



## BROMLEY SAFEGUARDING (CHILD PROTECTION) POLICY

Bromley Korfball is committed to providing a safe and secure environment for children, staff and parents and promoting a climate where children and adults will feel confident about sharing any concerns which they may have about their own safety or the well-being of others. We aim to safeguard and promote the welfare of children by protecting them from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care.

The club's Safeguarding policy draws upon duties conferred by the Children Acts 1989 and 2004, The Children and Families Act 2014, S175 of the 2002 Education Act and the guidance contained in "[Working Together to Safeguard Children](#)", the DfE's statutory guidance "[Keeping children safe in education](#)", Ofsted Guidance and procedures produced by the London Safeguarding Children Board ([LSCB](#)) and the Bromley Safeguarding Children Board ([BSCB](#)). We also have regard to the advice contained in DfE's "[What to do if you're worried a child is being abused](#)"

### **POLICY AIMS**

The purpose of this policy is to:

- Identify the names of responsible persons in the club and explain the purpose of their role
- Describe what should be done if anyone in the club has a concern about the safety and welfare of a child/young person who attends
- Set out expectations in respect of training
- Set out procedures to ensure that volunteers and members of staff are suitable
- Outline how to raise a concern as well as how to respond to a concern
- Set out expectations regarding record keeping
- Clarify how children/young people will be kept safe at the club and at events
- Outline how the implementation of this policy will be monitored.



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## **RESPONSIBILITIES AND IMMEDIATE ACTION**

Safeguarding and promoting the welfare of children/young people in Bromley Korfball is the responsibility of the whole club. All adults working in this club (including parents and volunteers) are required to report instances of actual or suspected child abuse or neglect to the Designated Safeguarding Lead who is a member of the club's committee.

**The Designated Safeguarding Lead is: Kathryn Puch**

**The Deputy Designated Safeguarding Lead(s) is/are: Debbie O Keefe**

The Designated Safeguarding Lead (DSL) takes lead responsibility for safeguarding and child protection and provides advice and support to others on child welfare and child protection matters. When an individual concern/incident is brought to the notice of the Designated Safeguarding Lead, they will be responsible for deciding upon whether or not this should be reported to other agencies as a safeguarding issue. Where there is any doubt as to the seriousness of this concern, or disagreement between the Designated Safeguarding Lead and the member of staff reporting the concern, advice will be sought from the Deputy Designated Safeguarding Lead (DDSL) or the LA's Strategic Lead Officer for safeguarding. If a child/young person is in immediate danger or is at risk of harm, a referral will be made to Bromley Multi Agency Safeguarding Hub (MASH) (or its equivalent in another LA if the child resides in a different LA) and/or the police immediately.

Although all staff should be aware of the process for making referrals to children's social care and for statutory assessments that may follow a referral, along with the role they might be expected to play in such assessments, the DSL (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.

**For types of child abuse and neglect, please refer to the appendices.**



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## REFERRALS

Where there is a safeguarding concern, we take into account the child/young person's wishes and feelings when determining what action to take and what services to provide. We acknowledge that children/young people who are affected by abuse or neglect may demonstrate their needs and distress through their words, actions, behaviour, demeanour or other children. Ultimately, all our systems and processes operate with the best interests of the child/young person at heart.

Referrals to services regarding concerns about a child, young person or family typically fall into three categories:

- Early Help Services;
- Child in need - Section 17 (Children Act 1989) referrals;
- Child protection - Section 47 (Children Act 1989) referrals.

[The Bromley Safeguarding Board Multi Agency Threshold Guide](#) sets out the different levels of need and detailed guidance about how concerns within these different levels should be responded to by Southwark agencies.

Safeguarding referrals should be made to Bromley Multi Agency Safeguarding Hub ([MASH](#)) via [Inter Agency Referral Form \(IARF\)](#) and copied to the LA's Safeguarding Coordinator. Prior to any written IARF being sent as a referral to social care, there should be a verbal consultation with the MASH social worker or manager, by calling the duty desk on **020 8461 7373/7379**, to ensure that making a referral is an appropriate action. The parent/carer will normally be contacted to obtain their consent before a referral is made. However, if the concern involves, for example alleged or suspected child sexual abuse, Honour Based Violence, fabricated or induced illness or the Designated Safeguarding Lead has reason to believe that informing the parent at this stage might compromise the safety of the child/young person or a staff member, nothing should be said to the parent/carer ahead of the referral, but a rationale for the decision to progress without consent should be provided with the referral.

When we make a referral, the local authority should make a decision, within one working day of a referral being made, about the type of response that is required and should let us, as the referrer know the outcome. We will follow up if this information is not forthcoming.

If, after a referral, the child/young person's situation does not appear to be improving, we will consider following local escalation procedures to ensure that the concerns have been addressed and, most importantly, that the child/young person's situation improves.

The [Early Help Referral Form](#) will be used to request additional early help for a family when the needs of a child/young person are beyond the level of support that can be provided by universal services.

In circumstances where a child/young person has an unexplained or suspicious injury that requires urgent medical attention, the Safeguarding referral process should not delay the administration of first aid or emergency medical assistance. **If a child/young person is thought to be at immediate risk because of parental violence,**



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**intoxication, substance abuse, mental illness for example, urgent Police intervention will be requested.**

Where a child/young person sustains a physical injury or is distressed as a result of reported chastisement, or alleges that they have been chastised by the use of an implement or substance, this will immediately be reported for investigation.

All parents applying for places at this club will be informed of our website where safeguarding responsibilities and the existence of this policy is. In situations where a child/young person sustains injury or are otherwise affected by an accident or incident whilst they are the responsibility of the club, parents will be notified of this as soon as possible.

Bromley Korfball recognises the need to be alert to the risks posed by strangers or others (including the parents or carers of other children) and will take all reasonable steps to lessen such risks.



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## **TRAINING**

All club staff will receive appropriate safeguarding and child protection training which is regularly updated. All newly recruited staff will be apprised of this policy. In addition, all new staff and voluntary staff will be required to attend an induction session with the Designated Safeguarding Lead or their deputy on their first session.

The Designated Safeguarding Lead (and their Deputies) will attend the LA's dedicated induction course and then refresher training at least every two years. The designated safeguarding lead will also undertake Prevent awareness training and will be able to understand the unique risks associated with online safety.

## **RECRUITMENT**

Bromley Korfball is committed to the principles of safer recruitment and, as part of that, adopts recruitment procedures that help deter, reject and/or identify people who might abuse children. Safe recruitment processes are followed and all staff recruited to the club will be subject to appropriate identity, qualification and health checks. References will be verified and appropriate criminal record checks [Disclosure and Barring Service (DBS) checks], barred list checks and prohibition checks will be undertaken.

## **VOLUNTEERS**

Any parent or other person/organisation engaged by the club to work in a voluntary capacity with pupils will be subject to all reasonable vetting procedures and Criminal Records Checks.

Under no circumstances a volunteer in respect of whom no checks have been obtained will be left unsupervised or allowed to work in regulated activity.

Volunteers who on an unsupervised basis train or look after children/young people regularly are deemed to be in regulated activity. We will obtain an enhanced DBS certificate (which will include barred list information) for all volunteers who are new to working in regulated activity. Existing volunteers in regulated activity do not have to be re-checked if they have already had a DBS check (which includes barred list information). However, we may conduct a repeat DBS check (which will include barred list information) on any such volunteer should we have any concerns.

The law has removed supervised volunteers from regulated activity. There is no legal requirement to obtain DBS certificate for volunteers who are not in regulated activity and who are supervised regularly and on ongoing day to day basis by a person who is in regulated activity, but an enhanced DBS check without a barred list check may be requested following a risk assessment.



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## **STAFF CODE OF CONDUCT**

Whilst it would be unrealistic and undesirable to preclude all physical contact between adults and children/young people, coaches/volunteers are expected to exercise caution and avoid placing themselves in a position where their actions might be open to criticism or misinterpretation. Where incidents occur which might otherwise be misconstrued, this will be appropriately recorded and reported to the Club manager and dealt with accordingly.

Except in cases of emergency, first aid will only be administered by qualified First Aiders. If it is necessary for the child/young person to remove clothing for first aid treatment, there will, wherever possible, be another adult present. If a child/young person needs help with toileting, changing etc another adult should be present or within earshot. All first aid treatment and non-routine changing or personal care will be recorded and shared with parents/carers at the earliest opportunity.

Staff will gain permission to take photographs of children/young people, during games and matches, on the entry registration forms.

Coaches/volunteers should be aware of the club's whistle-blowing procedures and share immediately any disclosure or concern that relates to a member of staff with the Club manager or one of the Designated Safeguarding Leads.

## **COMPLAINTS/ALLEGATIONS MADE AGAINST STAFF**

Bromley Korfball takes seriously all complaints made against coaches/volunteers. Procedures are in place for children, young people, parents and coaches to share any concern that they may have about the actions of any coach or volunteer. All such complaints will be brought immediately to the attention of the Club manager or one of the Designated Safeguarding.

The Local Authority's Designated Officer(s) (LADO) should be informed of all allegations that come to a club's attention and appear to meet the criteria.

The club has a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child/young person and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. Referrals will be made as soon as possible after the resignation or removal of the individual.

The full procedures about dealing with allegations of abuse made against coaches and other staff can be found in Part Four of the DfE guidance "[Keeping children safe in education](#)".

We also note the 'www.bromleysafeguarding.org' on Bromley Council's website.



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## **RECORDS**

Brief and accurate written notes will be kept of all incidents and child protection or child in need concerns relating to individual pupils. These notes are significant especially if the incident or the concern does not lead to a referral to other agencies. This information may be shared directly with other agencies as appropriate. All contact with parents and external agencies will be logged and these will be kept as Safeguarding records. The club will take into account the views and wishes of the child/young person who is the subject of the concern but staff will be alert to the dangers of colluding with dangerous “secrets”.

Safeguarding records are not open to children/young people or parents. All Safeguarding records are kept securely by the Designated Safeguarding Lead and separately from club records. They may only be accessed by the Designated Safeguarding Lead, their Deputies and the senior managers of the club.

## **SAFETY IN THE CLUB**

Entry to the junior club premises will be controlled by constant staff supervision. All children/young people will be registered on attendance and dismissed when parents/carers are there to collect. Children will not be allowed to leave with other adults unless prior notification to the club is made.

Any child in school korfball clubs will be dismissed by the coach to the identified parent/carer or taken and handed over to the after-school club.

Parents, carers or relatives may only take still or video photographic images of children/young people in the club or club-organised events with the prior consent of the club. Images taken must be for private use only. Recording and/or photographing other than for private use would require the consent of the other parents whose children may be captured on film. Without this consent the Data Protection legislation would be breached. If parents do not wish their child to be photographed or filmed and express this view in writing, their rights will be respected.

## **MONITORING AND EVALUATION**

The Club committee will monitor the safeguarding arrangements in the club to ensure that these arrangements are having a positive impact on the safety and welfare of children/young people. This will be evaluated on the basis of evidence of:

- the extent to which a positive culture and ethos is created where safeguarding is an important part of life in the club
- the content, application and effectiveness of safeguarding policies and procedures, and safer recruitment and vetting processes
- the quality of safeguarding practice, including evidence that coaches/volunteers are aware of the signs that children/young people may be at risk of harm either within the setting or in the family or wider community outside the setting
- the timeliness of response to any safeguarding concerns that are raised



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## APPENDICES

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

**Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

**Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.





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**In addition to these types of abuse and neglect, members of the club will also be alert to following specific safeguarding issues:**

### **Child Sexual Exploitation (CSE)**

CSE is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some indicators of children being sexually exploited are: going missing for periods of time or regularly coming home late; regularly missing school or education or not taking part in education; appearing with unexplained gifts or new possessions; associating with other young people involved in exploitation; having older boyfriends or girlfriends; suffering from sexually transmitted infections; mood swings or changes in emotional wellbeing; drug and alcohol misuse and displaying inappropriate sexualised behaviour. A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching. Sexual activity with a child under 16 is also an offence. It is an offence for a person to have a sexual relationship with a 16 or 17 year old if that person holds a position of trust or authority in relation to the young person. Non consensual sex is rape whatever the age of the victim. If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed. Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18.

Where it comes to our notice that a child under the age of 13 is, or may be, sexually active, whether or not they are a pupil of this club, this will result in an immediate referral to Children's Services. In the case of a young person between the ages of 13 and 16, an individual risk assessment will be conducted in accordance with the [London Child Protection Procedures](#). This will determine how and when information will be shared with parents and the investigating agencies.



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### **‘Sexting’**

Creating and sharing sexual photos and videos of under-18s is illegal. Sharing youth produced sexual imagery, which is commonly known as ‘sexting’ covers the incidents where

- A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18
- A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult
- A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18.

When such an incident involving youth produced sexual imagery comes to a member of staff’s attention, this will be shared with the designated safeguarding lead with a view to referring to appropriate agencies following the referral procedures. Further information and advice on youth produced sexual imagery is available in the non-statutory guidance produced by the UK Council for Child Internet Safety (UKCCIS) [‘Sexting in schools and colleges’](#).

### **Peer on peer abuse**

Children are capable of abusing their peers. This can take different forms, such as physical abuse (such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; violence, particularly pre-planned, forcing other children to use drugs or alcohol, initiation/hazing type violence and rituals), emotional abuse (blackmail or extortion, threats and intimidation) sexual violence and sexual harassment; sexting, sexual abuse (indecent exposure, indecent touching or serious sexual assaults, forcing other children to watch pornography or take part in sexting) and sexual exploitation (encouraging other children to engage in inappropriate sexual behaviour, having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight, photographing or videoing other children performing indecent acts). Although it is more likely that girls will be victims and boy’s perpetrators, all peer on peer abuse is unacceptable and will be taken seriously. We do not tolerate these or pass them off as “banter”, “just having a laugh” or “part of growing up”.

The club has a strong commitment to an anti-bullying policy and will consider all coercive acts and peer on peer abuse within a Child Protection context. Any possible peer on peer abuse case will be shared with the DSL with a view to referring to appropriate agencies following the referral procedures.



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### **Sexual violence and sexual harassment between children**

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. It can occur online and offline (both physically and verbally). It is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys. Children who are victims of sexual violence and sexual harassment will find the experience stressful and distressing. This will affect their educational attainment. Staff will share any concerns about or knowledge of such incidents immediately with the DSL with a view to ensuring that support systems are in place for victims (and alleged perpetrators). We take these incidents seriously and ensure that victims are protected, offered appropriate support. Where necessary, we will work with relevant external agencies to address the issue, which may include a referral to MASH and reporting to the Police. Further information is available in '*Part 5: Child on child sexual violence and sexual harassment*' of DfE guidance "[Keeping children safe in education](#)".

### **So-called 'honour-based' violence (HBV)**

HBV includes incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. All forms of HBV are abuse (regardless of the motivation) and will be handled and escalated as such. If members of staff have a concern about or knowledge of a child that might be at risk of HBV or who has suffered from HBV, they will share it immediately with the DSL with a view to referring to appropriate agencies.



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### **Female Genital Mutilation (FGM)**

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

FGM is a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.

FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.

FGM is prevalent in 30 countries and is a deeply rooted practice, widely carried out mainly among specific ethnic populations in Africa and parts of the Middle East and Asia. While FGM is concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East like Iraq and Yemen, it has also been documented in communities in Colombia, Iran, Israel, Oman, The United Arab Emirates, The Occupied Palestinian Territories, India, Indonesia, Malaysia, Pakistan and Saudi Arabia. It has also been identified in parts of Europe, North America and Australia.

FGM is illegal in the UK. It is estimated that approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM and approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.



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## Preventing Radicalisation

The Counter-Terrorism and Security Act 2015 places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). Young people can be exposed to extremist influences or prejudiced views, in particular those via the internet and other social media. Schools can help to protect children from extremist and violent views in the same ways that they help to safeguard children from drugs, gang violence or alcohol.

Examples of the ways in which people can be vulnerable to radicalisation and the indicators that might suggest that an individual might be vulnerable:

- Example indicators that an individual is engaged with an extremist group, cause or ideology include: spending increasing time in the company of other suspected extremists; changing their style of dress or personal appearance to accord with the group; their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause; loss of interest in other friends and activities not associated with the extremist ideology, group or cause; possession of material or symbols associated with an extremist cause (e.g. the swastika for far right groups); attempts to recruit others to the group/cause/ideology; or communications with others that suggest identification with a group/cause/ideology.
- Example indicators that an individual has an intention to use violence or other illegal means include: clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills; using insulting or derogatory names or labels for another group; speaking about the imminence of harm from the other group and the importance of action now; expressing attitudes that justify offending on behalf of the group, cause or ideology; condoning or supporting violence or harm towards others; or plotting or conspiring with others.
- Example indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include: having a history of violence; being criminally versatile and using criminal networks to support extremist goals; having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction); or having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.



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**Channel** is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism that uses existing collaboration between local authorities, the police, statutory partners (such as the education sector, social services, children's and youth services and offender management services) and the local community.

We will refer children at risk of harm as a result of involvement or potential involvement in extremist activity to Bromley Multi Agency Safeguarding Hub ([MASH](#)). The MASH will share the referral details of new referrals with the Prevent lead police officer and LA Prevent coordinator at the point the referral is received. The referral will then be processed through the MASH multi agency information sharing system and parallel to this the Prevent police officer will be carrying out initial screening checks. The Prevent police officer will make a referral to the Channel Practitioner if there are sufficient concerns.