

AJB Sports in Education Staff Safeguarding Policy

Welfare / Designated Safeguarding Lead: Andy Beeston – andy@ajbsportsineducation.com
Welfare / Designated Safeguarding Assistant: James Prentice - jimmy@ajbsportsineducation.com

AJB Sports in Education acknowledges the duty of care to safeguard and promote the welfare of children and is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice and Ofsted requirements.

The policy recognises that the welfare and interests of children 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, all children:

- Have a positive and enjoyable experience of sport at AJB Sports in Education Clubs and Camps in a safe and child centred environment
- Are protected from abuse whilst participating in all areas of AJB Sports in Education, including but not limited to, PE Lessons, After School and Lunch Clubs and Holiday Camps either whilst doing activities or in our care.

AJB Sports in Education acknowledges that some children, including disabled children and young people or those from ethnic minority communities, 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 AJB Sports in Education will:

- All employees will be subject to Enhanced Disclosure and Barring Service (DBS) checks, background checks and references from previous work (where applicable) before commencing work with the company. The ISA Barred list and 99 list will be checked to make sure staff are suitable to work with children.
- ALL staff must sign up for the DBS update service to ensure the most up to date records are held for them at all times.
- Promote and prioritise the safety and wellbeing of children and young people
- Ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children and young people
- Ensure appropriate action is taken in the event of incidents/concerns of abuse and support provided to the individual/s 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
- In School settings AJB Sports in Education will work diligently with all schools and report any issues and concerns to the AJB Sports in Education Designated Safeguarding Lead (contact information above) or if unavailable, then to the Assistant Designated Safeguarding Lead (contact information above) who will then report to the individual schools and agree on an appropriate course

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of action. In serious situations AJB Sports in Education staff will report immediately to school staff members if they have serious concerns about a child's welfare.

The policy and procedures will be widely promoted and are mandatory for everyone involved in AJB Sports in Education. This policy will be reviewed a year after development and then every three years, or in the following circumstances:

- Changes in legislation and/or government guidance.
- As required by the Local Safeguarding Children Board, Ofsted, UK Sport and/or Home Country Sports Councils and other appropriate bodies.
- As a result of any other significant change or event.

Concerns about a child's or adult's wellbeing should be acted upon promptly. In the event of doubt as to how a concern should be dealt with, please refer to the AJB Sports in Education Designated Safeguarding Lead or procedures below:

If you are concerned about a Child or a AJB Sports in Education staff member:

If a child discloses to you, it is essential that you:

- Report to the AJB Sports in Education Designated Safeguarding Lead
- Fill out one of AJB Sports in Education 'Cause for Concern Form'
- Write down everything that the child says in their own language and words.
- Make sure that he or she realises that everything being said is taken very seriously.
- Let the child know how brave you think he or she is to tell you and that you understand how hard it must be to talk about the situation.
- Ensure the child does not feel that she or he is to blame and that they have done the right thing in telling you about their worries.
- Remain calm and reassuring, let them take their time and give them your full attention.
- Explain that you cannot promise to keep what the child tells you a secret.
- Inform the child that you may have to involve a social worker or police officer in order to maintain safety.
- That you will continue to offer support after the conversation.
- Do not make promises or reassure the child about things that are out of your control or cannot do or make happen.
- Afterwards record complete, accurate, unbiased, factual and legible notes. (what the child actually says)
- Include the following information: Child's name, age and address / what the child said or did to give you cause for concern (if the child gives a verbal disclosure, write their exact words) / any information the child gives about the alleged abuser.
- Do not add your own emotions and opinions to the account.
- Do not force children to talk if they do not want to, feel comfortable to or put them on the spot.
- Do not force the children to share intimate and sensitive personal information
- Do not discuss the private life of others within the lessons, general situations are ok with names left out.
- Do not disclose any personal or inappropriate details of your own experiences with the children.

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- Do not discuss children's sensitive disclosed information with anyone inappropriately
- Do not judge or allow the children to judge, make fun or put anyone down for an opinion.

Providers (AJB Sports in Education) must notify OFSTED and local child protection agencies of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care, and act on any advice given.

If AJB Sports in Education Staff are concerned about the welfare of a child the following procedures of reporting will take place:

If concerned about a child in a School Setting:

- Staff must report this confidentially first to the AJB Sports in Education DSL
- Document the details of the incident(s) on a Cause for Concern Form
- The DSL will then contact the relevant member of staff at the school.
- AJB Sports in Education will then work diligently with the School and co-operate as best we can.
- In a case where the welfare officer is unavailable or unsuitable for any reason, report the concern to the assistant welfare officer.
- In a case where the welfare officer and assistant welfare officer is unavailable or unsuitable for any reason, report the concern directly to the school or to the Family Front Door Referral Team Worcester on **01905 822 666** or the out of hours team on **01905 768 020**.

If concerned about a child in a AJB Sports in Education Holiday Camp or out of School activity:

- Document the details of the incident(s) on a AJB Cause for Concern Form
- Staff must report this confidentially first to the AJB Sports in DSL. The DSL will then take the following steps:
- Report the concern to the Family Front Door Referral Team Worcester on **01905 822 666** or the out of hours team on **01905 768 020**.
- Follow steps set out by them, this may include:
- Report to Ofsted (0300 123 1231) and Social Services guidelines to make a Referral.
- In the case of an emergency, contact the police directly on **999**.
- Document all details of the incident.
- Internal investigation with full co-operation from AJB DSL will begin.

If Staff are concerned about another staff member or AJB Director

Different levels of concern – Low Level Concern and Threshold of Harm

What is a low-level concern?

A low-level concern is any concern that an adult has acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work

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- doesn't meet the threshold of harm or is not considered serious enough for the school or college to refer to the local authority.

Low-level concerns are part of a spectrum of behaviour. This includes:

- inadvertent or thoughtless behaviour
- behaviour that might be considered inappropriate depending on the circumstances
- behaviour which is intended to enable abuse.

Examples of such behaviour could include:

- being over friendly with children
- having favourites
- adults taking photographs of children on their mobile phone
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door
- using inappropriate sexualised, intimidating or offensive language.

Responding to a low level of concern:

- Staff must report this confidentially first to the AJB Sports in Education DSL
- Document the details of the incident(s) on a Cause for Concern Form
- Document all details of the incident.
- Internal investigation with full co-operation from AJB DSL will begin.

Threshold of Harm

The threshold of harm is reached when you know, believe or have reasonable grounds to suspect that a child's needs have been neglected, are being neglected, or are at risk of being neglected to the point where the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected. If you believe an adult / staff member has behaved in a way that poses a risk to the child / possibly committed a criminal.

Responding to threshold of harm concern:

- If a child is in immediate danger, call the police on 999.

If a child is not in immediate danger follow the procedures below:

- Staff must report this confidentially first to the AJB Sports in Education DSL
- Document the details of the incident(s) on a Cause for Concern Form
- In a case where the DSL is unavailable or unsuitable for any reason, report the concern to the assistant DSL.
- In a case where the DSL and assistant DSL is unavailable or unsuitable for any reason, report the concern to:
- The Local Authority Designated Officer (LADO) is responsible for managing allegations against adults who work with children. This involves working with Police, Children's Social Care, employers and other involved professionals.
- Contact LADO on **01905 846221**

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- If you need to make a formal referral please visit:
http://www.worcestershire.gov.uk/info/20559/refer_to_childrens_social_care/1659/are_you_worried_about_an_adult_who_works_with_children where you will find the referral form, this is submitted securely to: LADO@worcechildrenfirst.org.uk
- There may be a separate referral made to the Family Front Door to consider child protection enquiries in respect of connected children, you may then be involved with these enquiries in respect of attending a Strategy Discussion.
- Document all details of the incident(s).
- Follow steps set out by LADO, this may include:
- Referral to the Family Front Door Referral Team Worcester contact **01905 822 666** or the out of hours team on **01905 768 020**.
- In the case of an emergency, please contact the police directly on **999**
- Report to Ofsted (0300 123 1231) and refer to NSPCC and Social Services guidelines to make a Referral.

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Helpful contact numbers from Worcestershire Children First:

https://www.worcestershire.gov.uk/info/20501/children_young_people_and_families/1842/how_to_contact_childrens_social_care

<https://westmidlands.procedures.org.uk/page/contents#>

Helpful site if you are concerned about the action of an adult:

<https://www.stopitnow.org.uk/concerned-about-the-behaviour-of-another-adult/> or call 0808 1000 900

Helpful sites if you are worried about a child being bullied: / cyber bullying

- www.bullying.co.uk or call 0808 800 2222

If you are worried about a child being forced into marriage:

- <https://www.gov.uk/stop-forced-marriage> or call 020 7008 0151

Worried about a child is being radicalised

- <https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/dedicated-helplines/protecting-children-from-radicalisation> or call 0808 800 5000

Worried about a child is a victim of Domestic Abuse (a child being present included)

- <https://westmidlands.procedures.org.uk/pkfst/regional-safeguarding-guidance/domestic-violence-and-abuse>

Worried about a child FGM (Female Genital Mutilation)

- <https://westmidlands.procedures.org.uk/pkplf/regional-safeguarding-guidance/female-genital-mutilation>

* In all situations staff must not talk to other staff members / school teachers / other adults about the incidents / concerns. Incidents must be kept confidential and follow the procedures correctly.

For further guidelines please see below:

<https://www.worcestershire.gov.uk/safeguardingchildren>

<https://www.nspcc.org.uk/what-you-can-do/report-abuse/>

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Child Abuse – Definitions and Signs and Symptoms

The most common types of Child abuse to look out for:

- **Physical Abuse**
- **Sexual Abuse**
- **Neglect**
- **Emotional Abuse / Coercion**

For more information and in-depth knowledge of multiple types of abuse and how to spot signs and symptoms please visit: <https://westmidlands.procedures.org.uk/pkyzqy/regional-safeguarding-guidance/physical-abuse>

Physical Abuse:

Definition:

“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.”

Working Together 2018

There is a separate policy for Fabricated & Induced Illness

The Office for National Statistics reports “three-quarters of adults who experienced physical abuse before the age of 16 years, from someone aged 16 years or over, also experienced another type of abuse. This could be sexual abuse, emotional abuse, and/or witnessing domestic violence or abuse” which suggests that these procedures need to be considered concurrently with others.

A note on physical punishment;

In England and Northern Ireland, smacking remains legal when used by parents in accordance with the reasonable chastisement defence, however section 58 of the Children Act 2004 provides legal basis to consider that battery of a child cannot be justified on the grounds that it constituted reasonable punishment.

In 2020 a legislative ban on smacking came into effect in Scotland. The new law means that the so-called “justifiable assault” defence is no longer available, and children have the same legal protection from assault as adults. In 2022 legislation also came into force in Wales abolishing the defence of Reasonable Punishment.

Equally Protected? A review of the evidence on physical punishment of children (NSPCC 2015) found:

- Physical punishment is associated with increased childhood aggression and anti-social behaviour
- Experiencing physical punishment is related to depressive symptoms and anxiety among children
- Physical punishment carries a serious risk of escalation into abuse

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Risk and Indicators of Physical Abuse:

The diagram below illustrates typical features of accidental injuries to be considered within the context of a child's developmental stage:

Typical features of accidental injuries

Bruising which might be indicative of non-accidental injury:

- bruises on the head - but also on the ear or neck or soft tissue areas - the abdomen, back and buttocks, defensive wounds on the forearm, upper arm, back of the leg, hands, or feet
- clusters of bruises on the upper arm, outside of the thigh or on the body (grip marks)
- bruises with dots of blood under the skin (petechial bruises)
- a bruised scalp and swollen eyes from hair being pulled violently
- bruises in the shape of a hand or object

Bruising is the most common injury sustained by children who have been subject to physical abuse. Excessive bruising that occurs as a result of minimal or no trauma, may be caused by, or exacerbated by, an underlying bleeding disorder or medical condition. NICE guidance provides more information about this and advises that the presence of a bleeding disorder or other underlying medical condition does not rule out non-accidental injury as a cause of abnormal bruising, as the two may co-exist.

More detailed guidance on bruising can be found here: [Child protection evidence systemic review on bruising](#)

*Bruising in non-mobile babies and children is unusual and is highly suggestive of non-accidental injury. Learning from serious incidents and case reviews has evidenced that professionals can underestimate the significance of the presence of bruising or minor injuries in children who are not independently mobile, thus missing the fact that a minor injury can be an indicator or precursor to a more significant injury or even death of a child. Early recognition and action in such cases is key to preventing further, and potentially more serious, injuries.

There are separate procedures for [responding to injuries in babies or children under 2 years](#)

Burns and scalds can result from hot liquids, hot objects, flames, chemicals, or electricity and may be accidental or indicative of abuse:

Burns which might be indicative of non-accidental injury include:

- burns on the hands, back, shoulders or buttocks; scalds may be on lower limbs, both arms and/or both legs
- burns in areas of the body which are usually protected and therefore difficult to injure e.g. inner thigh or under arm
- a clear edge to the burn or scald suggests an immersion injury, which in the absence of a satisfactory history may suggest abuse
- sometimes in the shape of an implement, for example an iron or electric heater
- circular cigarette burns
- multiple burns or scalds

More detailed guidance can be found here: [Child protection evidence systematic review on Burns](#)

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Bite marks should always be considered within the context of physical abuse. They are:

- usually oval or circular in shape
- visible wounds, indentations or bruising from individual teeth

The commonest bites children sustain are animal bites; these have different canine distributions and usually tear rather than compress flesh.

If necessary, the police can refer to a forensic odontologist who may be able to identify the perpetrator of a bite mark from the dental characteristics.

Fractures or broken bones may be accidental or indicative of abuse, however fractures which might be indicative of abuse, especially in children under 18 months, include:

- fractures to the ribs or the leg bones in babies
- multiple fractures or breaks at different stages of healing

More detailed guidance can be found here: [Child protection evidence systemic review on fractures](#)

Other injuries and health problems which may be indicative of physical abuse include:

- scarring
- effects of poisoning such as vomiting, drowsiness or seizures
- respiratory problems from drowning, suffocation, or poisoning
- torn frenulum of the mouth – these are the small folds of tissue under the tongue, inside the upper lip, inside the lower lip, and connecting the cheeks to the gum.

Attention should also be paid to:

- Any delay in seeking treatment
- Recurrent injury
- Vague or inconsistent explanations of what happened
- Any disclosure from a child e.g. “daddy did that with a fag”, although the disclosure may not always be so obvious and will be dependent on the child’s communication style (including Makaton for example), and/or communication with behaviours, that will require professional curiosity to understand what a child is saying.

Babies are particularly vulnerable, and head injuries are possible, so it is important to be aware of these visible signs of abuse:

- Swelling
- Bruising
- Fractures
- Being extremely sleepy or unconscious
- Breathing problems
- Seizures
- Vomiting

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- Unusual behaviour, such as being irritable or not feeding properly

Sexual Abuse

Definition:

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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

(Definition provided by Working Together 2018)

Child sexual abuse is complex, illegal, harmful and has lasting impacts on children. It is important to remember that Child Sexual Exploitation (CSE) is Child Sexual Abuse (CSA). Child sexual abuse can be perpetrated by males and females. Work carried out by the Centre of Expertise on Child Sexual Abuse has identified a wide range of sexual abuse offending:

Child sexual abuse within the family environment: sexual abuse of a child or young person by an adult family member, or by an adult who is connected to the family or to one of its members.

Child sexual abuse through trusted relationships outside the family environment: sexual abuse of a child or young person by someone who holds a position of authority over them as a result of a professional or vocational role.

Child sexual abuse through an intermediary: sexual abuse of a child or young person which is carried out by more than one perpetrator; the perpetrator who initiates the abuse (the initiating perpetrator) seeks to gain access to the child, or to images of the child, through another perpetrator (the intermediary perpetrator).

Child sexual abuse through online interaction: abuse where a perpetrator, operating online, encourages/deceives/ coerces a child or young person to take part in online sexualised conversations or sexual acts, and/or to produce images (photos or videos) of themselves that they share with the perpetrator online.

Child sexual abuse through viewing, sharing or possessing images: the viewing of images of CSA that have already been created. This can include viewing, possessing and sharing images (photos or videos) with others, generally (but not exclusively) online.

Child sexual abuse through groups and networks: sexual abuse committed by perpetrators who are part of a group or network. This may be a social group, gang or network that meets in person, or a group or network in which members interact online and remain anonymous.

Child sexual abuse arranged and perpetrated for payment: sexual abuse of a child or young person by one or more perpetrators where, in return for payment (either financial or other), a perpetrator ('the seller')

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offers other perpetrators ('buyers') access to the child or young person for contact abuse and/or creates and sells images (photos or videos) of abuse, e.g. via live-streaming.

Child sexual abuse through a personal connection: abuse committed by a perpetrator who establishes a personal connection with a child or young person and grooms or coerces them into sexual abuse.

Child sexual abuse through attack by an unknown person: abuse where a perpetrator, who is unknown to the child or young person, attacks and sexually assaults them. Further information is provided in the full report into how sexual abuse is perpetrated:

Recognising the many ways that child sexual abuse can be perpetrated means that these procedures may need to be considered concurrently with others:

Allegations against staff or volunteers

Children affected by Exploitation and trafficking (including gangs)

Online safety: Children exposed to abuse through digital media

Abuse linked to faith or belief

Person posing a risk to children

Sexual activity in children and young people (including under-age sexual activity)

Children who abuse others including child-on-child abuse/ harmful sexual behaviour

Many children and young people who are experiencing sexual abuse may come to professionals attention because of other types of abuse, (Physical Abuse, Emotional Abuse or Neglect, for example) so professionals should always remember that a child can be experiencing many types of abuse at any time.

While there are a range of ways of perpetrating, there are two types of sexual abuse; contact and non-contact, as sexual abuse can be perpetrated in person or online.

Contact abuse is where an abuser subjects a child to physical contact, this includes;

- Sexual touching or any part of the child's body, whether they're clothed or not
- Using a body part or object to rape or penetrate a child
- Forcing a child to take part in sexual activities
- Making a child undress and touch someone else
- It includes touching, kissing and oral sex- sexual abuse isn't just penetrative

Non-contact abuse is where an abuser subjects a child to abuse without touching them. This can be in person or online and includes;

- Exposing or flashing
- Showing pornography
- Exposing a child to sexual acts
- Making them masturbate
- Forcing a child to make, view or share child abuse images or videos
- Making, viewing or distributing child abuse images or videos
- Forcing a child to take part in sexual activities or conversations online or through smartphones

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Research has recognised that the impacts of any sexual abuse can be complex, harmful, lifelong and far reaching; online abuse has added difficulties in identifying and bringing abusers to account; the speed of occurrence, the use of technology to initiate, escalate and maintain the abuse (“24/7”), the control of images, permanence, re-victimisation, lack of resolution, and the perception by the child and others that they may be to blame for the abuse or have in some way agreed to taking an “active” role themselves. To deal with such a pervasive and destructive issue, everyone must work together. Many different professionals play a role in preventing, identifying, and responding to sexual abuse, and in supporting children.

Risk and Indicators of Sexual Abuse

Knowing the signs of sexual abuse can help give a voice to children. Sometimes children won’t understand what is happening is wrong, or they may be scared to speak out. Some of the signs professionals may notice in children include:

- Avoiding being alone or frightened of people or a person they know
- Language or sexual behaviour you wouldn’t expect them to know/ is not age appropriate
- Having nightmares
- Bed wetting and or smearing faeces
- Alcohol or drug misuse
- Self-harm
- Changes in eating habits or developing an eating problem
- Changes in mood, feeling irritable and angry, or anything out of the ordinary
- Bruises
- Bleeding, discharge, pains or soreness in genital or anal area
- Sexually transmitted infections
- Pregnancy

If a child is being sexually abused online, they may:

- Spend a lot more or a lot less time than usual, texting, gaming or using social media
- Seem distant, upset or angry after using the internet or texting
- Be secretive about who they’re talking to and what they’re doing online or on their mobile phone
- Have lots of new phone numbers, texts, email addresses on their devices
- Make travel arrangements - to meet someone- go missing from where they should normally be

Any child is at risk of being sexually abused however girls are disproportionately more likely to be victims of sexual abuse, but it is important to remember that both boys and girls can be sexually abused. Most children who have been sexually abused were abused by someone they know. Children with disabilities are more likely to be subjected to sexual abuse, especially those who are unable to tell someone what is happening or don’t understand what is happening to them. Some abusers target children who are isolated or will seek to isolate the person they wish to abuse to groom them. Both males and females can groom & perpetrate sexual abuse.

Grooming is when someone builds a relationship, trust and emotional connection with a child so they can manipulate, exploit and abuse them. Anybody can groom a child before sexually abusing them, no matter their age, gender or race. Grooming can take place over a short or long period of time- from weeks to years.

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Groomers may also target family members or friends and build relationships making them appear trustworthy, so they can groom the child before subjecting them to sexual abuse.

More information about grooming from the NSPCC can be found here

While both males and females, adults and children can perpetrate sexual abuse, it is noteworthy that males are disproportionately the perpetrators of abuse.

(This section takes information from Protecting Children From Harm; a critical assessment of child sexual abuse in the family network in England *The Childrens Commissioner 2015*)

Coercion

Definition:

Coercion is the use of emotional, psychological or physical force to compel someone to act in a way that they would not otherwise choose, or in a way that is contrary to their best interests.

Coercion may involve:

- blackmail
- direct threats
- physical assault
- humiliation
- other activities designed to punish or frighten an individual.

Coercion is related to controlling behaviour, where a perpetrator seeks to regulate another person so they become subordinate to the perpetrator. Controlling behaviour can take a number of forms, but it includes isolating an individual from friends and family and limiting their opportunities for independence.

Neglect:

Definition:

Neglect of children is one of the most difficult areas in child care and child protection to identify, communicate effectively to professionals, assess and intervene in. It is now emerging as the most common type of harm children experience although this has not always been the case which is concerning given it is more harmful than many other forms of abuse.

Working Together 2018 defines neglect as:

'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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On 3rd May 2015, the Serious Crime Act 2015 amended s.1 Children and Young Persons Act of 1933 (Child Cruelty) regarding neglect to read:

“If any person who has attained the age of sixteen years and has responsibility for any Child or young person under that age, wilfully assaults, ill-treats (whether physically or otherwise), neglects, abandons, or exposes him, or causes or procures him to be assaulted, ill-treated (whether physically or otherwise), neglected, abandoned, or exposed, in a manner likely to cause him unnecessary suffering or injury to health (including injury to or loss of sight, or hearing, or limb, or organ of the body, and any mental derangement) (whether the suffering or injury is of a physical or psychological nature), that person shall be guilty of an offence“

Neglect cannot be defined as a one-off incident such as seeing an untidy kitchen while on a visit. It typically arises where there is an ongoing failure of a parent or carer to provide for the basic physical and psychological care needs of a child. The impact of neglect may become prevalent over a sustained period of time with evidence to support concerns usually gathered from a number of agencies/professionals. It is therefore important for professionals to keep a focus on the child’s journey from needing to receive effective protection from neglect (and abuse).

In trying to define neglect therefore we need to understand the followings:

- Neglect is something that is persistent and cumulative and occurs over time with little change, despite intervention.
- That while neglect might occur within a family perceived to be living in poverty, the children at the greatest risk are those who live in families in which the parents’ own emotional impoverishment is so great that they actually do not know how to parent, do not understand their children’s needs and despite intensive intervention cannot provide for their needs.
- When considering the risk of neglect in relation to an unborn child, the neglect of a parents own health or poor self-care not only can define the significant of risk and concern for a child’s development in the womb, but it can also provide a barometer for the likelihood of harm once the child is born.

Risk and Indicators of Neglect

Neglect differs from other forms of abuse in that there is rarely a single incident or crisis that draws attention to the family. It is repeated, persistent neglectful behaviour that causes incremental damage over a period of time.

There is no set pattern of signs that indicate neglect other than that the child’s basic needs are not adequately met. In this context:

- The child’s basic needs are for food, shelter, clothing, warmth, safety, stimulation, protection, nurture, medical care, education, identity and play.
- Adequately means sufficient to avoid harm or significant risk of harm.
- Failure to meet the child’s needs does not necessarily mean that the parents/carers are intentionally neglectful, but it points to the need for intervention.

AJB Sports in Education Staff Safeguarding Policy

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- It is essential to monitor the outcome of intervention – are the child’s needs being adequately met after the intervention?

The essential factors in demonstrating that a child is being neglected are:

- The child is suffering, or is likely to suffer, significant harm.
- The harm, or risk of harm, arises because of the failure of parents or carers to meet the child’s needs.
- Over time, the harm or risk of harm has become worse, or has not improved to the point at which the child is consistently receiving a ‘good enough’ standard of care.

Further information on the indicators of child abuse neglect can be found in the National Institute for Health and Care Excellence Guidance.