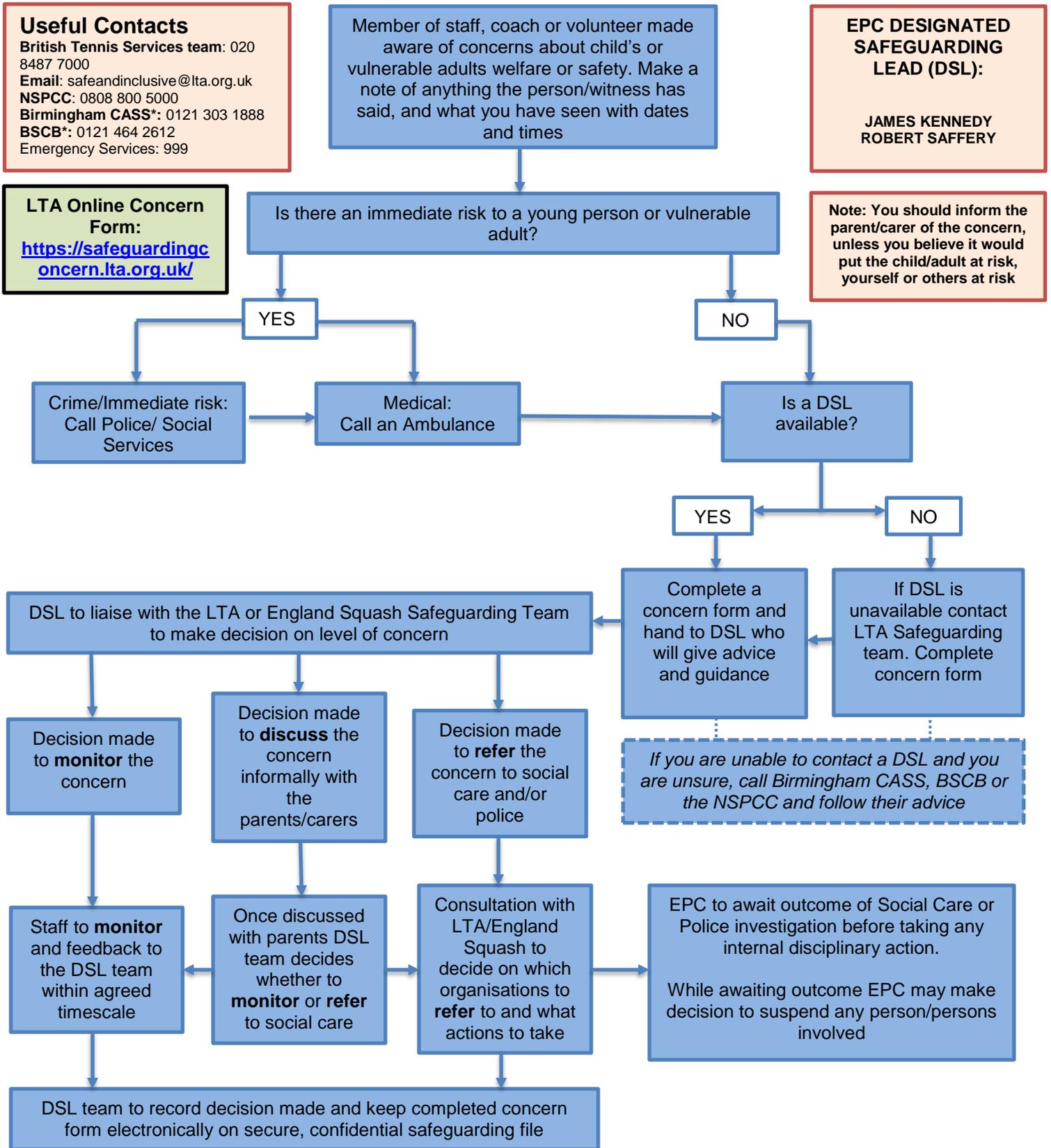




# **EDGBASTON PRIORY CLUB**

## **Safeguarding Policy and Procedures**

# Reporting a Safeguarding Concern



\*CASS – Children’s Advice and Support Service  
 \*BSCB – Birmingham Safeguarding Children’s Board

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# Part 1: Safeguarding Policy

## 1. Policy Statement

Edgbaston Priory Club acknowledges the duty of care to safeguard and promote the welfare of children and vulnerable adults. The Club is committed to ensuring safeguarding practices reflects statutory responsibilities, government guidance and complies with best practice and local authority requirements.

The policy recognises that the welfare and interest of children and vulnerable adults are paramount in all circumstances. It aims to ensure that regardless of age, ability, or disability, gender reassignment, race, religion or belief, sex or sexual orientation, socio-economic background, individuals:

- Have a positive and enjoyable experience of sport at the Edgbaston Priory Club in a safe centred environment
- Are protected from abuse whilst participating in activities provided by the Edgbaston Priory Club or outside of the activity

Edgbaston Priory Club acknowledges that some children and vulnerable adults can be particularly vulnerable to abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

As part of our safeguarding policy, the Edgbaston Priory Club will:

- Promote and prioritise the safety and wellbeing of children and vulnerable adults
- Ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children and vulnerable adults
- Ensure appropriate action is taken in the event of incidents/concerns of abuse and support provided to the individuals who raise or disclose the concern
- Ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored
- Prevent the employment/deployment of unsuitable individuals
- Ensure robust safeguarding arrangements and procedures are in operation

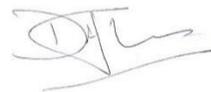
The policy and procedures will be widely promoted and are mandatory for everyone involved in the Edgbaston Priory Club. The Designated Safeguarding Lead's for Edgbaston Priory Club are **James Kennedy** and **Robert Saffery**

Signed by:



Robert Bray, Chief Executive  
September 2018

Signed by:



David Tucker; Chairman  
September 2018

## 2. Use of Terminology

**Child:** a person under the age of eighteen years.

**Vulnerable Adult at risk of abuse or neglect:** a person aged eighteen years or over who is, or may be, in need of community care services by reason of disability, age or illness; and is, or may be, unable to take care of, or unable to protect him or herself against abuse or neglect.

**Safeguarding children:** protecting children from abuse and/or neglect, preventing the impairment of children's health or development, ensuring that they grow up in circumstances consistent with the provision of safe and effective care, and taking action to enable all children to have the best life chances.

**Safeguarding adults at risk:** protecting adults from abuse and/or neglect. Enabling adults to maintain control over their lives and make informed choices without coercion. Empowering adults at risk, consulting them before taking action, unless someone lacks the capacity to make a decision, or their mental health poses a risk to their own or someone else's safety, in which case, always acting in his or her best interests.

## 3. Expectations

This Policy is applicable to all staff, coaches, committee members, volunteers, club members and visitors.

All staff, coaches, committee members, volunteers will:

- Be familiar with this Safeguarding Policy;
- Understand their role in relation to safeguarding;
- Be subject to Safer Recruitment processes and checks;
- Be subjected to an Enhanced DBS check should their role require one;
- Be alert to signs and indicators of possible abuse (*See Appendix A for current definitions and indicators*)

Advice, guidance and support is available from our Designated Safeguarding Lead (James Kennedy and Robert Saffery)

## 4. Responsibility for the implementation of the Safeguarding Policy

**SAFEGUARDING IS EVERYONE'S RESPONSIBILITY: NOT RESPONDING TO A SAFEGUARDING CONCERN IS NOT AN OPTION.**

- Our club's Board has overall accountability for this Policy and its implementation
- Our club's Designated Safeguarding Lead is responsible for updating this Policy in line with legislative and club developments
- All individuals involved in/present at the Club are required to adhere to the Policy and Code of Conduct

## 5. The Designated Safeguarding Lead (DSL)

The Designated Safeguarding Lead's are **James Kennedy** and **Robert Saffery**.

If there is a concern about a child or vulnerable adult a member of the Safeguarding Team must be informed immediately. If a member of the team is not available a **Safeguarding Concern Form** (See *Appendix B*) must be completed and placed in the confidential drop box located behind the clubhouse reception (if there is an immediate risk to a child or vulnerable adult call 999).

The DSL Team are here to ensure Edgbaston Priory Club adheres to the club's duty of care to safeguard and promote the welfare of children and vulnerable adults. The DSL Team will ensure safeguarding practices reflects statutory responsibilities, government guidance and complies with best practise and local authority requirements.

All concerns must be reported to the DSL Team. Once they have received a concern they will make a decision on the appropriate action to be taken. Safeguarding and Child Protection information will be dealt with, in a confidential manner. Staff will be informed of relevant details only when the DSL feels their having knowledge of a situation will improve their ability to support an individual child and/or family.

All records will be stored securely in a central place and stored in line with current data legislation and guidance. All records will be stored electronically and all paper files will be disposed of confidentially once transferred. All records will be kept for a period of 7 years after the Club's last contact with the child or vulnerable adult and their family.

Parents will be aware of information held on their children and kept up to date regarding any concerns or developments by the appropriate members of staff. **Information will not be disclosed to the parent if that information would put the child at risk of significant harm.**

All DSL's must undergo training to provide them with the knowledge and skills required to carry out the role. Training should be updated every two years. In addition to this the DSL's will update their knowledge at regular intervals to keep up with any developments relevant to their role.

## 6. A Safer Staff Culture

### Safer Recruitment and Selection

Edgbaston Priory Club will follow Safer Recruitment practices for the recruitment of all staff, coaches, Board and sub-committee members and volunteers. This includes scrutinising applicants, verifying identity and relevant qualifications, obtaining professional and character references, checking previous employment history and ensuring the candidate has the health and physical capacity for the job. It also includes undertaking interviews and appropriate checks including criminal record checks (DBS checks), barred list checks and prohibition checks. Evidence of these checks must be recorded.

All recruitment materials will include reference to Edgbaston Priory Clubs commitment to safeguarding and promoting the wellbeing of children and vulnerable adults.

All Heads of Department (H.O.D's) have undertaken appropriate training in Safer Recruitment. At least one H.O.D will be involved in all staff/volunteer recruitment processes.

### Inductions

All staff must be aware of the systems at Edgbaston Priory Club which support Safeguarding. These should be explained to them as part of their induction. These should include:

- Alcohol & Drugs Policy
- Bullying and harassment Policy
- Code of Conduct
- Data Protection Policy
- Disciplinary Policy
- Disclosure and Barring Service Policy
- Email, Internet and Social Media Policy
- Grievance Policy
- Health and Safety Policy
- Inclusion, Diversity and Equality Policy
- Whistle Blowing Policy
- Be alert to signs and indicators of possible abuse (*See Appendix A*)
- Dealing with a disclosure of abuse (*See Appendix B*)
- Safeguarding Concern Form (*See Appendix C*)
- The role of the Designated Safeguarding Lead (Including Identity)

### Training

All staff will attend an in house safeguarding awareness course. The in house course will focus on understanding the principles of safeguarding, the indicators of abuse or neglect and the Club's reporting procedures.

All H.O.D's and Duty Managers will attend a Level 3 Award in Principles of Safeguarding and Protecting children, young people or vulnerable adults (RQF)

### Staff Support

We recognise the stressful and traumatic nature of safeguarding and child protection work. We will support staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support as appropriate.

## 7. Code of Conduct

### All members of staff, self-employed workers and volunteers agree to:

- Prioritise the well-being of all children and vulnerable adults at all times
- Treat all children and vulnerable adults fairly and with respect
- Be a positive role model. Act with integrity, even when no one is looking
- Help to create a safe and inclusive environment
- Not allow any rough or dangerous behaviour, bullying or the use of bad or inappropriate language
- Report all allegations of abuse or poor practice to a Designated Safeguarding Lead Officer
- Not use any sanctions that humiliate or harm a child or vulnerable adult
- Value and celebrate diversity and make all reasonable efforts to meet individual needs
- Keep clear boundaries between professional and personal life, including on social media
- Have the relevant consent from parents/carers, children and adults before taking or using photos and videos
- Refrain from making physical contact with children or adults unless it is necessary as part of an emergency or congratulatory (e.g. handshake / high five)
- Refrain from smoking and consuming alcohol during club activities or coaching sessions
- Ensure roles and responsibilities are clearly outlined and everyone has the required information and training
- Avoid being alone with a child or vulnerable adult unless there are exceptional circumstances
- Refrain from transporting children or adults at risk, unless this is required as part of a club activity (e.g. away match) and there is another adult in the vehicle
- Not abuse, neglect, harm or discriminate against anyone; or act in a way that may be interpreted as such
- Not have a relationship with anyone under 18 for whom they are coaching or responsible for
- Not to have a relationship with anyone over 18 whilst continuing to coach or be responsible for them

### All Juniors agree to:

- Be friendly, supportive and welcoming to other children and adults
- Play fairly and honestly
- Respect club staff, volunteers and Officials and accept their decisions
- Behave, respect and listen to any member of staff
- Take care of your belongings and club property
- Respect the rights, dignity and worth of all participants regardless of age, gender, ability, race, culture, religion or sexual identity
- Not use bad, inappropriate or racist language, including on social media
- Not bully, intimidate or harass anyone, including on social media
- Not smoke, drink alcohol or drugs of any kind on club premises or whilst representing the club at competitions or events
- Talk to the one of the Designated Safeguarding Officers about any concerns or worries they have about themselves or others

**All adults (Members and Non-Members) agree to:**

- Positively reinforce your child and show an interest in their club activities
- Use appropriate language at all times
- Be realistic and supportive
- Never ridicule or admonish a child for making a mistake or losing a match
- Treat all children, adults, volunteers, coaches, officials and members of staff with respect
- Behave responsibly at the venue; do not embarrass your child
- Accept the official's decisions and do not go on court or interfere with matches
- Encourage your child to abide by the club by-laws, and teach them that they can only do their best
- Deliver and collect your child punctually from club activities
- Ensure your child has appropriate clothing for the weather conditions
- Ensure that your child understands their code of conduct
- Adhere to the clubs safeguarding policy, diversity and inclusion policy and bye-laws
- Provide emergency contact details and any relevant information about your child including medical history

**8. The Use of Reasonable Force**

There are circumstances when it is appropriate for staff to use reasonable force to safeguard children and young people. The term 'reasonable force' covers the broad range of actions used by staff that involves a degree of physical contact to control or restrain children. This can range from guiding a child to safety by the arm, to more extreme circumstances such as breaking up a fight or where a young person needs to be restrained to prevent violence or injury. 'Reasonable' in these circumstances means 'using no more force than is needed'. The use of force may involve either passive physical contact, such as standing between children or blocking a child's path, or active physical contact such as leading a child by the arm out an area.

## 9. Transportation Of Children

Members of staff, coaches and volunteers are not responsible for transporting children unless it has been organised by the Club. It is reasonable for the Club and coaches to place responsibility on parents for ensuring appropriate transport arrangements are made for their children. Parents may choose to make private arrangements with another adult (such as a family friend) to transport their child, however, should let the venue know.

In situations where the Club is arranging transportation for children (for example, to an away match) the Club must ensure the following:

- Parents must return to the Club a completed **consent and emergency contact form (see appendix D)** and the driver should have a copy of this with them on the journey in case of emergencies
- Parents must be informed of the destination, duration of the trip, reason for the journey and who the driver will be, as well as having the contact details of the driver in case of emergencies
- The driver is a current member of staff, coach or volunteer with a valid UK driving licence, satisfactory DBS check, correct insurance and MOT certificate
- There are two adults in the car
- Children are seated in the back at all times and wear an appropriate seatbelt
  - Under 12 years old or 135cm tall must use the right type of booster chair or booster cushion
  - Older children should use an adult seat belt
- If the children are a mixture of female and male, where possible the two adults should also be male and female
- If transporting children in a mini-bus or bus, the driver must also have the correct type of licence and the children must wear an appropriate seatbelt at all times
- There is an established procedure in the event of a breakdown/emergency (see below)

In the event of a breakdown the driver must inform the parent(s) and the relevant Head of Sport immediately, specifying where they are and the estimated recovery time. Where possible alternative transport will be arranged by the Club.

In the event of a medical emergency the driver is to call 999 immediately and seek medical assistance, they will then need to inform the parent and the relevant Head of Sport of the incident.

If any of the above emergencies arise or the journey does not occur as planned, an accident/incident form must be completed on return to the Club.

Before and after each journey it is important that someone other than the driver talks to the child and ensures they are comfortable with the arrangements of the journey and are happy with how the journey went.

It is the responsibility of the relevant Head of Sport (Racquets Manager and Head of Squash and Racketball) to ensure this policy is followed.

## Part 2: The Key Procedures

### 10. Reporting Procedure

#### Where there is a safeguarding concern/disclosure:

The individual who is told about, hears, or is made aware of the concern/disclosure is responsible for following the Reporting a Safeguarding Concern Procedure. Unless someone is in immediate danger, they should inform a Designated Safeguarding Lead (DSL).

When dealing with a disclosure follow the following steps:

1. **Listen** carefully and calmly to the individual
2. **Reassure** the individual that they have done the right thing and what they have told you is very important
3. **Avoid questioning** where possible, and never ask leading questions
4. **Do not promise secrecy.** Let the individual know that you will need to speak to a DSL because it is in their best interest. If you intend to speak to the police or social care, you should let them know this too.
5. **Report the concern.** In an emergency, call the police (999), otherwise talk to the DSL as soon as possible. Do not let doubt/personal bias prevent you from reporting the allegation
6. **Record** details of the disclosure and allegation using the Safeguarding Concern Form (*See Appendix C*). Make certain you distinguish between what the person has actually said and the inferences you may have made. Your report should be given to a DSL within 48 hours of the incident. *Safeguarding Concern Forms are available behind reception with the accident/incident forms.*

For more information about dealing with a disclosure see Appendix B.

The Club's Safeguarding Lead is responsible for reporting safeguarding concerns to the relevant organisations and to follow up as appropriate on a case-by-case basis, prioritising the well-being of the child/ adult at risk at all times. Dependent on the concern/disclosure, a referral may be made to:

- The police in an emergency (999)
- British Tennis Services team: 020 8487 7000
- Children's Advice and Support Service (0121 303 1888)
- Birmingham Safeguarding Children's Board (0121 464 2612)
- Birmingham City Council (Vulnerable Adults) (0121 303 1234)
- Disclosure and Barring Service for concerns/disclosures about a member of staff, consultant, coach, official or volunteer (03000 200 190)

In general, we will discuss any Safeguarding concerns with parents/carers before approaching other agencies, and will seek their consent to making a referral to another agency. Appropriate staff will approach parents/carers after consultation with the DSL. However there may be occasions when the club will contact another agency **before** informing parents/carers because it considers that contacting them may increase the risk of significant harm to the child.

## **11. Responding to an Allegation about a Member of Staff or Volunteer**

This procedure must be used in any case in which it is alleged that a member of staff, visiting professional or volunteer has:

- Behaved in a way that has harmed a child or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved in a way that indicates s/he is unsuitable to work with children.

Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff or volunteers to abuse children or vulnerable adults. All staff working within our organisation must report any potential safeguarding concerns about an individual's behaviour towards children and vulnerable adults immediately.

Allegations or concerns about staff must be reported directly to a DSL.

## **12. Breaches of the Safeguarding Policy, Code of Conduct and Reporting Procedure**

Breaches of this Policy and/or failure to comply with the outlined responsibilities may result in the following:

- Disciplinary action leading to possible exclusion from the Club, dismissal and legal action
- Termination of current and future roles within the Club

Actions taken by Members, parents or carers, staff, consultants, volunteers, officials, coaches inside or outside of the Club that are seen to contradict this Policy may be considered a violation of this Policy.

Where an appeal is lodged in response to a safeguarding decision made by the club, the individual should adhere to the club's appeal procedure.

## 13. Whistleblowing

Safeguarding children and adults at risk requires everyone to be committed to the highest possible standards of openness, integrity and accountability. As a club, we are committed to encouraging and maintaining a culture where people feel able to raise a genuine safeguarding concern and are confident that it will be taken seriously.

### What is whistle blowing?

In the context of safeguarding, “whistle blowing” is when someone raises a concern about the well-being of a child or an adult at risk.

A whistle blower may be:

- a player;
- a volunteer;
- a coach;
- other member of staff;
- an official;
- a parent;
- a member of the public.

### How to raise a concern about a child or an adult at risk at the club

If a child or an adult at risk is in immediate danger or risk of harm, the police should be contacted by calling 999.

Where a child or an adult at risk is not in immediate danger, any concerns about their well-being should be made without delay to the Designated Safeguarding Lead (DSL). The DSL will pass the details of the concern on to the LTA Safeguarding Team at the earliest opportunity and the relevant local authority and the police will be contacted, where appropriate.

If, however, the whistle blower does not feel comfortable raising a concern with the Club Welfare Officer, the whistle blower should contact the LTA Safeguarding Team directly on 020 8487 7000, the Local Authority Designated Officer (LADO) or the NSPCC on 0808 800 5000.

The Designated Safeguarding Lead's can be contacted on:

James Kennedy - 07394562254 or by emailing [james.kennedy@edgbastonpriory.com](mailto:james.kennedy@edgbastonpriory.com)

Robert Saffery – 07##### or by emailing [robert.saffery@edgbastonpriory.com](mailto:robert.saffery@edgbastonpriory.com)

### Information to include when raising a concern

The whistle blower should provide as much information as possible regarding the incident or circumstance which has given rise to the concern, including:

- their name and contact details (unless they wish to remain anonymous);
- names of individuals involved;
- date, time and location of incident/circumstance; and
- whether any witnesses were present.

### What happens next?

All concerns raised by a whistle blower about the well-being of a child or an adult at risk will be taken seriously and every effort will be made to deal with each concern fairly, quickly and proportionately.

If the whistle blower does not believe that the concern has been dealt with appropriately and wishes to speak to someone outside the club or the LTA Safeguarding Team, the NSPCC Whistleblowing advice line should be contacted on 0800 028 0285 or by emailing [help@nspcc.org.uk](mailto:help@nspcc.org.uk).

## Support

The club will not tolerate any harassment, victimisation or unfair treatment of, and will take appropriate action to protect, whistle blowers when they raise a concern in good faith.

This Policy is reviewed every year (or earlier if there is a change in national legislation).

This Policy is recommended for approval by:

Chairman: **David Tucker**

Date: 30/09/2018

Chief Executive Officer: **Robert Bray**

Date: 30/09/2018

DSL: **James Kennedy** and **Robert Saffery**

Date: 30/09/2018

## Appendix A: Current definitions and indicators of abuse

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

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

**Sexual abuse:** 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.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

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

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self-harming, drug or solvent abuse;
- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communicating suddenly (known as “traumatic mutism”) can indicate maltreatment.

**Neglect:** Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-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.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;

- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers.

### **Additional examples of abuse and neglect:**

**Financial abuse:** having money or property stolen; being defrauded; being put under pressure in relation to money or other property; and having money or other property misused.

**Discriminatory abuse:** treating someone in a less favourable way and causing them harm, because of their age, gender, sexuality, gender identity, disability, socio-economic status, ethnic origin, religion and any other visible or non-visible difference.

**Domestic abuse:** includes physical, sexual, psychological or financial abuse by someone who is, or has been a partner or family member. Includes forced marriage, female genital mutilation and honour-based violence (an act of violence based on the belief that the person has brought shame on their family or culture). Domestic abuse does not necessarily involve physical contact or violence.

**Psychological abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Organisational abuse:** where the needs of an individual are not met by an organisation due to a culture of poor practice or abusive behaviour within the organisation.

**Self-neglect:** behaviour which threatens an adult's personal health or safety (but not that of others). Includes an adult's decision to not provide themselves with adequate food, clothing, shelter, personal hygiene, or medication (when indicated), or take appropriate safety precautions

**Modern slavery:** encompasses slavery, human trafficking, criminal and sexual exploitation, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

- A person who is being abused may experience more than one type of abuse
- Harassment, and bullying are also abusive and can be harmful
- Female Genital Mutilation (FGM) is now recognised as a form of physical, sexual and emotional abuse that is practised across the UK
- Child Sexual Exploitation is recognised as a form of sexual abuse in which children are sexually exploited for money, power or status
- Child trafficking is recognised as child abuse where children are often subject to multiple forms of exploitation. Children are recruited, moved or transported to, or within the UK, then exploited, forced to work or sold
- People from all cultures are subject to abuse. It cannot be condoned for religious or cultural reasons
- Abuse can have immediate and long-term impacts on someone's well-being, including anxiety, depression, substance misuse, eating disorders and self-destructive Conducts, offending and anti-social Conduct
- Those committing abuse are most often adults, both male and female. However, child-to-child abuse also takes place.

## Appendix B: Dealing With a Disclosure of Abuse

**When a child or vulnerable adult tells me about abuse they have suffered, what should I remember?**

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record in writing, all you have heard, though not necessarily at the time of disclosure.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.
- If the disclosure relates to a physical injury do not photograph the injury, but record in writing as much detail as possible.

NB, it is not staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

**You should not deal with this yourself.** Clear indications or disclosure of abuse must be reported to the relevant organisations without delay by the DSL or in exceptional circumstances by the staff member who has raised the concern.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from your DSL.

## Appendix C: Edgbaston Priory Club Safeguarding Concern Form:

The privacy of your personal data is very important to us. The collection and processing of personal data by Edgbaston Priory Club is governed by the General Data Protection Regulation (the "GDPR"). All data collected on this form will be used for investigation purposes only and will only be shared with external organisations should there be legal responsibility for the Club to do so.

**This form should be completed when there is cause for concern and deposited in the drop box found at the clubhouse main reception.**

### Details of Person Involved:

Name:

Date of Birth:

### Details of Person Reporting Concerns

Full Name:

Address:

Contact No:

Do these concerns relate to a specific incident/disclosure? If YES complete Section A; If NO, omit section A and move straight to Section B

### Section A:

Date and time of incident/disclosure:

Location of incident/disclosure:

Date this form was completed:

Other persons present:

**Section B:**

Details of concern/disclosure/incident:  
(What was said, observed, reported)

Action taken:  
(What did you do following the incident/disclosure/concern?)

Any other relevant information:

Signed:

**For completion by the Designated Safeguarding Lead (DSL):**

**DSL Response:**

Action taken by DSL:

Rationale for decision making/actions taken:

Outcome of action taken by DSL:

Follow up action by DSL:

Feedback given to person reporting the concerns:

Signed by DSL:

Checklist for DSL:

- ✓ Concern described in sufficient detail?
- ✓ Distinguished between fact, opinion and hearsay?
- ✓ Child's own words used? (Swear words, insults or intimate vocabulary should be written down verbatim)
  - ✓ Jargon free?
  - ✓ Free from discrimination/stereotyping or assumptions?
- ✓ Concern recorded and passed to DSL in a timely manner?

## Appendix D: Consent and Emergency Contact Form

The privacy of your personal data is very important to us. The collection and processing of personal data by Edgbaston Priory Club is governed by the General Data Protection Regulation (the “GDPR”).

All data collected on this form will be used for the purpose of consent for activities. Data will be shared with those who have the responsibility for the activity being taken part in by the participant named below. Data will be kept for the duration specified period selected below.

### Your details (if U18 must be the parent/carer)

Name:		
Address:		
Contact details:	Phone: Mobile:	Email:

### Details of the child / adult (if different)

Name:		
Date of birth:		
Address (if different from the parent/carer):		
Contact details (if different from the parent/carer):	Phone: Mobile:	Email:

### Details of the event/trip the child / adult will be attending

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### Activities

I give permission for the child / adult to:	
Be involved in photography and/or filming.	Yes / No
Travel by any form of public transport or in a motor vehicle.	Yes / No
Other (please detail)	Yes / No

## Child / Adult Medical/Disability History

Does the child /adult have:	
Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of?	Yes / No
Any access needs?	Yes / No
Any religious or spiritual practices we should be aware of?	Yes / No
Any dietary needs we should be aware of?	Yes / No
Anything else which we should be aware of?	Yes / No
If yes to any of the above, please provide full details e.g. time medication must be taken, if help is required to administer medication, etc. (Please use additional paper if required).	

## Emergency Contact Details (if different from Parent/Carer)

Name:		
Relationship to the child or adult:		
Address:		
Contact details:	Phone: Mobile:	Email:

## Confirmation

Name of parent/carer or adult (print):		Date	
Signature:			
Consent valid for the following period (please circle)	<b>This event only</b>  <b>1 week</b>  <b>1 month</b>	<b>1 year</b>  <b>Other (please detail):</b>	