Designated Safeguarding Lead, who will take appropriate steps including contacting the police and/or children's social care.

Further guidance on mandatory reporting is available from GOV.UK: Mandatory reporting of female genital mutilation - GOV.UK

c) Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child which causes or is likely to cause, severe and long-term adverse effects on their emotional development. It can occur in isolation or alongside other forms of abuse.

Emotional abuse may involve:

- Making a child feel worthless, unloved, inadequate, or only valued when meeting another's needs
- Imposing age-inappropriate expectations or demands, including overprotection, excessive criticism, or restricting a child's ability to explore or socialise
- Exposing a child to domestic abuse or the ill-treatment of others
- Bullying (including online/cyberbullying) that causes frequent fear, humiliation, or a sense of threat
- Exploiting or corrupting a child, including exposing them to inappropriate or harmful behaviour or materials

Emotional abuse is present to some degree in all forms of maltreatment, but it can also occur alone.

Possible signs of emotional abuse include:

- Persistent low self-esteem or self-deprecating comments
- Overwhelming fear of new situations
- Emotional responses that are extreme, inappropriate, or absent
- Self-harming behaviour, including in younger children
- Compulsive stealing or hoarding
- Repetitive behaviours such as rocking, hair-pulling, or thumb-sucking
- Detachment, emotional withdrawal, or an attitude of indifference
- Social isolation or difficulties making and keeping friends
- Excessive attention-seeking beyond age-appropriate levels
- Eating difficulties, including restricted eating or bingeing
- Signs of depression, withdrawal, or unexplained mood changes
- Inability to concentrate or focus
- Repeated aggressive or sexualised behaviours, such as inappropriate masturbation in public
- Re-enacting violence between parents or disclosing domestic abuse
- Forming inappropriate attachments with strangers or unfamiliar adults

Further information:
https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/emotional-abuse/what-is-emotional-abuse/

d) Neglect

Neglect is the persistent failure to meet a child's basic physical, emotional, educational, or psychological needs, and is likely to result in the serious impairment of the child's health or development. It can occur at any stage of childhood and may be chronic or episodic.

Neglect may begin during pregnancy, for example as a result of maternal substance misuse, and continue after birth when a parent or carer fails to:

- Provide adequate food, clothing, and shelter (this includes exclusion from home or abandonment) • Protect a child from physical or emotional harm or danger
- Ensure appropriate supervision (including leaving a child with inadequate or unsafe caregivers) • Ensure access to medical care or necessary treatment
- Meet a child's educational needs or provide necessary stimulation for healthy development

Neglect may be physical, emotional, medical, nutritional, or educational, and often occurs in combination with other forms of abuse. While individual risk factors do not prove neglect, they should be treated as indicators of possible significant harm.

Possible signs of neglect include:

- Constant or frequent hunger or tiredness
- Stunted growth or failure to meet developmental milestones (without a medical explanation) • Poor personal hygiene, for example, untreated nappy rash, dirty clothing, or body odour • Wearing clothes that are inappropriate for the weather or consistently ill-fitting • Regularly attending school or nursery while clearly unwell
- Frequent absence or lateness
- Unmet medical or dental needs
- Low self-esteem or a sense of unworthiness
- Poor relationships with peers or social withdrawal
- Compulsive stealing or persistent scrounging for food or money
- Lack of emotional connection or response from a parent or carer
- Persistent underachievement in education
- High levels of anxiety, worry, or preoccupation

Further information:https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/

e) Sexual Abuse, Exploitation, and Grooming

Sexual abuse involves forcing, persuading, or enticing a child or young person to take part in sexual activities. These may include both contact and non-contact acts and can occur whether or not the child is aware of what is happening.

Contact sexual abuse includes penetrative acts (such as rape or oral sex) and non-penetrative acts (such as inappropriate touching).

Non-contact sexual abuse includes:

- Encouraging or forcing a child to watch or produce sexual material
- Sexual communication, including online grooming
- Exposure to sexually explicit acts or media

Sexual abuse is not limited to adults; it can be perpetrated by other children or young people. Both males and females can be perpetrators.

The legal age of consent is 16 years. However, where young people under this age are sexually active, safeguarding concerns should always be considered. A child under the age of 13 is not legally capable of consenting to any form of sexual activity. Any penetrative activity involving a child under 13 must be treated as statutory rape and referred to social care immediately.

Possible signs of sexual abuse include:

- Excessive or inappropriate sexualised behaviour or language
- Self-harm or emotional withdrawal
- Reluctance to change clothes or participate in physical activity
- Sexual knowledge or behaviour that is age-inappropriate
- Physical indicators such as bruising or infections in genital areas
- Possession of unexplained money, gifts, or items
- Asking adults to keep secrets
- Fear of specific individuals or places
- Sudden aggression, anxiety, or mood changes
- Acting out sexually with other children

Child Sexual Exploitation (CSE):

Child sexual exploitation is a form of sexual abuse in which children or young people are manipulated or coerced into sexual activity in exchange for something, such as money, gifts, status, protection, or affection.

It often involves a power imbalance and may occur online or offline. A child cannot legally consent to their own exploitation, even if they appear to have agreed to the sexual activity.

Possible signs of CSE include:

- Unexplained gifts, cash, or new possessions
- Older boyfriends or girlfriends
- Increased secrecy or unexplained absences
- Frequent missing episodes from home or school
- Use of substances such as drugs or alcohol
- Emotional distress, withdrawal, or mood swings
- Pregnancy or sexually transmitted infections

https://www.met.police.uk/advice/advice-and-information/caa/child-abuse/child-sexual-exploitation/

Grooming

Grooming is the process by which a person builds a relationship with a child, their family, or community to enable abuse to occur. It may take place over a short or long period, in person or online, and is often subtle and gradual.

Groomers may:

- Build trust through flattery, gifts, or attention
- Isolate a child from friends or family

- Use secrecy, threats, or manipulation
- Create dependency through emotional or material means

Grooming can occur:

- Online (e.g. through social media or gaming platforms)
- In organisations, schools, or clubs
- In public spaces (street grooming)

Grooming may also be used to facilitate criminal exploitation or radicalisation.

Responding to Concerns

- Any concerns about actual or suspected sexual abuse, exploitation or grooming must be immediately reported to the Designated Safeguarding Lead (DSL).
- If forensic evidence is required, referrals must be made to: https://www.thehavens.org.uk , https://rapecrisis.org.uk/centres.php
- Staff should be alert to signs that a child may be sexually active and consider whether this may indicate abuse or exploitation.
- Children under 13 years engaging in sexual activity must always be referred to children's social care.
- Young people aged 13-15 may legally access sexual health services, but safeguarding concerns must always be considered and discussed with the DSL.

Safeguarding referrals should be made where:

- There is evidence of power imbalance, manipulation, or coercion
- There are concerns about the child's ability to give informed consent
- The child is below the age of 13

f) bullying:

Bullying is a form of abuse that involves repeated behaviour intended to hurt, threaten, or intimidate another individual, often exploiting a power imbalance. It can be physical, emotional, verbal, sexual, or carried out online, and may occur between children, within groups, or as part of institutional culture.

Bullying can cause significant emotional harm and long-lasting effects on a child's well-being, development, and sense of safety. Whether it occurs in person or online, it is unacceptable and must be challenged promptly and appropriately.

Bullying can take many forms, including:

- Emotional: excluding others, spreading rumours, threatening gestures, hiding belongings • Verbal: name-calling, sarcasm, teasing, discriminatory language
- Physical: hitting, kicking, pushing, spitting, or other forms of violence
- Racist: racial slurs, graffiti, or other race-based abuse
- Sexual: unwanted physical contact, sexually abusive comments, or sexual harassment (including upskirting, which is a criminal offence)
- Homophobic, biphobic, or transphobic bullying - targeting someone based on actual or perceived sexual orientation or gender identity
- Coercive control: using manipulation, intimidation, or threats to dominate others • Cyberbullying:

using digital platforms to humiliate, harass, or threaten (e.g. via email, text, social media, blogs, or video sharing)
- Posting insulting or defamatory comments online
- Sharing private images or videos without consent
- Setting up anonymous or abusive accounts or websites targeting an individual
- Sending abusive messages or threats digitally

Cyberbullying is particularly harmful as it can take place 24/7, is often anonymous, and messages or content can spread quickly and widely.

Why is it important to respond to bullying?

Bullying causes pain, distress, and trauma. No child or young person should ever feel unsafe, excluded, or targeted. Everyone has the right to be treated with respect and dignity.

Children who bully may themselves be experiencing difficulty or trauma, and they must be supported to change their behaviour. However, bullying of any kind will not be tolerated at Solidarity Sports.

We are committed to:

- Providing a safe, supportive, and inclusive environment for all children and young people
- Encouraging children and young people to speak up if they witness or experience bullying
- Taking all reports of bullying seriously and responding promptly and effectively
- Supporting both the victim and the child who has displayed bullying behaviour

All safeguarding concerns, including incidents of bullying, must be reported to the Designated Safeguarding Lead.

g) Domestic Abuse

Domestic abuse is a form of harm that can have a profound and lasting impact on children and young people, whether they are direct victims or witnesses.

The UK Government defines domestic abuse as:

> "Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality."

Domestic abuse can include, but is not limited to:

- Psychological or emotional abuse
- Physical abuse
- Sexual abuse
- Financial abuse
- Coercive control

Controlling behaviour involves a range of acts intended to make a person subordinate or dependent, such as isolating them from support, depriving them of independence, and monitoring or regulating their daily behaviour.

Coercive behaviour is a pattern of intimidation, humiliation, threats, and assaults used to harm, punish, or frighten the victim. This behaviour is often intentional and rooted in power and control.

Domestic abuse also includes:

- So-called "honour-based" abuse
- Forced marriage
- Female genital mutilation (FGM)

It is important to note that domestic abuse can affect anyone, regardless of age, gender, sexuality, ethnicity, or relationship status. Abuse may also occur within same-sex relationships, be perpetrated by women or girls, or involve abuse from a child towards a parent or sibling.

Impact on Children and Young People (CYP)

- Children who see, hear, or experience domestic abuse are considered to be victims in their own right.
- Exposure to abuse in the home can severely affect a child's emotional, cognitive, and physical development.
- Children may experience trauma, anxiety, poor concentration, withdrawal, aggression, or low self-esteem.
- Unborn children are also at increased risk, as domestic abuse is linked to miscarriage, premature birth, physical injury, and foetal death.

The legal definition of significant harm includes the harm that results from seeing or hearing the ill-treatment of others, particularly in the home.

Teenage relationships can also involve domestic abuse. Professionals should be alert to the possibility that young people - especially girls - may experience coercion, sexual violence, or emotional control in intimate relationships.

Safeguarding Responsibilities

- Domestic abuse must always be considered a safeguarding concern.
- All incidents or suspicions must be reported to the Designated Safeguarding Lead (DSL) immediately.
- Solidarity Sports staff and volunteers should be familiar with the London Safeguarding Children Procedures relating to domestic abuse.
- Staff should consider domestic abuse in all its forms, including where the victim is male or where abuse occurs within same-sex relationships.

We work in partnership with families, statutory services, and specialist organisations to support children experiencing or at risk of harm due to domestic abuse.

Further Information and Guidance

- Domestic Abuse Act 2021 - GOV.UK
- NSPCC - Domestic Abuse

- https://www.refuge.org.uk/

h) Forced Marriage

A forced marriage is a marriage in which one or both parties do not consent to the marriage and pressure, coercion or abuse is used to secure the union. This differs from an arranged marriage, where both individuals give full and free consent.
Forced marriage is a form of child abuse and a criminal offence in the UK under the Anti-social Behaviour, Crime and Policing Act 2014. It can lead to significant harm, including physical, sexual, and emotional abuse, and may result in long-term trauma.

Duress may involve emotional pressure, physical threats, financial control, or sexual violence.
Justifications based on culture, tradition, or religion do not excuse or justify forced marriage.
Children and young people at risk may also be victims of so-called honour-based abuse.
Signs that a child or young person may be at risk of forced marriage include:

- History of siblings leaving school early or marrying young
- Depression, anxiety, self-harm, or suicide attempts
- Being withdrawn from education or having limited peer interaction
- Being constantly accompanied, including to school or medical appointments ● Concerns about an upcoming family holiday, especially abroad
- Direct disclosure of fears around forced marriage or family pressure

Safeguarding Response
Where forced marriage is suspected, professionals must follow the "one chance rule": You may only have one opportunity to speak to the child or young person - act immediately and decisively.

- Do not attempt to mediate with the family.
- Speak to the child in private, in a safe and secure environment.
- Avoid discussing your concerns with family members.
- Refer immediately to the Designated Safeguarding Lead (DSL).
- The DSL will contact Children's Social Care and may consult the Forced Marriage Unit (FMU).

Legal Framework and Support
- Forced Marriage (Civil Protection) Act 2007
- Anti-social Behaviour, Crime and Policing Act 2014
- UK Government - Forced Marriage Guidance
- Forced Marriage Unit Helpline - Tel: 020 7008 0151

i) So-Called Honour-Based Abuse

"So-called honour-based abuse" (HBA) refers to any incident or pattern of incidents of violence, coercion, threats, or abuse committed to protect or defend the perceived honour of a family or community. HBA can affect girls, boys, women, and men, and is often motivated by shame, stigma, or the desire to control

behaviour. It may involve emotional, physical, sexual, or financial abuse, forced marriage, or in extreme cases, homicide.

The abuse is often collective, involving family members or wider community pressure. It is never justified on the grounds of culture, religion, or tradition and is considered a serious safeguarding concern. Behaviours that may trigger HBA include:

- Refusing a forced marriage
- Having a boyfriend or girlfriend (including same-sex relationships)
- Dressing or behaving in ways seen as 'inappropriate'
- Pregnancy outside marriage
- Seeking separation, divorce, or fleeing abuse
- Being a victim of rape
- Having interfaith relationships

Risk Indicators

Children and young people at risk of HBA may experience:

- House arrest, social isolation, or excessive restrictions
- Denial of access to mobile phones, internet, or education
- Intense surveillance by family or community members
- Public shaming or demands to apologise to family elders
- Threats to be taken abroad or forced to marry
- Threats of violence, including death

Many honour-based crimes are planned in advance, often involving extended family or community networks. Victims may suffer in silence due to fear, shame, or language and cultural barriers.

Safeguarding Response

Professionals must take immediate action if they suspect honour-based abuse: • Follow the "one chance rule" - you may only have one opportunity to speak with the victim. • Speak to the child alone and in a safe, private space.

- Do not mediate with family members or contact them without consent.

Refer the concern to the Designated Safeguarding Lead (DSL) without delay.

External Support and Further Guidance

- https://karmanirvana.org.uk/
- Forced Marriage Unit (FMU) - GOV.UK
- NSPCC - Honour-Based Abuse

j) Abuse Linked to Faith, Belief, or Witchcraft

Abuse linked to spiritual or religious beliefs is a recognised form of child abuse. It may include belief in spirit possession, witchcraft, demons, jinns, the evil eye, or ritualistic practices intended to "deliver" or "cleanse" a child.

Such abuse may be carried out by family members, faith leaders, or community members and can

include:

- Physical abuse, such as beatings, starvation, cutting or burning
- Emotional abuse, including isolation, shaming or threats
- Neglect, such as withdrawal of food, affection, or care
- Sexual abuse may also occur in some ritualistic practices

Children may be labelled as:

- "possessed", "evil" or "witches"
- responsible for bad luck, illness, or misfortune

Attempts to exorcise spirits or curses can lead to serious harm or death. This type of abuse can be difficult to identify as children may be unwilling or unable to speak out due to fear, shame, or loyalty to their family or faith group.

Important Safeguarding Considerations

- These beliefs may be sincerely held, but any action that causes harm or distress to a child is unacceptable and illegal.
- Professionals must remain non-judgmental about faith or cultural background, but firm and clear about the child's right to safety and protection.

Staff Actions

- Any concerns about possible abuse linked to faith or belief must be referred immediately to the Designated Safeguarding Lead (DSL).
- The DSL may consult with Children's Social Care, Police, and faith safeguarding organisations. • Do not attempt to challenge the belief itself - focus on the impact and risk to the child.

Further Information and Resources

- London Safeguarding Children Procedures - Faith-Based Abuse
- NSPCC - Child Abuse Linked to Faith or Belief
- Government Guidance: National Action Plan on Abuse Linked to Faith

k) Extremism and Radicalisation

We are fully committed to safeguarding and promoting the welfare of all children and young people. As part of this commitment, we recognise that children and young people can be vulnerable to extremist ideology and radicalisation. Protecting children from this risk forms part of our wider safeguarding responsibilities.

Definitions:

- **Extremism** is the vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. It also includes advocating for the death of members of the

armed forces.
- **Radicalisation** is the process by which an individual comes to support terrorism and extremist ideologies associated with terrorist groups.

Children and young people can be exposed to extremist ideologies through multiple channels, including online platforms, social media, peer groups, or within the community. Exposure may involve grooming, manipulation, or the sharing and creation of extremist content. Any child may be at risk, regardless of background.

Our Approach:

We protect children from radicalisation by:

- **Identifying and assessing risk:** Staff are alert to changes in behaviour, friendships, or online activity that may indicate vulnerability.
- **Staff training:** All staff complete Prevent Duty training appropriate to their role, covering indicators of radicalisation, referral procedures, and response protocols.
- **Raising awareness and resilience:** We encourage open discussion with children about controversial issues and actively promote British values.
- **Partnership with agencies:** We work closely with statutory safeguarding partners, including the police, local Prevent teams, and the Channel Panel where necessary.

Legal Framework:

This section reflects our duties under the latest UK legislation and guidance:

- **Counter-Terrorism and Security Act 2015 (as amended, latest guidance 2023)** – Prevent Duty
- **Revised Prevent Duty Guidance for England and Wales (2023)**
- **Keeping Children Safe in Education (KCSIE, 2024)**
- **Working Together to Safeguard Children (2023)**

These duties apply to all staff working with children and young people and are an integral part of our safeguarding responsibilities.

Recognising Concerns:

Staff should be alert to potential signs of radicalisation, which may include:

- Sudden changes in behaviour or peer group
- Expressions of extremist views or sympathy for extremist causes
- Secrecy or restriction around online activity
- Use of extremist symbols, language, or imagery
- Increased isolation or withdrawal from usual activities

Online Radicalisation:

We recognise the risks posed by online content, including extremist propaganda and harmful

subcultures such as the "involuntary celibate" (incel) community. Exposure can negatively affect a child's relationships, mental health, and may contribute to radicalisation or harmful behaviour. Staff must monitor and support children in developing online resilience and critical thinking.

Referral and Response:
If a staff member is concerned that a child may be at risk of radicalisation:

1. **Tell the Designated Safeguarding Lead (DSL)** using the charity's safeguarding procedures.
2. The DSL will assess the concern and, where appropriate, refer to the local Prevent team or Channel Panel. The Channel programme provides voluntary, multi-agency support for vulnerable individuals.
3. **If there is immediate risk of harm**, contact 999 or Children's Social Care.

Incel Culture and Harmful Online Ideologies:
Staff should remain vigilant for:

- Expressions of hostility towards women and girls
- Use of incel-related terminology (e.g., "Chad," "Stacy," "red pill")
- Withdrawal or secretive online behaviour
- Beliefs glorifying male dominance or entitlement

All concerns must be reported promptly to the DSL. Where appropriate, parents or carers may be engaged sensitively while ensuring the child's safety and confidentiality.

Section 6: Reporting Concerns

The ultimate aim of safeguarding children is to ensure positive outcomes for children and young people. Any trustee, staff member, volunteer, or ambassador who comes into contact with a child or young person as part of our delivery has a duty to ensure that any suspicion, incident, allegation, or concern relating to child protection is reported.

Disclosure or evidence for concern may arise in various ways:

- Through what a child says - either about themselves or another child/children •
  Through observation of activity or behaviour that gives cause for concern
- Through a written or digital message
- Through changes in the child's behaviour, presentation, or attitude

(See Types of Abuse section for detailed indicators.)
We believe it is vital that all concerns and observations, however minor they may seem, are recorded and reported to the Designated Safeguarding Lead (DSL). We would rather staff and volunteers over-report

than risk missing something important. A single observation may represent the first or final piece in a much larger safeguarding picture. While staff may not be privy to all external information about a child's situation, any report may assist in safeguarding their welfare.

Thresholds and Local Safeguarding Context

Staff should use local Threshold of Need frameworks to inform the appropriate response - whether that be early help, multi-agency input, or a statutory referral. These include:

- https://www.londonsafeguardingchildrenprocedures.co.uk/
- https://www.rbkc.gov.uk/lscp

If in doubt, staff must always consult the DSL for advice on appropriate action.

Key Messages for Staff

- The welfare of the child is paramount
- Early help can prevent escalation
- Treat children and families with respect and without judgement
- Share concerns promptly with the DSL
- Work collaboratively with other agencies
- Keep clear, dated and signed records - stick to the facts

Responding to a Concern or Disclosure

Remain calm. Concerns may arise that are safeguarding in nature but not necessarily child protection cases. All concerns should still be reported.

If a child or young person discloses a safeguarding concern:

1. Find a safe, appropriate space - within sight but out of earshot of others
2. Do not promise confidentiality - explain that the concern will be shared with those who can help
3. Listen carefully - allow the child to speak at their own pace
4. Do not ask leading questions - only use open-ended clarification
5. Reassure the child - they've done the right thing in telling you
6. Do not investigate - do not examine injuries or attempt to verify facts
7. Contact the DSL immediately
8. Make a written record as soon as possible

Recording the Concern

A written record must be made as soon as possible and must include:

- The child's exact words, in quotation marks
- The time, date, and location of the concern/disclosure
- Names of those present
- Your own name, date, and signature

- Only factual information - no opinions or assumptions

Use the organisation's approved safeguarding form or system. Records must be kept securely and in line with UK GDPR and the Data Protection Act 2018.

Information Sharing

In line with Working Together to Safeguard Children (2023) and Information Sharing Guidance (2018):

- You do not need consent to report concerns where a child is at risk of harm ● Share information only with those who need it for safeguarding purposes
- Do not delay reporting due to uncertainty about thresholds or consent

Escalation and Emergency Action

If the DSL is unavailable:

- Contact the Deputy DSL
- If there is an immediate risk of serious harm, call 999 or contact Children's Social Care directly

The DSL (or Deputy DSL) will decide next steps, including whether to:

- Monitor the situation internally
- Initiate Early Help
- Refer to Children's Social Care
- Contact the Police

All actions, advice, and decisions must be documented by the DSL.

Safeguarding Checklist for Staff

If you see, hear, or suspect something - ACT.

1. **Recognise**
   - ☐ Have I seen or heard anything worrying?
     ☐ Is a child's behaviour, appearance, or words causing concern?
2. **Respond**
   - ☐ Stay calm and listen - no leading questions
     ☐ Reassure the child; don't promise confidentiality
   - ☐ Speak to them privately (but safely)

3. Record

- ☐ Use the child's words in quotes
  ☐ Record date, time, place, who was present
- ☐ Sign, date, and keep it factual

4. Report

- ☐ Inform the DSL or Deputy DSL immediately
- ☐ If urgent and no DSL is available, contact 999 or Children's Social Care
- ☐ Submit your written record securely

DO

- Be accessible and receptive
- Listen Carefully
- Take it Seriously
- Reassure the child they were right to tell
- Say what will happen next
- Make a careful record of what was said
- Inform the DSL immediately
- Follow up with DSL to confirm action (if required) has been taken

DON'T

- React strongly ("that's terrible, blame child or abuser)
- Jump to conclusions
- Speculate or accuse anyone
- Tell them you will keep their secret
- Ask leading questions
- Make promises
- Interrupt or stop them from speaking freely
- Tell them to stop talking so you can get someone else (DSL or manager)

Report the incident immediately to Miriam (07947 758634) or Joanna Morrison (Deputy Safeguarding Lead) on 07455 906418 or at joanna@solidaritysports.org.

Do not confront any person against whom an allegation has been made. The Designated Safeguarding Lead (DSL) will manage any allegation or suspicion of abuse and make the appropriate referrals, including contacting the police.
It is important to follow up any reports made to the DSL to confirm that the appropriate action (if required) has been taken.

Allegations Against Staff/Volunteers

If a child, parent, or another adult makes an allegation against a member of staff, volunteer, trustee, or ambassador, the following procedures must be followed **immediately**.

Immediate Actions

1. **Do not confront the person** against whom the allegation is made.
2. **Ensure the safety of the child/children** involved.
3. **Report the allegation immediately** to the Designated Safeguarding Lead (DSL). o If the allegation is against the DSL, report to the Deputy DSL (Joanna) or Chair (Melernie).

    - If the allegation is against the CEO, report to the Deputy DSL (Joanna) or Chair (Melernie).
4. **Document all details** using the Cause for Concern form (via Survey Monkey or equivalent). Include:
    - Time, date, location
    - Exact words of the child
    - Names of those present
    - Your own name, role, and signature

Role of the DSL

- Receives and logs the allegation.
- Liaises with the **Local Authority Designated Officer (LADO)** within **1 working day**.
- Provides advice on next steps, including whether suspension is necessary. ● Maintains confidentiality, only sharing information on a need-to-know basis.

LADO Procedures

The LADO manages all allegations against staff and ensures:

- Investigation of the allegation in line with **Working Together to Safeguard Children (2023)**
- Consultation with police and children's social care if appropriate
- Monitoring and support for the child, family, and staff member under investigation

Suspension

- Suspension may be considered if the allegation raises a serious risk to children or the integrity of the investigation.
- Suspension is **not an assumption of guilt** and must be carefully managed with HR guidance.

Support and Confidentiality

- The organisation will provide support to all parties involved.
- Confidentiality must be maintained to protect the child, staff member, and organisation.
- Records will be stored securely in line with **Data Protection Act 2018 / GDPR**.

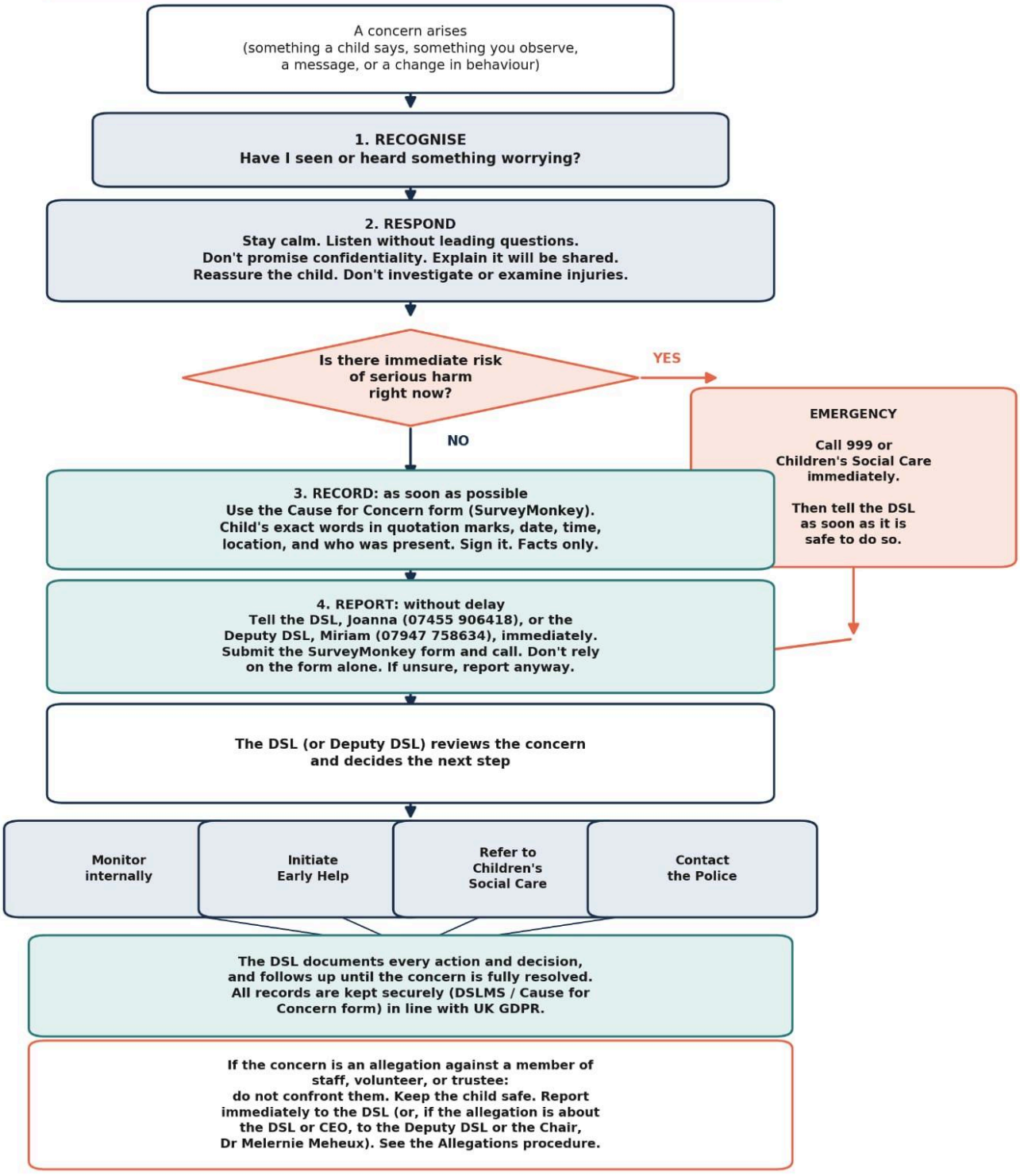
Follow-Up

- DSL ensures actions are taken and the case is monitored until resolution

- Lessons learned are incorporated into training and policy updates.

REPORTING A SAFEGUARDING CONCERN

Solidarity Sports: quick reference flow



If in doubt, report it. We would rather hear about something that turns out to be nothing, than miss something that matters.

Emergency: 999 • DSL: Joanna 07455 906418 • Deputy DSL: Miriam 07947 758634

Cause for concern form (collected on Survey Monkey and kept on DSLMS) The completed

form below is intended as an example and does not represent a real case.

Q1 Your full name: **Sharon Jones**
Q2 Name(s) of the children/staff/volunteers/members of the public or any other people involved in this incident.**Charlie Brown**
Q3 Cause for the concern **Bruise on Face and Leg - Suspected Physical Abuse**
Q4 Location of the incident **Earl's Court Group (during trip to Adventure Playground)**
Q5 Date of the incident **05/05/24**
Q6 Please write in your own words and use the exact words of the children, staff, volunteers, or any other people involved, in the description of the incident.
Charlie arrived and I noticed a large bruise the size of a palm on his left cheek. I greeted Charlie and asked him what happened to his face. He gave a look to the child standing next to him and said he could not talk about it. I asked to have a private word with him, and took him to the side away from other CYP and staff. I asked him again about his face. Charlie said his older brother slapped him yesterday because he was not listening. He said he also kicked him and showed me a large bruise on his left leg (by his calf). I asked Charlie if this was the first time his brother has hit him, he said no. I asked where his mother was, he said she went to the shops and his brother was looking after him.

I informed Charlie that I would have to report this to Miriam. He said he was scared that his brother would be angry.

Q7 Name of CP co-ordinator witnessing the form: **To Be Completed by DSL**
Q8 Action taken **To Be Completed by DSL**

Section 7: Role of the Designated Safeguarding Lead

It is the role of the Designated Safeguarding Lead (DSL) to act as a source of support and guidance on all matters relating to child protection and safeguarding.

The DSL is **Miriam Mendez**

- miriam@solidaritysports.org
- 07947758634

In her absence, the **Deputy Safeguarding Lead** is **Joanna Morrison**

- joanna@solidaritysports.org

- 07455906418

Joanna will assume safeguarding responsibilities and ensure continuity until Miriam is available.

The DSL is responsible for reviewing all Cause for Concern forms and ensuring concerns are shared and appropriate action is taken.

The DSL is responsible for:

- Referring cases of suspected abuse to local authority children's social care as required ● Liaising with Children's Social Care Services
- Referring cases to the Channel programme where there is a radicalisation concern ● Referring cases to the Disclosure and Barring Service where a person is dismissed or leaves due to risk or harm to a child
- Referring cases to the police where a crime may have been committed
- Ensuring all staff and volunteers receive appropriate child protection training and are familiar with the most up-to-date safeguarding policies and procedures
- Ensuring all new staff receive induction training to understand and adhere to the setting's policies and procedures
- Maintaining up-to-date child protection and safeguarding policies and ensuring they are disseminated and followed by all staff
- Ensuring cases are followed up and tracked until a resolution is confirmed
- Ensuring secure, accurate records of all safeguarding concerns and actions taken ● Acting as a point of contact for safeguarding for staff, children, families, and external agencies ● Being available during operational hours for staff to discuss concerns
- Undertaking enhanced safeguarding training every two years in line with statutory guidance ● Understanding and applying the legal framework, including the Children Act 1989 and 2004, the Education Act 2002, Keeping Children Safe in Education 2023, and the Prevent Duty

Section 8: Safer Recruitment

Safe recruitment and selection practices are vital to protecting children and young people. Solidarity Sports ensures that all Trustees, staff, volunteers, and ambassadors are thoroughly screened.

Job Descriptions and Person Specifications

All candidates, including trustees, are required to complete a job application form. Job descriptions clearly define duties and responsibilities. Person specifications outline the skills, experience, and abilities required for the role and inform selection decisions.

Volunteers

The Volunteer Coordinator uploads personal details of volunteer applicants to TimeCounts, including:

- Enhanced DBS certificate number
- Two references

Before being accepted, volunteers must participate in a face-to-face interview. This covers:

- Volunteer duties and responsibilities
- Work and educational history

- Motivation for volunteering with Solidarity Sports

Interviews

All staff and trustee roles require a face-to-face interview. The process assesses the applicant's suitability based on the job description and person specification.

Disclosures of disciplinary actions, allegations, cautions, or convictions are considered carefully during interviews.

All staff involved in recruitment must complete:

- A Safer Recruitment course (e.g. via RBKC)
- Level 1 Safeguarding training (Senior leadership team to have at least Level 3 Safeguarding training).

References

Following an offer, two full professional or character references must be obtained. At least one reference must be from the applicant's most recent employer. These are requested directly from referees and include a specific question on suitability to work with children.

References from friends or relatives are not accepted. Any anomalies will be followed up.

Offer of Appointment and Pre-employment Checks

Appointments are subject to:

- Satisfactory Enhanced DBS certificate
- Verified references
- Proof of qualifications, right to work, and identity (original documents)

Photocopies of all documents are stored securely.

Solidarity Sports requires a new Enhanced DBS check for each new appointment. If an employee has had a break of over 3 months from Solidarity Sports, a new check is required. The Charity covers the cost and encourages staff to register for the DBS Update Service.

A personal file checklist is used to track and audit recruitment documentation in line with safeguarding best practices.

New starters must not begin work until all pre-employment checks are complete.

Induction

New employees receive an induction outlining:

- The Charity's policies and procedures, including the Safeguarding Policy
- Codes of conduct and expectations

- Where to access all policies and safeguarding contacts

Additional Safe Recruitment Measures

Rehabilitation of Offenders Act 1974
This Act does **not** apply to roles involving work with children. All convictions and cautions, including those considered 'spent', must be disclosed when applying.

Overseas Checks
Applicants who have lived outside the UK must provide a 'Certificate of Good Conduct' or 'Police Certificate' from their country of residence, in addition to a UK DBS check.

Data Protection and Record Retention

Interview notes are retained for 6 months to address:

- Data access requests
- Recruitment complaints
- Employment tribunal responses

All employee data is stored securely in a password-protected folder accessible only to the CEO.

Section 9: Social Media and Communication

Solidarity Sports staff and volunteers must understand how their personal use of social media can affect the charity, its reputation, and the safety of children and families involved. This policy applies to **all social media platforms and private messaging applications**, including but not limited to:

Facebook, Facebook Messenger, X (formerly Twitter), Instagram, LinkedIn, WhatsApp, Snapchat, Flickr, Tumblr, GLIPH, YouTube, Pinterest, Discord, Reddit.

General Guidance for Staff and Volunteers

- Staff and volunteers may be publicly identifiable as part of Solidarity Sports, even if they do not state this on their profiles. All online behaviour must reflect appropriate conduct for someone working with children and representing the charity.

- Assume that anything posted online may be seen by children, families, or colleagues. Staff should review and adjust privacy settings to restrict public visibility; however, privacy is not guaranteed, and content must always remain appropriate.

- Do not accept or send 'friend' or 'follower' requests between staff/volunteers and current or former Solidarity Sports children under 18. Likewise, do not like, comment, share, or send private messages to children on personal accounts. Staff are also strongly advised against accepting friend requests from parents or carers.

- If a pre-existing social media connection with a child exists prior to joining Solidarity Sports, staff must unfriend or unfollow them immediately upon becoming affiliated with the charity. If questioned, staff should explain that this is required under the safeguarding policy, and they may suggest following the charity's official public social media accounts instead.

- Only authorised staff may take and share photos or videos of children for use on Solidarity Sports' public social media pages. All such content must comply with Section 5 - Taking Photographs of Children.

- Staff must never post images, videos, or any information about children on their personal social media accounts. This includes private or closed groups. Doing so could expose children to inappropriate attention and violates the Safeguarding Children Policy.

- Allowing children or families to connect with personal accounts may also give them access to unsuitable or unrelated adults, platforms, or content, putting them at further risk.

Communication with Children and Families

Many children own smartphones or devices with internet access, which presents potential safeguarding risks (see also **Section 9: Cyberbullying**). To ensure safety and professionalism:

- **Do not communicate with children via personal messaging apps, email, or social media**.

- If communication is necessary (e.g. trip changes), this must be done by the nominated group leader using **official channels only**:

    - Solidarity Sports email account
    - WhatsApp Broadcast Community
    - Solidarity Sports mobile phone or authorised device
    - Solidarity Sports official social media accounts (for general announcements only)

Raising Concerns Related to Social Media Use

If any staff member or volunteer becomes aware of social media misuse by a child, young person, staff member, or volunteer, they must immediately report this to the Designated Safeguarding Lead (DSL).

Concerns may include:

- Cyberbullying
- Sexting
- Inappropriate websites or content
- Contact with unknown individuals online
- Risk of grooming
- Sharing or receiving pornographic material

To report:

1. **Complete the "Cause for Concern" form**:
   https://www.surveymonkey.co.uk/r/causeforconcern

2. **Call the DSL immediately**:

    - Miriam: 07947 758634

3. Ensure a copy of the form is saved in the child or young person's **DSLM record**.

If the concern involves a member of staff or volunteer, it must be raised **directly and immediately** with the DSL.

Limitations and Online Safety

While this policy aims to minimise risk, Solidarity Sports cannot guarantee complete protection against exposure to unsuitable internet content. The charity accepts no liability for inappropriate content accessed by children under its care but will take all reasonable precautions to maintain a safe online environment.

Remote Communication with Children and Families

In exceptional situations (e.g. during the COVID-19 pandemic), remote delivery may require contact with children and families via phone, messaging, or video platforms. These situations introduce additional safeguarding considerations.

When conducting live sessions or online messaging, the following rules must be followed:

- Maintain professional standards at all times when using apps such as WhatsApp, Zoom, Facetime, or others.
- All participants, including anyone in the household, must wear appropriate clothing. ● Language used must be professional and suitable.
- Devices should be used in appropriate spaces. If a child is in a bedroom, the door must be open and a parent or carer must be informed.
- Backgrounds must be neutral and free from inappropriate content (e.g. no images of nudity or violence).
  Solidarity Sports reserves the right to carry out live quality assurance monitoring of video sessions.
- Live sessions should be limited to a maximum of 45 minutes to minimise disruption to family routines.
- All safeguarding concerns must be reported as outlined above (form and phone call to the DSL).

Only approved platforms may be used. If unsure whether a software or platform is appropriate, please contact a member of the senior safeguarding team.

All photos, videos, and messages received by volunteers during remote delivery must be shared with a Solidarity Sports staff member and deleted from personal devices at the end of the programme.

Section 10: Photography of Children

The taking of pictures of children and young people is restricted for legal and safeguarding reasons. Many schools and institutions have policies governing this, and Solidarity Sports upholds the highest standards to protect the safety and privacy of all children in our care.

There are two primary reasons for our photography policy:

1. Safeguarding - to protect children and young people from potential harm.
2. Data Protection - to comply with applicable privacy and data regulations.

This policy applies to the use of all film and digital cameras, including mobile phones and other handheld devices.

Authorisation and Consent

- Only authorised staff, who must be employees of Solidarity Sports, are permitted to take photographs or record videos of children and young people.
- Children and young people must always be asked for their verbal permission before a picture or video is taken.
- Parents or carers must provide written consent for photography and filming as part of the child's membership form. Where consent is not given, the form will be clearly marked with "NO PHOTOS" next to the signature.

Safe Practice Guidelines

- No identifiable details - such as full names, school uniforms, or locations that could reveal a child's identity - should be visible in any image.
- A minimum of two staff members (ideally of different genders) must be present when any photographs or videos are taken.
- The person taking photos or videos must:
    - Inform the child or young person whether the image will be retained and for what purpose.
- Only Solidarity Sports devices (camera or mobile phone) may be used to capture images. Personal devices are strictly prohibited.
- Solidarity Sports devices must be:
    - Password-protected
    - Signed in and out using a designated log system

Storage and Security

- All images must be securely stored on the Solidarity Sports electronic record system. ● No other copies should be retained. Any images saved temporarily must be deleted promptly after upload.
- Images must not be labelled with a child's full name, and all photos or videos must be deleted once the child or young person has left the charity.
- Photos must not be transmitted electronically (e.g. email, messaging apps) or printed unless:
    - Authorised by the DSL or CEO
    - Written consent has been obtained from the parent or carer

Social Media and Publicity

- Where Solidarity Sports wishes to use photographs or videos for publicity purposes (e.g. social media, website, printed materials), staff must:
    - Obtain written permission from the parent or carer
    - Obtain verbal consent from the child or young person
    - Inform them where and how the image will be used
- All photos, videos and related messages must be sent to the Social Media Manager, and then deleted from the staff member's phone.
- It is the responsibility of staff to ensure that images are permanently deleted from their devices.

Reporting Concerns

Anyone suspected of capturing unauthorised or inappropriate images must be reported immediately to the Designated Safeguarding Lead (DSL). This includes:

- Use of personal devices for photography
- Photographing children without consent
- Sharing images without approval

Section 11: Physical Contact

You must abide by the terms of the Equality Act 2010 and the Children Act 1989. Failure to do so may result in disciplinary action and, if necessary, referral to outside authorities.
It is Solidarity Sports policy to advise against unnecessary physical contact with children and young people. We recognise that there may be circumstances where this is unavoidable, and some exceptions exist (see below), but it is crucial that staff only do so in ways appropriate to their professional role and in line with safeguarding expectations.

Positive Touch:

Positive touch refers to everyday physical interactions used to communicate approval, reassurance, or sympathy. It may be appropriate in certain situations, such as to comfort or reassure a child or to demonstrate a skill - e.g., in sporting activities. Examples of appropriate positive touch include a high five or a fist bump.
Positive touch must:

- Be age-appropriate and proportionate
- Be initiated only when necessary
- Take place in open, public settings
- Be respectful of the child or young person's comfort and consent

Changing Children:

Procedures for dealing with children who have wet or soiled themselves are in place. Staff must refer to the Changing Children guidance (Appendix A) and follow it carefully, ensuring the child's dignity, privacy, and safety are maintained at all times.

First Aid

Emergency treatment may be required at any time. Staff should never feel constrained from acting immediately to prevent harm, even where this involves body contact.

Any procedure must have a First Aid or hygiene purpose only and should involve no more contact than is necessary. Where possible:

- The procedure should be undertaken by a person of the same sex as the child or young person • Open access should be maintained to the area where First Aid is administered, balancing privacy with safeguarding
- Children and young people should be encouraged to treat minor injuries themselves, unless too young or unable

All First Aid must be recorded, including documentation of who else was present (adult or child), using the Cause for Concern form. Parents or carers must be informed as soon as possible of any injuries sustained.

Negative Intervention

Negative intervention refers to the use of reasonable force by authorised staff to control or restrain children when necessary to prevent them from:

- Committing a criminal offence
- Injuring themselves or others

Negative intervention must never be used:

- For trivial misdemeanours
- In situations that can be resolved without physical force

It is not a substitute for effective behavioural management. Staff must always take into account the child or young person's age, level of understanding, and needs. Staff must never give the impression of having lost their temper, and must always remain calm and measured. If a child is about to injure themselves or someone else, staff are obliged to intervene to protect those involved. However, physical intervention must only be used as a last resort. Please refer to the Holding and Physical Restraint guidance (Appendix B).

Precautions Before Engaging in Any Physical Contact

- Ensure that you and the child or young person are in a public area, and not alone behind closed doors. If in a room, leave the door open or ask another member of staff to be present. • The contact must be the minimum necessary for the purpose.
- You must remain conscious of the physical context of your actions. Even innocent actions can be misconstrued.

Risk Assessments and Procedures for Trips and Activities

It is essential that children and young people are provided with safe and secure environments while engaging in activities with Solidarity Sports. The Charity must ensure that in addition to formal risk assessments, staff constantly reappraise the environments and activities in which children are involved, making adjustments as needed to ensure safety at all times.

- The Charity conducts a risk assessment for all venues and planned excursions, and these are reviewed regularly.
- Risk assessments clearly identify aspects of the environment or activity that may pose a risk to children and young people, staff, or volunteers.
- The Charity takes all reasonable steps to avoid hazards to children, young people, and staff. ● Risk assessments cover anything or anyone with whom a child may come into contact.

Where appropriate, additional risk assessments may be obtained directly from the venue or outside vendor.

Risk assessments are shared with staff and volunteers ahead of all activities. A Health and Safety Policy is in place, which includes procedures for identifying, reporting, and dealing with accidents, hazards, and faulty equipment.

Any child or young person identified as requiring additional support, monitoring, or intervention must be considered in risk assessments, and an individualised risk assessment must be undertaken to demonstrate the measures put in place to safeguard the child or young person and others.

Section 12: Appendices

A. Changing Children

B. Holding & Physical Restraint

Appendix A: Changing Children Guidance

Procedure for supporting a child who has wet or soiled themselves:

1. Locate clean replacement clothing from the designated supplies.
2. Accompany the child to the toilet and encourage them to use the toilet if they are able.
3. Provide the child with:
    - ○ A plastic bag for soiled clothes
    - ○ Wet wipes for personal cleaning
    - ○ Clean clothes to change into

    Encourage the child to change themselves in private if they are able to do so.
4. If no replacement clothing is available, contact the parent/carer to bring spare clothes as soon as possible.
5. If the child is too young or unable to change independently:

    ○ A minimum of two staff members must be present (one assisting, one observing), ○ If two staff are not available, the procedure must be delayed until support arrives. Never ask another child to assist.

6. If alone and urgent support is needed, use a communication device to alert a colleague, or send a child to get help only if it is safe and appropriate to do so.
7. Staff must wear disposable gloves when handling soiled items and dispose of them hygienically.
8. Inform the child's parent/carer upon collection, ensuring the matter is communicated sensitively and respectfully.

Important Safeguarding Notes:

- Do not ask another child to help the child get changed.
- Do not touch the child's private areas (e.g., genitals).
- Do not shame, scold, or blame the child for the incident.
- Do preserve the child's dignity and privacy at all times.

Appendix B: Holding and Physical Restraint Guidance

Solidarity Sports recognises that there are times when physical contact with a child may be necessary - for example, when giving First Aid, providing reassurance, or in situations where intervention is required to prevent harm.

We also recognise that some children may find physical contact unwelcome due to personal, cultural, or trauma-related reasons. Staff must remain aware of and sensitive to these factors at all times.

This policy applies to all Solidarity Sports staff and board members and is available to parents/carers upon request.

Non-Solidarity Sports Adults

Any non-SS adult (e.g. parents, volunteers) who is temporarily in charge of children will be clearly informed of the boundaries of their role and what they are permitted to do, particularly in relation to physical contact.

Use of Reasonable Force

Under Section 93 of the Education and Inspections Act 2006, SS staff have the legal right to use "reasonable force" (meaning no more than necessary in the circumstances) to control or restrain a child in the following situations:

1. To prevent a child from injuring themselves or others
2. To prevent physical attack
3. To stop damage to property
4. To maintain good order and discipline
5. To prevent a child from running into danger (e.g. out of the building or grounds)

Key Principles

- Physical intervention must be a last resort, used only when all other strategies have failed. ● Staff must never use restraint as punishment - this is unlawful.
- Staff must always act in a way that is proportionate, measured, and calm.
- Efforts must be made to de-escalate the situation through verbal or non-physical techniques. ●

Physical contact should always avoid sensitive or private areas.
- The appropriateness of restraint may vary by age and developmental stage strategies suitable for young children may not be appropriate for older children.

Emergency Situations

In emergencies, any staff member may intervene to prevent immediate harm. However, restraint should always aim to minimise risk and avoid injury.
Record Keeping

- Every incident involving restraint must be recorded in detail in the DSLMS database. ● The record must include:
    - Names of all involved (including witnesses)
    - Reason for intervention
    - Description of the incident
    - Steps taken to avoid physical contact
    - Nature of any restraint used
    - Outcome of the incident
    - Any injuries or damage sustained

- All incidents are reviewed weekly by the DSL (Designated Safeguarding Lead). ● Parents or carers must be informed at the earliest opportunity.

Complaints

- Any concerns or complaints will be addressed through the Solidarity Sports Complaints Policy. ● If inappropriate behaviour is confirmed, disciplinary procedures will be initiated.

Section 13: Additional information

Individual records (collected on Survey Monkey and kept on DSLMS). This includes:

Referral Form

First child
Q1) First name

Q2) Surname
Q3) Date of birth
Q4) Gender
Q5) Name of school
Q6) Second child (skip if N/A)
Q7) Third child (skip if N/A)
Q8) Fourth child (skip if N/A)
Q9) Is this child going through:
Early help, Child in need plan, Child protection plan, Court Proceedings,
Foster care
Q10) Information of the person referring
Name
Job title
Organisation
Email address
Telephone number
Mobile number
Q11) Reason for referral, please tick all that apply
Other (please specify):
Q12) Does the child have a care plan?
Page 2: Parent/Carer details
Q13) Carer information
Q14)Address
Q15)Are there any special needs of the carer that we need to know about? Q16) We do home visits. Please inform us of any safety issues for our staff that this child or another family member may present.
Q17) Is an interpreter or signer required to communicate with this
person? Page 3: Physical and mental health
Q18) Does the child have any dietary requirements or allergies?
Q19) Are any other agencies (e.g. CAMHS) involved in this child's life?
If yes, please specify:
Does the child have any health and emotional needs? (If more than one child,
please also write the name of the child in the text box)
Q20)How can we ensure the child is well looked after? (E.g. give medication or snacks. Please be specific) Q17
What are the child's:
Eating patterns?

Sleeping patterns?
Q21)Current experience of domestic violence or traumatic events. Please
describe. Q22)Immediate risk e.g. Does anyone want to hurt/abduct this child?
Q23)Any other relevant information in relation to child or parent/carer

Member form Q1)First child's details:

Name, Surname
Date of birth
Gender
Q2) Second child's details (skip if N/A):
Q3) Third child's details (skip if N/A):
Q4) Forth child's details (skip if N/A):
Q5) Contact details:
Address
Postcode
Telephone number
Mobile number
Carer's email address
Q6) Emergency contact details of two relatives or friends who live locally:
Name
Relationship to child:
Mobile number:

Name:
Relationship to child:
Mobile number:

Page 2: **Family questions**
Q7)Does your child live in a household with both parents?
Q8) Does your child have a care plan?
Q9) Do you live in:
Social Housing, Private tenant, Temporary accommodation/refuge
Q10) Are you in:
Full time employment, Part time employment, Studying/Training,
Q11) Is your child eligible for free school meals?
Q12) What primary language is spoken at home?
Q13) What ethnicity is your child?

Page 3: **Your child's health needs**
Q14) Does your child(ren) have any dietary requirements or allergies?
Q15) Is this allergy life-threatening?
Q16) What are the child's health and emotional needs? (If more than one child, please also write the name of the child in the text box)
Q17) How can we ensure the child is well looked after? (E.g. give medication or snacks. Please be specific
Q18) Doctor of child, Telephone number
Q19) Password if someone else collects my child? If only you, please write 'Only me'.

Page 4: **Signed consent**

Q20) I confirm the data recorded on this form is correct. I have read, understood and accepted the terms detailed above and agree to SS processing this information for the purposes of providing me with services. Please type your name as a signature for this agreement.

Solidarity Sports Contacts:

Founder and CEO Sean Mendez sean@solidaritysports.org
Designated Safeguarding Lead (DSL): Miriam Lovelace miriam@solidaritysports.org
Deputy Safeguarding Officer: Joanna Morrison - joanna@solidaritysports.org

Local Authority Contacts:
RBKC (Royal Borough of Kensington and Chelsea)
Children and Families Social Services: 020 7361 3013 socialservices@rbkc.gov.uk
Safer Organisations Manager & LADO (Bi-Borough): Aqualma Daniel
Aqualma.Daniel@rbkc.gov.uk

Hammersmith and Fulham
LADO@lbhf.gov.uk
Child Protections: 020 8753 6600 familyservices@lbhf.gov.uk
Multi-Agency Safeguarding Hub (MASH) 020 8753 6600 familyservices@lbhf.gov.uk

National Contacts: NSPCC Advice Line (24/7): 0808 800 5000 **In an emergency call 999**

Whistleblowing: If you are concerned about how child protection issues are being handled in your own or another organisation, that may be putting children at risk please contact: NSPCC Whistleblowing Advice Line 0800 028 0285 / help@nspcc.org.uk

Dr. Melernie Meheux
Chair of Trustees

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