

London South Bank University
LSBU Active

Safeguarding Policy

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1. Child & Adults at Risk Protection Policy

1.1 Responsibilities

London South Bank University, LSBU Active will:

- Respect and promote the rights of children and Adults at Risk for whom they are responsible.
- Accept the moral and legal responsibility to provide a duty of care for children and Adults at Risk for whom they are responsible and implement procedures to safeguard their well-being and protect them from all forms of abuse.
- Promote the health and welfare of children and Adults at Risk by providing opportunities to participate in sport and physical activity safely.
- Recruit, train, support and supervise its staff to adopt best practice to safeguard and protect children and Adults at Risk for whom they are responsible from abuse and to minimise risk to themselves.
- Require staff to adopt and abide by this Child & Adults at Risk Protection Policy, the main LSBU Safeguarding Policy and supporting LSBU Active Procedures.
- Respond to any allegations of abuse in line with these procedures and the main LSBU Safeguarding Policy as well as implementing, where appropriate, the relevant disciplinary and appeals procedures.
- Review and evaluate this policy and supporting procedures on a regular basis.

1.2 Principles

The welfare of children and Adults at Risk is everyone's responsibility, particularly when it comes to protecting them from abuse. The natural sense of fun and spontaneity can blossom in a positive way while participating in sport and physical activity. It provides an excellent opportunity for anyone to learn new skills, become more confident and maximise their own unique potential. This policy and the supporting procedures are based on the following principles:

- The welfare of children and Adults at Risk is the primary concern.
- All children and Adults at Risk, whatever their age, culture, disability, gender, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse.
- It is everyone's responsibility to report any concerns of abuse and the responsibility of the Social Work Department and the Police to conduct, where appropriate, a conjoint interview. The Children Acts of 1989 and 2004 set out specific duties: section 17 of the Children Act 1989 puts a duty on the local authority to provide services to children in need in their area, regardless of where they are found; section 47 of the same Act requires local authorities to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm. The role of the Local Authority is to carry out a risk assessment and it is for the Police to determine whether a criminal offence has occurred
- All incidents of alleged poor practice and abuse will be taken seriously and responded to swiftly and appropriately.
- Confidentiality is upheld and personal data is processed in accordance with the requirements of the Data Protection Act 2018 and the Human Rights Act 1998.

1.3 Legal Framework

This Policy and supporting Procedures are defined and informed by the following legislation and guidance:

- Rehabilitation of Offenders Act 1974
- Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975
- UN Convention of the Rights of the Child 1992
- Children Act 1989
- Children Act 2004
- The Protection of Children Act 1999
- The Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Every Child Matters: Change for Children
- DfE Working Together to Safeguard Children 2015
- CPSU Standards for Safeguarding & Protecting in Sport 2016
- The Sex Offenders Act 1997
- The Police Act 1997
- The Human Rights Act 1998
- The Data Protection Act 1998
- The Data Protection Act 2018
- Early Years Foundation Stage Statutory Framework 2021
- Care Act 2014

Supporting documents referenced in this Policy are listed in Appendix 4. Where documents are directly relevant to this Safeguarding Policy, they are also reproduced in the Appendices for reference.

Safeguarding children is defined in DfE '[Working Together to Safeguard Children](#)' as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

Safeguarding Adults at Risk is defined in the [Care and support statutory guidance](#) issued under the Care Act 2014 as:

1. protecting the rights of adults to live in safety, free from abuse and neglect
2. people and organisations working together to prevent and stop both the risks and experience of abuse or neglect
3. people and organisations making sure that the adult's wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action
4. Realising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or well-being

Definitions of Abuse and Examples in Sport - These can be found in Appendix 2

2. Child & Adult at Risk Protection Procedures

2.1 Recruitment and Employment of Staff

Introduction

All reasonable steps must be taken to ensure unsuitable people are prevented from working with children and Adults at Risk.

For all positions that require contact with children or Adults at Risk the following recruitment procedures are to be completed.

2.2 Pre-recruitment Process and Induction

Advertising

For all forms of advertising used to recruit staff for positions involving children or Adults at Risk the following will be included:

- The responsibilities of the role.
- The level of experience or qualifications required (e.g., experience of working with children is an advantage).
- The organisation's open and positive stance on child protection.

Pre-Application Information

Pre-application information for positions involving children or Adults at Risk will be sent to interested or potential applicants and will include:

- A job description including roles and responsibilities.
- A candidate specification (e.g., stating qualifications or experience with children or Adults at Risk required).
- A job application form and self-declaration form.
- Information on the organisation and related topics.

Application and Self-Declaration Form

All applicants will be requested to complete a job Application Form, and all shortlisted candidates will be asked to complete a Self-Declaration Form provided by the Human Resources Department. Any member of staff who has a change in personal circumstance must re issue a self-declaration to their line manager with immediate effect from the change in personal circumstance.

References

References will be sought as required within the Recruitment and Selection Policy and Procedures. Where possible at least one of these references will be from an employer or a voluntary organisation where the position required working with children or Adults at Risk in any of the following capacities: employee; volunteer; or work experience. If the person has no experience with children or Adults at Risk a training requirement will be agreed before appointment.

Existing Staff

All staff will be required to be the subject of a Disclosure and Barring Service (DBS) check every three years from commencing employment with LSBU Active. Any contractors or external organisations involved in LSBU Active's work with children or Adults at Risk will be requested to provide assurances regarding their DBS policy before commencing any partnership.

Checks

Prior to appointment a DBS check will be completed. As recommended by the following types of checks will be requested for the following positions requiring contact with children and Adults at Risk:

Enhanced DBS Check

Enhanced Disclosures will be requested for positions that involve a greater degree of contact with children or Adults at Risk. For example positions that require regular caring for, training, supervising or being in sole charge of children and young people.

Interview

For positions that require contact with children or Adults at Risk, interviews will be conducted in accordance with the LSBU Recruitment and Selection Policy and Procedures.

Induction

The induction process for the new member will include the following:

- A profile identifying training and any other needs and aspirations
- Clarification, agreement and signing up to the child protection policy and procedures
- Clarification of the expectations, roles and responsibilities of the position

Training

New staff will complete the following training over an agreed period:

- UKCC Safeguarding & Protection Children
- LSBU online Safeguarding Training and Prevent
- Data Protection training
- UK Coaching Code of Practise for Sports Coaches and referenced NSPCC Child Protection in Sport Unit briefing papers
- Any other identified training needs
- Review of LSBU Safeguarding policy (available on www.lsbu.ac.uk)
- Review of specific LSBU Active children's activities Risk Assessments that are reviewed annually

2.3 Staff with Specific Child & Adults at Risk Protection Responsibilities

The Head of Student Success has the main responsibility for managing child and Adult at Risk protection issues for the University, fulfilling the role of Designated Safeguarding Lead ("DSL"), and can be contacted on helpsafeguard@lsbu.ac.uk.

Other Staff Specific Roles

LSBU Active has one Designated Safeguarding Officer (“DSO”), the Head of Sport & Recreation with direct responsibility for the promotion and development of child and Adult at Risk protection programmes. Their responsibilities will include:

- Establishing and raising awareness of child and Adults at Risk protection.
- They will also be the Child Protection Co-Ordinator’s for the purposes of these Guidelines.
- Ensuring that the latest information on child and Adults at Risk is accessible within the organisation and available for partner organisations.
- Encouraging good practice and compliance with child and Adults at Risk protection training.

2.4 Code of Conduct for the Protection of Children & Adults at Risk

The Code of Conduct details the Standards and practice required by all staff when in contact with children and Adults at Risk. These are categorised into good practice; practice to be avoided; practice never to be sanctioned; and safe practice in unforeseen circumstances. If there is a suspicion or allegation of non-compliance by a staff member with this Code, the staff member will be dealt with through the Disciplinary Procedures or the *Procedure for Managing Allegations of Abuse of a Child or Adult at Risk against a Staff Member (Appendix 3)*.

LSBU Active supports and requires the following good practice with children and Adults at Risk:

For programmes involving children or Adults at Risk:

- Make sport and physical activity fun, enjoyable and promote fair play.
- Always work in an open environment e.g. avoid private or unobserved situations and encourage an open environment for activities.
- Treat all children and Adults at Risk equally, with respect and dignity.
- Put the welfare of each child or Adult at Risk first before winning or achieving goals.
- Be an excellent role model including not smoking or drinking alcohol in the company of children or Adults at Risk.
- Give enthusiastic and constructive feedback rather than negative criticism.
- Ensure that if any form of manual or physical support is required for a child or Adult at Risk, it is provided in accordance with guidelines from the NGB ensuring that support is provided openly, and the child or Adult at Risk is informed of what is being done where required/appropriate.
- For educational instruction, the instruction is to be delivered firstly verbally; secondly role-modelled; and thirdly, and only, if necessary, with hands on - which must be accompanied by telling the child or Adult at Risk where you are putting your hands and why. If it is known prior to a programme that hands on assistance will be required, the parent/guardian’s consent must be obtained before they participate in the programme.
- Maintain a safe and appropriate distance from children and Adults at Risk e.g. do not have an intimate relationship.
- Build balanced relationships based on mutual trust that empowers children to share in the decision-making process.
- Involve parents and carers wherever appropriate.
- Recognise the developmental needs and capacity of children and Adults at Risk, avoid excessive training or competition and either pushing them against their will or putting undue pressure on them.

Medical Consent, injuries and applying first aid:

- All parents/guardians of children under 16 must complete the Activities and Medical Consent Form (before participating in an LSBU Active activity or event (this form is now accessible online) via the LSBU Active online joining form for Pay as You Go Juniors (made available when LSBU Active organised Children's activities take place)
- If a child or Adult at Risk requires first aid or any form of medical attention whilst in your care, then the following guidance must be followed:
 - All staff should endeavour to be aware of any existing medical conditions and/or pre-existing injuries and any treatment required.
 - *Only those with a current, recognised First Aid qualification should respond to any injuries. First Aid trained staff are outlined in the centre including those with Paediatric First Aid qualifications.*
 - Where possible any course of action should be discussed with the child/Adult at Risk, in language which they understand, and their permission should be sought before any action is taken

Access to Changing Room / Toilets

Ideally, groups of children should have sole use of changing facilities. This reduces any risks and potential vulnerability associated with mixing with adults or other young people (known or unknown to them) when changing and showering. Even when using public facilities, arrangements can be considered to address any potential concerns:

- there is a separate room or space available for the group or individuals through individual cubicles
- a team area within the changing facility could be designated and nobody else allowed in that area
- children may opt to change at home before they arrive for the activity* *Remember that many children are very self-conscious and anxious about undressing in front of others.
- Where possible Junior / Child participants should be advised that the most appropriate option is the option of changing at home/ before arriving for the session

Supervision in the changing facility

When children are required to change at the LSBU Active facility, there will be no situation where the children enter the adult changing rooms. Supervision in the changing facility may also be necessary when:

- children are too young to be left alone or change themselves: organisers of groups of children under 8 years should make arrangements for their supervision while changing before and after the activity
- although most children of school age (4 years old) may be capable of changing their clothes, many leisure facilities have established guidelines that any child below the age of 8 years must be accompanied
- when the group includes disabled children / adults who require additional support and assistance with changing (note that this should be undertaken by prior agreement with their parent or professional carer)
- The child's parents/guardians or carers must be informed of any injury and any action taken as soon as possible
- Accurate information to be recorded on the scene and passed to the Manager on Duty or Camp Manager as soon as possible and recorded on the University system OSHENS

Transporting of children or Adults at Risk:

- Where possible, transportation should be avoided and left to parents and guardians
- Request permission if staff are required to transport young people in their cars or minibuses and where possible two members of staff should travel in the vehicle
- Ensure all vehicles are insured.
- Whilst acknowledging that same gender abuse can occur, ensure where possible, if a mixed group of children or Adults at Risk are taken away, the group has a male and female member of staff accompanying them.
- All reasonable safety measures are taken e.g. children in the back seat, seatbelts.

Practice to be avoided:

The following practice should be avoided. If situations arise where these are unavoidable, they should only occur with the full knowledge and consent of a DSO and/or the child or Adult at Risk's parents/guardians e.g. a child sustains an injury and needs to go to hospital, or a parent/guardian fails to pick up a child at the end of a session.

- Avoid having 'favourites' – this could lead to resentment and jealousy by other children or Adults at Risk and could be a cause for false allegations.
- Avoid spending excessive amounts of time alone with children away from others.
- Ensure that if children or Adults at Risk are taken away adults avoid entering children's rooms unless in emergency situations or if a health and safety issue arises.
- Avoid taking children to your home.

Practice never to be sanctioned:

- Never engage in rough, physical or sexually provocative games, including horseplay.
- Never allow or engage in any form of inappropriate touching.
- Never make sexually suggestive comments to a child, even in fun.
- Never reduce a child to tears as a form of control.
- Never allow allegations made by a child to go unchallenged, unrecorded or not acted upon.
- Never invite or allow children to stay with you at your home unsupervised.
- Never do things of a personal nature for children and Adults at Risk that they can do for themselves.

Important Note: It may sometimes be necessary for staff or volunteers to do things of a personal nature for children, particularly if they are very young or vulnerable. These tasks should only be carried out with the full understanding and consent of their parents/guardians involved. There is a need to be responsive to a person's reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child or Adult at Risk to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not appropriately trained.

Reporting:

It is very important if any of the following incidents should occur, that they are reported on the day to LSBU Active Designated Safeguarding Officer or your line manager, and an OSHENS Incident Report is completed (See supporting document HS007 Work Instruction for OSHENS Accident Incident Report Form, on StaffMIS for guidance on how to complete this) . Parents should also be informed of the incident. It is expected that

staff will apply **judgement** and **common sense** when reporting an incident for example, in any of the following circumstances:

- If you accidentally hurt a child or Adult at Risk.
- If a child or Adult at Risk seems distressed in any manner.
- If a child or Adult at Risk misunderstands or misinterprets something you have done that has serious implications.
- If a child or Adult at Risk appears to be sexually aroused by your actions.
- If a child or Adult at Risk needs to be restrained.

2.5 Consent – Photographs (including Digital Images), Videoing and Filming of Children and Adults at Risk and Websites

In all circumstances where children and Adults at Risk are likely to be photographed or video-recorded or digital images taken, it is necessary to obtain appropriate consent. Staff should ask all parents to complete the standard Consent Form (Supporting Document **OP120 Video and Photo Consent Form** on StaffMIS) when enrolling in any activity or going on a trip. Although children can consent to having their photographs taken from 12 years of age so long as the child understands the implications (see Appendix 5), consent should also be provided by parents; this will ensure that both parties legal rights are met. A judgement call will have to be made for some children with learning difficulties over 12 and Adults at Risk. If in doubt parental consent should be sought. Records should be kept in a secure and confidential file in line with GDPR 2018 regulations. It will be the responsibility of the Parent/Guardian to inform of any change in circumstances. Consent can be given from schoolteachers for school events.

Storage:

Photographs and videos

These should be stored in line with the Data Protection Act, 2018, i.e. all negatives and master copies should be in a secure place and labelled clearly. The video/photographs should not be kept for a longer period than is necessary i.e. the purpose for which they were taken.

Digital images

The files should be stored on a **secure system** and deleted when they are no longer required. If the images are to be stored on a fileserver, then access should be controlled by a password.

Video, Film or Photographs (including digital images) as an Educational Aid:

Consent is collected from the parents/guardian of the child or Adult at Risk (Appendix 6), and they should be informed of:

- The reason for use of the video, film or photographs
- How the equipment will be used
- How the video, film or photograph will be processed
- Who will have access to the video, film or photographs
- Where the film, video or photographs will be stored
- How long the film, video or photographs will be kept

Concerns about Photographers, Video or Film Operators:

Any concerns with the manner in which or the products of photographers or video or film operators are to be reported to either the Event or Media Manager (for events) or the Programme Manager (for use as an educational aid) and the Human Resources Manager.

Children or Adults at Risk in Publications and on the Internet:

Websites and publications provide excellent opportunities to broadcast achievements of individuals to the world and to provide a showcase for the activities of young people or Adults at Risk. It can, however, also provide information about children and Adults at Risk that could put them at risk. The following procedure is to be followed to ensure publications, and the Internet do not put children and Adults at Risk at risk.

Publications and the Internet must adhere to the following:

- At no time is a publication or Internet site to include personal information that could identify a child or Adult at Risk e.g. home or email address, telephone number of a child or Adult at Risk.
- Before publishing any information, written consent needs to be obtained from the child or Adult at Risk's parent/guardian. If the material is changed from the time of consent, the parents/guardians must be informed and consent provided for the changes.
- Pictures or videos of children or Adults at Risk or a picture giving limited additional information may be used.
- The content of pictures or videos of children or Adults at Risk are to be reviewed to ensure they are not portraying the child or Adult at Risk in a demeaning or tasteless manner. Where reasonably practicable use photographs or shots that show the child or Adult at Risk:
 - In profile
 - With their backs to the cameras
 - Their faces are not clearly visible
- The content of photographs or videos **must not** depict a child or Adult at Risk in a provocative pose or in a state of partial undress other than when depicting a sporting or physical activity. Where relevant, a tracksuit may be more appropriate attire.
- For photographs or videos of groups or teams of children or Adults at Risk ensure that only the group or team is referred to, not individual members.
- All published events involving children or Adults at Risk will require review to ensure the information will not put children or Adults at Risk at risk. Any publications of specific meetings or child events e.g. team coaching sessions, are not to be distributed to any individuals other than to those directly concerned.
- Particular care is to be taken in publishing photographs, films or videos of children or Adults at Risk who are considered particularly susceptible e.g. a child who may be the subject of a child protection case or a matrimonial dispute where it is known.
- Particular care is to be taken in publishing photographs, films or videos of children or Adults at Risk with physical, learning and/or communication or language disabilities, as they could be particularly susceptible to abuse (Morgan, 1979; Watson, 1984¹).

¹ Morgan S R (1979), *Psycho-Educational Profile of Emotionally Disturbed Abused Children*, Journal of Clinical Psychology, 8(1) pp3-6. Watson G (1984), *Sexual Attitudes and Knowledge of Children with Mild and Moderate Learning Difficulties*, G Campbell (ed.) Health Education and Youth, Falmer Press.

Important Note: Any concerns or enquiries about publications or Internet information are to be discussed with the Head of Sport and Recreation.

2.6 Professional photographers, film or video operators wishing to record the activity or event should seek accreditation with the event organiser by producing their professional identification for the details to be recorded. Ideally this should be requested at least five working days before the event.

- Students or amateur photographer, film or video operators wishing to record the activity or event should seek accreditation with the event organiser by producing their student card or a relevant letter from the organisation they represent e.g. club outlining their motive for attending the event.

3 Responding to Disclosures, Suspicions and Allegations of Abuse

Any allegation of physical or sexual abuse must be taken seriously. Although false allegations of abuse do occur, they are rare. If a child or Adult at Risk says or indicates that he/she is being abused or information is obtained which gives concern that a child or Adult at Risk is being abused, you must react immediately i.e. in line with the following procedures on the day.

3.1 Definitions of Abuse of Children or Adults at Risk

There are four main categories of abuse: physical abuse, emotional abuse, sexual abuse and neglect, as well as others set out below:

Child Sexual Exploitation

Domestic abuse

Online abuse

Female genital mutilation (FGM)

Bullying (Includes bullying by gangs, bullying by family members, physical bullying, verbal bullying, teasing and harassment)

Cyberbullying

Grooming

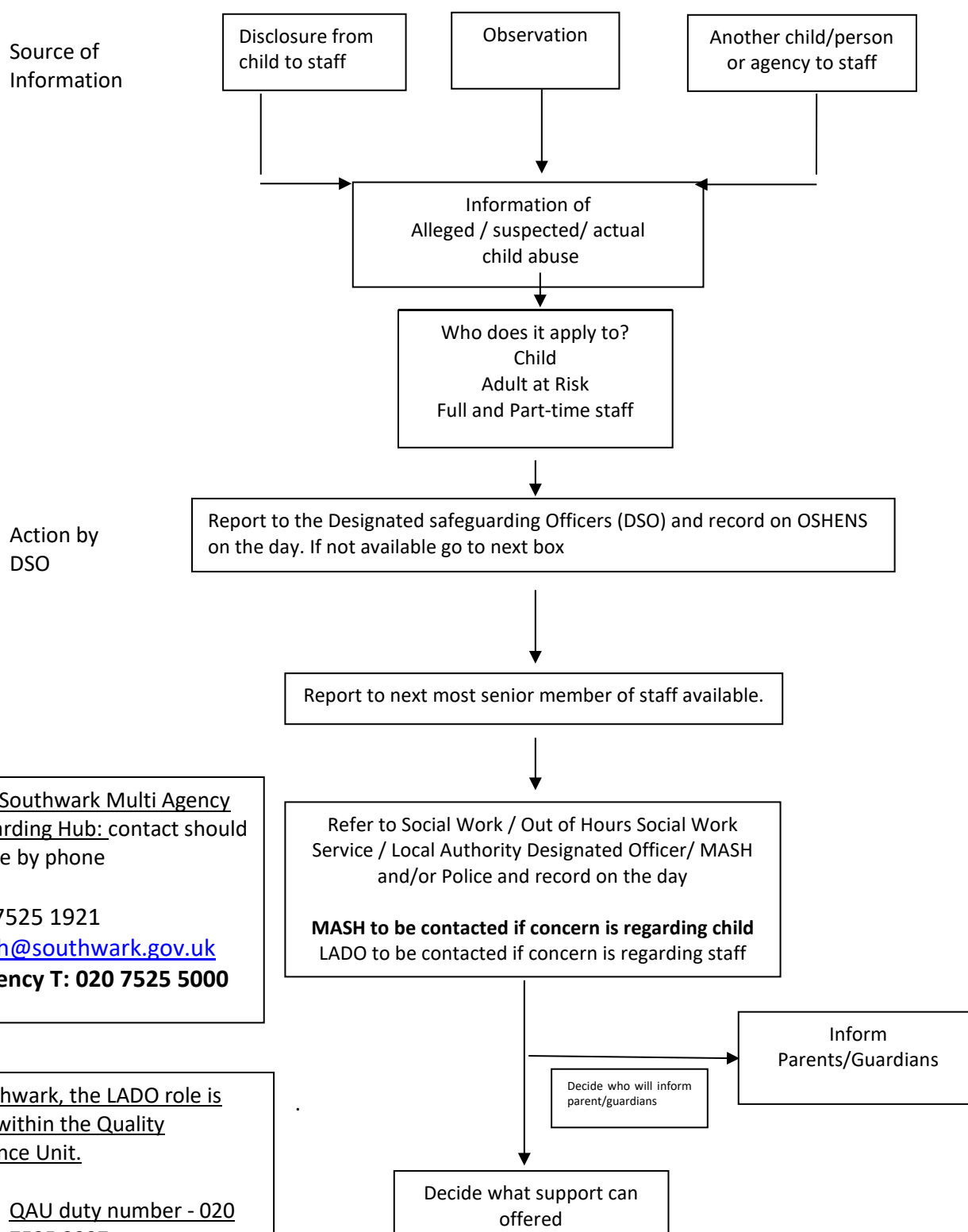
Harmful sexual behaviour

Further details of these definitions can be found in Appendix 2

It is not the responsibility of anyone from LSBU Active to take responsibility or decide whether or not child abuse is taking place. It is however an individual's responsibility to pass on their concerns.

Flowchart 1 outlines the procedure for responding to suspicions and allegations of abuse.

Flowchart 1: Managing Allegations or Suspicions of Child Abuse



MASH: Southwark Multi Agency Safeguarding Hub: contact should be made by phone

T: 0207525 1921

E: mash@southwark.gov.uk

Emergency T: 020 7525 5000

In Southwark, the LADO role is based within the Quality Assurance Unit.

- QAU duty number - 020 7525 3297
- QAU service manager (LADO) - 020 7525 0689

3.2 Responding to a Disclosure

On receiving information concerning a disclosure follow the steps below:

- React calmly so as not to frighten the child/Adult at Risk.
- Listen to the child/Adult at Risk.
- Do not show disbelief.
- Tell the child/Adult at Risk that he/she is not to blame and that he/she was right to tell.
- Take what the child/Adult at Risk says seriously while recognising the difficulties inherent in interpreting what a child/Adult at Risk says especially if they have a speech disability and/or differences in language.
- Do not pre-suppose that the experience was bad or painful – it may have been neutral or even pleasurable. Always avoid projecting your own reactions onto the child.
- If you need to clarify, keep questions to the absolute minimum to ensure a clear and accurate understanding of what has been said.
- If you need to clarify or the statement is ambiguous use open-ended, non-leading questions.
- Do not introduce personal information from either your own experiences or those of other children.
- Reassure the child.
- Pass your concerns on the day to the Designated Safeguarding Lead or Officers who will follow up with and/or the Social Work Department or the Police in the area where the abuse is alleged to have occurred if required (these services are available 24 hours a day).
- Make a full record of what has been said, heard and/or seen as soon as possible in the child/Adult at Risk's own words. If available, include the following information:
 - Name of child/Adult at Risk
 - Age, date of birth of child/Adult at Risk
 - Home address and telephone number of the child/Adult at Risk
 - The nature of the allegation in the child's own words.
 - Any witnesses to the incident/s
 - Any times, dates or other relevant information.
 - Whether the person making the report is expressing their own concern or the concerns of another person
 - The child/Adult at Risk's account, if it can be given, of what has happened and how any bruising or other injuries occurred.
 - The nature of the allegation (include **all** of the information obtained during the initial account e.g. time, date, location of alleged incident if available)
 - A description of any visible injuries or bruising, behavioural signs, indirect signs
 - Details of any witnesses to the incident
 - Whether the child/Adult at Risk's parent or guardian have been contacted
 - Details of anyone else who has been consulted and the information obtained from them
 - If it is not the child/Adult at Risk making the report, whether the child/Adult at Risk been spoken to, if so, what was said
- Record, sign and date on the day what you have seen or been told, using the Abuse Referral Form (Appendix 6).
- If making an electronic copy do not save to the hard drive. Print off the record, sign and date, then delete electronic copy, all on the day.

Remember: Listen, Respond, Report and Record

Actions to Avoid

On receiving information concerning a disclosure:

- Do not panic.
- Do not allow shock or distaste to show.
- Do not probe for more information than is offered.
- Do not speculate or make assumptions.
- Do not make negative comments about the alleged abuser.
- Do not approach the alleged abuser.
- Do not make promises or agree to keep secrets.
- Do not give a guarantee of confidentiality.

3.3 Allegations of Previous Abuse (Historical Abuse)

An adult who was abused may make allegations of abuse sometime after the event e.g. as a child or by a member of staff who is still currently working with children. Where such an allegation is made, these procedures should be followed and the matter reported to the Social Work Department or the police. This is because other children may be at risk from this person.

3.4 Suspicions or Allegations of Abuse against a Member of Staff

It is important to acknowledge that the feelings caused by the discovery of potential abuse by a member of staff or volunteer will raise different issues e.g. people may feel that it could not possibly happen by the person who is alleged to have done it. It is not the responsibility of a staff or voluntary member to take responsibility or to decide whether or not the child or Adult at Risk has been abused. However, as with allegations of non-staff members, it is the responsibility of the individual to act on any concerns.

Any allegations of abuse will be dealt with through the Procedures for Managing Suspicions and Allegations of Abuse of a Child or Adult at Risk against a Staff Member (Appendix 3) and fall in line with the LSBU Safeguarding Policy. This procedure will assist in distinguishing allegations of abuse from poor practice.

3.5 Sharing concerns with Parents, Guardians or Carers

Where it is Not Abuse

There is always a commitment to work in partnership with parents/guardians/carers where there are concerns about their children/Adults at Risk. In most situations, **not involving the possibility of child or Adult at Risk abuse**, it would be important to talk to parents/guardians/carers to help clarify any initial concerns. For example, if a child or Adult at Risk seems withdrawn, there may be a reasonable explanation. He/she may have experienced an upset in the family, such as a parental separation, divorce or bereavement. These conversations should be carried out by the Designated Safeguarding Leads or Officers.

Allegations of Abuse

However there are circumstances in which a child or Adult at Risk might be placed at even greater risk if concerns are shared e.g. where a parent/guardian/carer may be responsible for the abuse or not able to respond to the situation appropriately. In these situations or where concerns still exist, any suspicion, allegation or incident of abuse must be reported to the Designated Safeguarding Leads or Officers and/or follow Flowchart 1 as soon as possible and record.

In all cases of abuse, advice and guidance is to be sought from the local Social Work Department or Police as to who contacts the parents.

3.6 False or Malicious Allegations

Where an investigation of abuse has been conducted and is unfounded the staff member will receive an account of the circumstances and/or investigation. Where after reviewing the details of the account of the circumstances and/or investigation, it is clear the allegation has been malicious or unfounded, the person may wish to seek legal advice and/or contact their Trade Union. LSBU Safeguarding policy will be followed.

Data collected for the investigation will be destroyed in accordance with the requirements of the Data Protection Act 2018.

Appendix 1: Definition of Terms

Child:

A child is defined as anyone under 16 years of age.

For the purposes Part V of the Police Act 1997 a child is defined as anyone under the age of 18 years.

Adults at Risk

When it comes to safeguarding adults, there are two significant categories defined in legislation – a "**vulnerable adult**" and an "**adult at risk**".

The legal definition of a vulnerable adult is complex and depends not just on the characteristics of the individual in question but the context in which they are interacting with others.² A vulnerable adult is a person who is eighteen years or older and is the subject of regulated activity, which can be summarised as follows and excludes family/personal arrangements³:

- a) Providing healthcare;
- b) Providing personal care;
- c) Providing social work;
- d) Assisting with cash, bills and/or shopping;
- e) Assistance with the conduct of a person's own affairs; and
- f) Conveying.

The term 'Adult at Risk' is detailed in the new Care Act 2014 and focuses on the situation causing the risk, rather than the characteristics of the adult concerned. An Adult at Risk is an adult who:

- g) has needs for care and support (whether or not the local authority is meeting any of those needs);
- h) is experiencing, or is at risk of, abuse or neglect; and
- i) as a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.⁴

While under-18s cease to be children when they turn 18, adults may move in and out of the scope of the vulnerable adult and Adult at Risk definitions. LSBU will not always know when an adult is facing the types of health and personal issues which would render them vulnerable or at risk, and to an extent will always be dependent on those individuals, or a third party, notifying the University. Generally speaking, if staff are concerned that an adult may be unable to take care of themselves or protect themselves from significant harm or exploitation, or if an adult needs community care services because of disability, age or illness, then it is sensible to proceed on the basis that they may be an adult at risk.

Throughout this Policy the term "**Adults at Risk**" is used to refer to adults who are (or are likely to be) either a vulnerable adult or an adult at risk.

Adults at Risk may need health or social support services and may be unable to take care of him/herself or protect him/ herself from harm and/or exploitation.

² Ibid

³ The full definition of regulated activity is set out in Schedule 4 of the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012

⁴ Section 42(1) Care Act 2014

A number of studies suggest that children and Adults at Risk are at increased risk of abuse. Various factors contribute to this such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves or adequately communicate that abuse has occurred.

Staff

The term staff refers to any person who is engaged in a professional, or voluntary capacity by LSBU Active.

Appendix 2: Types of Abuse (including Racism and Bullying) and examples in Sport

It is generally accepted that there are four main forms of abuse. However, in some cases racism and bullying can have severe and adverse effects on a child or Adult at Risk. LSBU Active is committed to protecting children and Adults at Risk from all forms of abuse.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to the child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. It may also involve causing children to frequently feel frightened or in danger, or the corruption and exploitation of a child.

Some level of emotional abuse is persistent in all types of treatment although it may exist alone.

Emotional Abuse in Sport

This may include the persistent failure to show self-respect, build self-esteem and confidence, and support children that may be caused by:

- Exposing children to a humiliating, taunting or aggressive behaviour or tone
- Failure to intervene where a child's self-confidence and worth are challenged or undermined

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. It may involve a parent or carer failing to provide adequate food, shelter, warmth, clothing, and cleanliness. It may also include leaving a child home alone, exposing the child in a manner likely to cause them unnecessary suffering or injury and the failure to ensure that a child's receives appropriate medical care or treatment.

Neglect in Sport

This could include the lack of care, guidance, supervision, or protection that may be caused by:

- Exposing the child to unnecessary cold or heat
- Exposing the child to unhygienic conditions, lack of food, water or medical care
- Non-intervention in bullying or taunting

Neglect, as well as being the result of a deliberate act can also be caused through omission or the failure to act or protect.

Physical Abuse

Physical abuse may involve the actual or attempted physical injury including hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise harming a child.

Physical abuse may also be caused when a parent or carer feigns the symptoms of or deliberately causes ill health to a child whom they are looking after. This is known as **Munchausen Syndrome by Proxy or Fictitious Order by Proxy**. A person may do this because of the need to enjoy the attention they receive through having a sick child.

Physical abuse may also be a deliberate act, omission, or failure to protect.

Physical Abuse in Sport

This may include the bodily harm caused by a lack of care, attention, or knowledge that may be caused by:

- Over training or dangerous training of players
- Over playing an athlete
- Failure to do a risk assessment of physical limits or pre-existing injuries or medical conditions
- Administering, condoning or failure to intervene in drug use

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of, or consents to what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include no-contact activities such as forcing children to look at or be involved in the production of pornographic material, to watch sexual activities or encouraging children to behave in sexually inappropriate ways.

Boys and girls can be sexually abused by males and/or females, including people to whom they are not related, and by other young people. This includes people from all walks of life.

Sexual Abuse in Sport

This could include contact and non-contact activities and that may be caused by:

- Exposure to sexually explicit inappropriate language, jokes or pornographic material
- Inappropriate touching
- Having any sexual activity or relationship
- Creating opportunities to access children's bodies

More detailed signs of the abused child

It is important to remember this list is not definitive or exhaustive. Any of these signs or behaviours has to be seen in the context of the child's whole situation and it is the combination with other information related to the child and his/her circumstances that may indicate abuse. There can also be an overlap between different forms of abuse.

PHYSICAL ABUSE

Signs of possible physical abuse:

- Unexplained injuries or burns, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries, or delay in reporting them

- Excessive physical punishment
- Arms and legs kept covered in hot weather
- Avoidance of swimming, physical education etc.
- Fear of returning home
- Aggression towards others
- Running away
- Genuine accidental injuries, which are common. The nature and site of the bruising relative to the child's age is important
- Bleeding and clotting disorders

When considering the possibility of non-accidental injury it is important to remember that the injuries may have occurred for other reasons. Among the most important are:

- Skin disorders e.g. impetigo
- Rare bone diseases e.g. brittle bone
- Swelling or dislocation of the eye caused by tumour
- Undiagnosed birth injury, e.g. fractured clavicle

Medical advice must be sought in all cases

PHYSICAL NEGLECT

Signs of possible physical neglect:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Frequent lateness and/or unexplained non-attendance at school
- Untreated medical problems
- Low self esteem
- Poor peer relationships
- Stealing

NON ORGANIC FAILURE TO THRIVE

Signs of possible non-organic failure to thrive:

- Significant lack of growth
- Weight loss
- Hair loss
- Poor skin on muscle tone
- Circulatory disorder

EMOTIONAL ABUSE

Signs of possible emotional abuse are:

- Low self esteem
- Continual self-deprecation

- Sudden speech disorder
- Significant decline in concentration
- Immaturity
- "Neurotic" behaviour (e.g. rocking, head banging)
- Self-Mutilation
- Compulsive stealing
- Extremes of passivity or aggression
- Running away
- Indiscriminate friendliness

SIGNS OF THE SEXUALLY ABUSED CHILD

Not all children are able to tell that they have been sexually assaulted. Changes in a child's behaviour may be a signal that something has happened. It is important to remember that in sexual assault there may be no physical or behavioural signs.

NB. A child who is distressed may have some of these signs which should alert you to a problem. It is the combination and frequency of these signs that may indicate sexual abuse. Always seek advice. Try to notice changes in usual behaviour.

Signs of Possible Sexual Abuse

1 Behavioural

- Lack of trust in adults or over familiarity with adults
- Fear of a particular individual
- Social Isolation -withdrawal or introversion
- Sleep disturbance (nightmares, bed-wetting, fear of sleeping alone, needing a night light).
- Running away from home
- Girls taking over the mothering role
- Sudden school problems e.g. falling standards, truancy
- Reluctance or refusal to participate in physical activity or to change clothes for games
- Low self-esteem
- Drug, alcohol or solvent abuse
- Display of sexual knowledge beyond the child's age e.g. French kissing
- Unusual interest in the genitals of adults or children or animals
- Fear of bathrooms, showers, closed doors
- Abnormal sexual drawings
- Fear of medical examinations
- Developmental regression
- Poor peer relationships
- Over sexualised behaviour
- Compulsive masturbation
- Stealing
- Irrational fears
- Psychosomatic factors e.g. recurrent abdominal or headache pain
- Sexual Promiscuity
- Eating disorders

2 Physical/Medical

- Sleeping problems, nightmares, and fear of the dark.
- Bruises, scratches, bite marks to the thighs or genital areas
- Anxiety/Depression
- Eating disorder e.g. anorexia nervosa or bulimia
- Discomfort/difficulty in walking or sitting
- Pregnancy - particularly when reluctant to name father
- Pain on passing urine, recurring urinary tract problem, vaginal infections or genital damage
- Venereal disease/sexually transmitted diseases.
- Soiling or wetting in children who have been trained
- Self-mutilation, suicide attempts
- Itch, soreness, discharge, unexplained bleeding from the rectum, vagina or penis
- Stained underwear
- Unusual genital odour

Race and Racism

Children and Adults at Risk from black minority and ethnic groups (and their parents) may have experienced harassment, racial discrimination, and institutional racism. Although not in a category of abuse, racism may be categorised as emotional abuse under local child protection procedures.

All organisations working with children and Adults at Risk, including those operating where black and ethnic communities are numerically small, should address institutional racism, defined in the Macpherson Inquiry Report on Stephen Lawrence as:

“The collective failure by an organisation to provide appropriate and professional service to people on account of their race, culture and/or religion”

Bullying

Managing Bullying

The lives of many people are made miserable by bullying. Victims of bullying can feel lonely, isolated and deeply unhappy. It can have a devastating effect on a child or Adult at Risk's self-esteem, destroy their self-confidence and concentration. They may also become withdrawn and insecure, more cautious, less willing to take any sort of risk. They may feel it is somehow their fault or that there's something wrong with them and at the worst cause depression and/or feelings of worthlessness that lead to suicide.

As a result of the above and to ensure The LSBU Active is creating an atmosphere where bullying of children and Adults at Risk is unacceptable Guidelines for identifying and managing bullying have been developed.

Bullying can be difficult to pick up because it often happens away from others and victims do not tend to tell. However you can watch for signs that may indicate the presence of bullying. The following provides common victim of bullying behaviours.

If a child or Adult at Risk:

- Hesitates to come to training/programme/session.
- Is often the last one picked for a team or group activity for no apparent reason or gets picked on when they think your back is turned.

- Is reluctant to go to certain places or work with a certain individual/s.
- Has clothing or personal possessions go missing or are damaged.
- Has bruising or some other injury.
- Keeps 'losing' their pocket money.
- Is quite nervous, withdraws from everybody else and becomes quiet and shy, especially in the case of those who are normally noisy and loud.
- A usually quiet person becomes suddenly prone to lashing out at people, physically or verbally.

Important Note: Remember that victims of bullying may be adults, and that a child or Adult at Risk's aggressor may not be a peer.

Action to Help the Victim/s and Prevent Bullying:

- Take all signs of bullying very seriously.
- Encourage all children to speak and share their concerns. Help the victim to speak out and tell the person in charge or someone in authority. Create an open environment.
- Take all allegations seriously and take action to ensure the victim is safe. Speak with the victim and the bully/ies separately.
- Reassure the victim/s that you can be trusted and will help them, although you cannot promise to tell no one else.
- Keep records of what is said i.e. what happened, by whom and when.
- Report any concerns to the person in charge at the organisation where the bullying is occurring.

Action towards the Bully/ies:

- Talk with the bully/ies, explain the situation and try to get the bully/ies to understand the consequences of their behaviour.
- Seek an apology from the bully to the victim/s.
- Inform the bully's parents/guardians.
- If appropriate, insist on the return of 'borrowed' items and that the bully/ies compensate the victim.
- Impose sanctions as necessary.
- Encourage and support the bully/ies to change behaviour.
- Keep a written record of action taken.

Appendix 3: Procedures for managing allegations of abuse of a child or Adult at Risk made against a member of staff.

1. Purpose and status of the procedures

- 1.1 These procedures aim to ensure that all allegations of abuse involving a child or Adult at Risk are dealt with in a timely and appropriate manner.
- 1.2 These procedures do not stand-alone and should be read in conjunction with Child and Adult at Risk Protection Policy and Procedures and Disciplinary Procedures where the allegation relates to a member of staff.

2. Scope

- 2.1 These procedures apply to all LSBU Active staff that have contact with children and/or Adults at Risk.
- 2.2 Any allegation of abuse concerning a child or Adult at Risk will be taken seriously and appropriate action taken in accordance with the procedures detailed below.

3. Principles

- 3.1 Any information that raises concern about the behaviour of a member of staff towards a child or Adult at Risk must be passed on as soon as possible in accordance with the procedures detailed below. No member of staff in receipt of such information shall keep that information to himself or herself or attempt to deal with the matter on their own.

4. Initial reporting of information - Staff

- 4.1 Any concerns for the welfare of a child or Adult at Risk arising from the behaviour of a member of staff must be reported to the Designated Safeguarding Lead and Officers immediately on the day, as soon as is practically possible.
- 4.2 Where the concern is about the Line Manager it must be reported to the Head of Sport and Recreation. Where the concern is about the Head of Sport and Recreation this can be reported to the University Designated Safeguarding lead by contacting helpsafeguard@lsbu.ac.uk
- 4.3 The Designated Safeguarding Lead and Officers must be consulted before any action is taken where there is uncertainty about whether the information constitutes possible abuse or not and/or it is unclear about what action should be taken.
- 4.4 Where allegations concern poor practice rather than possible abuse, the Line Manager and, where appropriate, Head of Sport and Recreation, must be consulted and appropriate action taken as soon as is practically possible.
- 4.5 Where information received suggests a complaint against a member of staff before any formal procedure is entered into an initial assessment of the facts (see section 5) will be carried out which could result in a formal investigation.
- 4.6 There may be three types of formal investigation: -
 - (i) A disciplinary investigation
 - (ii) A criminal investigation
 - (iii) Civil proceedings (to sue or charge in the event of an unsuccessful prosecution) may also be initiated by the person/family who alleged the abuse
- 4.7 The results of a criminal investigation may influence the disciplinary investigation, but not in all cases.

5. Procedure - establishing the basic facts

- 5.1 Following receipt of information that may support an allegation of abuse, it is essential to establish the basic facts in order to determine the appropriate route by which to deal with the allegation.
- 5.2 In a large proportion of cases it will be appropriate for an initial assessment to be carried out by the Designated Safeguarding Lead and Officers. (This is because it is more likely that the information will be ambiguous or borderline, or where the facts do not support an allegation of abuse).
- 5.3 The purpose of the initial assessment is to clarify the nature of the incident, or misgivings that have led to the information being received and to establish whether there is reasonable cause to suspect or believe that a child or Adult at Risk is at risk.
- 5.4 The initial assessment must be conducted before any formal action is taken.
- 5.5 A decision has to be made at this point which route to follow. The various options are depicted in Flowchart 2
- 5.6 External agencies such as the Police and Social Work Department may be consulted for advice. This is important because they have an overview of child protection issues and may well have other information that together causes concern.
- 5.7 An independent investigating officer i.e. a person who has no direct involvement in the situation from which the investigation arises, will be appointed by the Designated safeguarding Lead or Officers, to undertake an immediate investigation into all the circumstances of the case.
- 5.8 Following advice from the police, cases that also involve a criminal investigation, will not preclude disciplinary action being taken provided sufficient information is available to enable the Designated Safeguarding Lead/Officers to make a decision

6. Procedure- Managing allegations of abuse

- 6.1 In all cases of suspected abuse an initial assessment of the facts must be carried out.
- 6.2 If the initial information received gives reasonable cause to suspect or believe that a child or Adult at Risk has been abused by a member of staff, this must be reported to the Line Manager and Head of Sport and Recreation as soon as possible on the day.
- 6.3 **Contact MASH if concern is regarding Child: Multi Agency Safeguarding Hub.** The referral must be made immediately via telephone. See appendix 8 for further detail and MASH process. See appendix 8 for further detail and MASH process.

T: 0207525 1921

E: mash@southwark.gov.uk

Emergency T: 020 7525 5000

7 Conducting an initial assessment where information may suggest an allegation of abuse

- 7.1 In all cases where the facts support a possible allegation of abuse, the initial assessment will not form part of the disciplinary investigation.
- 7.2 If appropriate, the member of staff about whom the allegation has been made may be approached as part of the information gathering process.
- 7.3 Where the nature and seriousness of the initial information suggests that a criminal offence may have been committed, or to assess the facts may jeopardise the evidence, in these circumstances, advice should be sought from the Police before any approach is made to the member of staff.
- 7.4 As each situation is unique guidance cannot be prescriptive. Assessment of the basic facts, however, may involve that the child(ren) or Adult at Risk involved are asked some basic, open-ended, non- leading questions solely with a view to clarifying the basic facts. It may also be necessary to ask similar basic questions of other children, or other appropriate individuals e.g. coaches.

- 7.5 If it is necessary to speak to the child or Adult at Risk in order to clarify the basic facts best practice suggests that consent from the parent/guardian be obtained.

8 Making a referral in cases of suspected abuse

- 8.1 The Designated Safeguarding Lead or Officers will refer the allegation to the Social Work Department and the Police. Appropriate steps will be taken to ensure the safety of the child(ren) or Adult at Risk who may be at risk.
- 8.2 Where possible all information passed to the Police and Social Work Department should include the following, where known:
- Name of child/Adult at Risk
 - Age, date of birth of child/Adult at Risk
 - Home address and telephone number of the child/Adult at Risk
 - Whether the person making the report is expressing their own concern or the concerns of another person
 - The nature of the allegation (include all of the information obtained during the initial investigation e.g. time, date, location of incident)
 - A description of any visible injuries or bruising, behavioural signs, indirect signs.
 - Details of any witnesses to the incident
 - The child/Adult at Risk's account, if it can be given, of what occurred and how any injuries/bruising occurred
 - Whether the child/Adult at Risk's parent or guardian have been contacted,
 - Details of anyone else who has been consulted and the information obtained from them
 - If it is not the child/Adult at Risk making the report, has the child/Adult at Risk been spoken to, if so, what was said?
 - Details of the member of staff against whom the allegation has been made
- 8.3 Reporting of the matter to the Police or Social Work Department must not be delayed by attempts to obtain more information.
- 8.4 Where possible any referral telephoned to the Police and Social Work Department should be confirmed in writing by the Designated Safeguarding Lead or Officers within 24 hours.
- 8.5 A record should be made of the name and designation of the social work member of staff or the Police Officer to whom the concerns were passed together with the time and date of the call in case any follow up is required.
- 8.6 The parents or carers of the child will be contacted as soon as possible following advice from the Social Work department and or Police in line with child protection procedures

9 Procedure for managing the staff member against whom the allegation has been made

- 9.1 Where the information gives reasonable cause to suspect or believe that alleged abuse has occurred the Police and Social Work Department must be notified as soon as possible on the day the information is received. (See Child Abuse Referral Form Appendix 6, or Supporting document HS053 on StaffMIS)
- 9.2 <https://www.southwark.gov.uk/childcare-and-parenting/children-s-social-care/child-protection/allegations-against-people-who-work-with-children-in-southwark>
- 9.3 Contact the LADO: Contact to be made if concern is regarding a staff member
In Southwark, the LADO role is based within the Quality Assurance Unit.
- QAU duty number - 020 7525 3297
 - QAU service manager (LADO) - 020 7525 0689
- 9.4 Following advice from the Police, if the decision is made that the staff member against whom the allegation has been made is to be informed, the member of staff should be told that information has

been received which may suggest an allegation of abuse. As the matter will be sub judice no details will be given unless advised by the police.

- 9.5 At the same time, there must be an awareness of the need to preserve best evidence for any criminal proceedings while at the same time safeguarding the rights of the employee
- 9.6 **Contact MASH if concern is regarding Child: Multi Agency Safeguarding Hub.** The referral must be made immediately via telephone.

T: 0207525 1921

E: mash@southwark.gov.uk

Emergency T: 020 7525 5000

10 Managing allegations of historical abuse

- 10.1 Allegations of abuse may be made some time after the event e.g. an adult who was abused as a child by a member of staff. Where such an allegation is made these procedures must be followed.

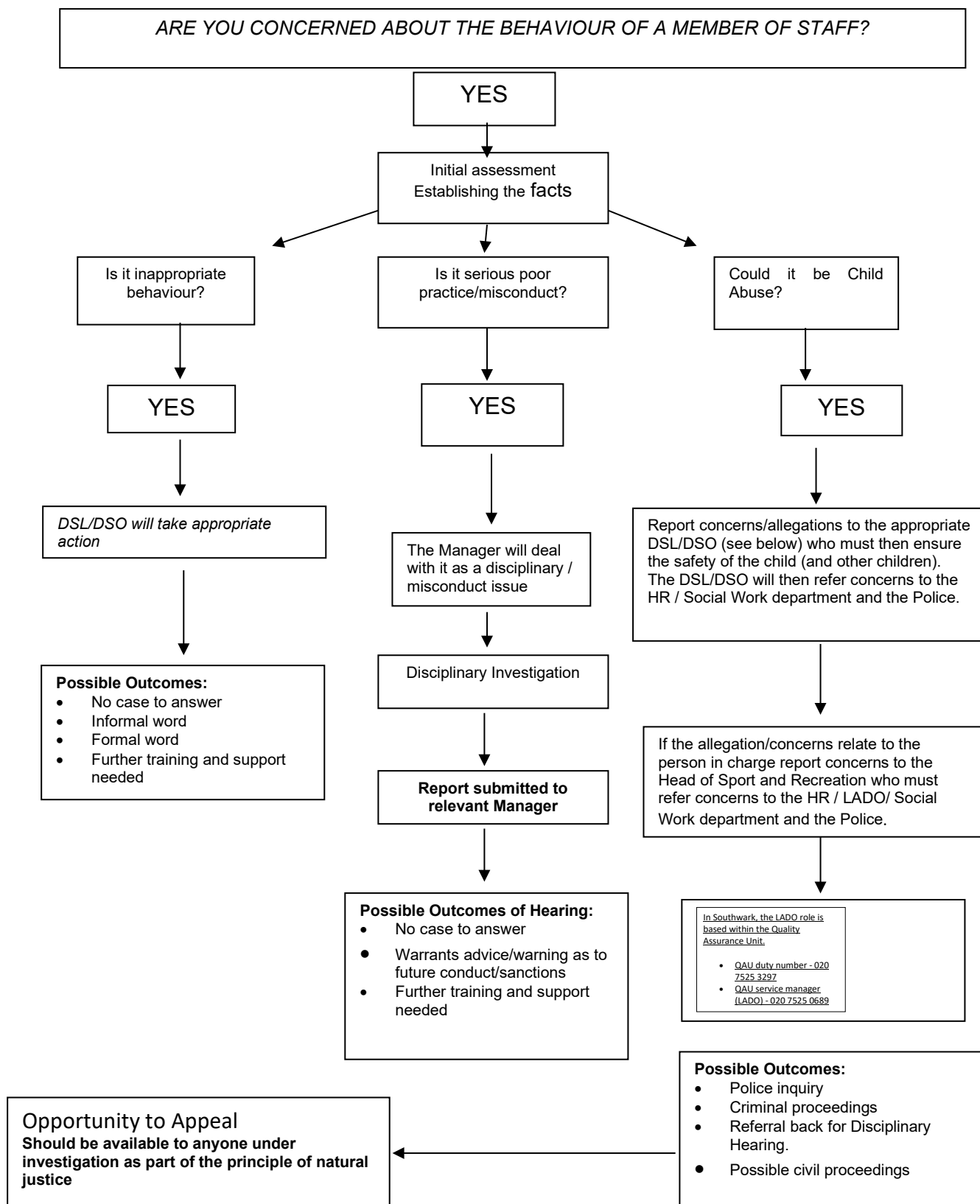
11 Managing false or malicious allegations

- 11.1 Where after investigation, the allegation is found to be false or malicious the member of staff will receive an account of the circumstances and/or investigation and a letter confirming the conclusion of the matter. The member of staff involved may wish to seek legal advice or to contact their Trade Union.
- 11.2 All records pertaining to the circumstances and investigation will be destroyed.
- 11.3 The member of staff must be advised of the appropriate counselling services available to staff.
- 11.4 The Line Manager and the Head of Sport and Recreation must take all reasonable steps to support the member of staff in line with LSBU Safeguarding policy.

12 Procedure - Establishing the basic facts

- 12.1 Following receipt of information that may support an allegation of abuse, it is essential to establish the basic facts in order to determine the appropriate route by which to deal with the allegation.
- 12.2 In a large proportion of cases it will be appropriate for an initial assessment to be carried out by the Head of Sport and Recreation and/or the Human Resources Manager. (This is because it is more likely that the information will be ambiguous or borderline, or where the facts do not support an allegation of abuse).
- 12.3 The purpose of the initial assessment is to clarify the nature of the incident, or misgivings that have led to the information being received and to establish whether there is reasonable cause to suspect or believe that a child is at risk of abuse.
- 12.4 The initial assessment must be conducted before any formal action is taken.
- 12.5 The Human Resources Manager and/or Head of Sport and Recreation may consult external agencies such as the Police and Social Work Department for advice. This is important because they have an overview of child protection issues and may well have other information that together causes concern.
- 12.6 A decision has to be made at this point which route to follow. The various options are depicted in Flowchart 2.
- 12.7 An independent investigating officer i.e. a person who has no direct involvement in the situation from which the investigation arises, will be appointed by the Head of Sport and Recreation or the Human Resources Manager, to undertake an immediate investigation into all the circumstances of the case in line with LSBU Safeguarding policy
- 12.8 Following advice from the police, cases that also involve a criminal investigation will not preclude action being taken provided sufficient information is available to enable the Head of Sport and Recreation or Human Resources Manager to make a decision

Flowchart 2: Guidelines and information in relation to concerns about a member of staff concerning alleged/suspected Child Abuse



Appendix 4: Table of Supporting Documents

Supporting Documents and Appendices Explained

Supporting documents are referenced in this Policy and may also be used in other LSBU Active procedures. These are listed below with their reference numbers and locations for official use (e.g. for printing, working instructions or submission).

Documents that are directly relevant to this Safeguarding Policy, and which support understanding of how the policy should be applied, are included in the Appendices.

In some cases, a document may appear in both the Appendices and the Supporting Documents table. In these cases, the Appendix version is provided for reference and context, while the Supporting Document entry indicates where the official, usable version can be accessed.

Supporting Document Code and Title	Location
OP120 Video and Photo Consent Form	Current version on StaffMIS
HS007 Work Instruction for OSHENS Accident Incident Report Form	Current version on StaffMIS
HS053 Child or Adult at Risk Abuse Referral Form	Current version on StaffMIS and Appendix 6

Appendix 5: POLICY FOR USE OF PHOTOGRAPHIC & VIDEO EQUIPMENT (OP120)**PERMISSION**

Permission for use must be obtained before attending training / competitions / school sports camps (see Supporting Document **OP120 Video and Photo Consent Form** on StaffMIS). In order to be granted permission, you must agree to abide by the following policy.

ALL MATERIAL

Must be used for the purpose stated on your application and must not be altered in any way without the prior approval in writing of the person(s) photographed or their parents/guardian(s).

VIDEOS

Video evidence used for performance analysis and training sessions or at matches must be used solely for this purpose and viewed with the player in question. Internal training use of video evidence must not be given to any outside agency without the express consent of the player and their parent/guardian(s).

PHOTOGRAPHS (including digital images)

We would request that these follow the advice outlined in the LSBU Active Child Protection Guidelines

Appendix 6: Child or Adult at Risk Abuse Referral Form (HS053)

This form must be completed *as soon as possible* after receiving information that may suggest that a child is at risk or there are any concerns regarding possible abuse of a child or Adult at Risk.

General Completion Guidelines:

- Follow your Safeguarding Training to ensure you ask non-leading questions and know your responsibilities
- Gather as much of the information listed as possible – this helps MASH to identify the child at risk as soon as possible – the more information provided, the quicker this process can be
- Once completed, notify the DSO and send this form to them, who will notify mash@southwark.gov.uk

1. Details of person making report

Name:	Position:
Contact telephone number:	Email Address:
Address:	

2. Details of Child/ Adult at Risk

Name:	Date of Birth:
Contact telephone number:	
Address:	
Names and address of parents/guardian/carers (if different from above):	

3. Details of person about whom there is concern

Name:	Position:
Contact telephone number:	Email Address:
Date of Birth:	
Address:	

4. If you are reporting this alleged incident on behalf of someone else, please provide details of that person:

Name:	Position:
Address:	

Contact telephone number:	Email Address:
Date this person advised you of alleged incident:	
Record here the information you were given from this person about the alleged incident (continue on a separate sheet if necessary):	

5. Details of the alleged incident

Date of alleged incident:	Time:	Place:
Names and addresses of witnesses:		
Names and addresses of witnesses:		
Describe in detail visible injuries/bruises and concerning behaviour of the child/Adult at Risk, if any (use diagrams if this helps you to describe the injury). Continue on a separate sheet if required:		
Was the child/Adult at Risk asked what happened: YES/NO If yes, record exactly what the child said in their own words and any questions asked if the situation needed clarification (continue on a separate sheet if required):		

1 Details of contact with the parent/guardian/carer

Note: Social Work or Police would normally do this

Have the parents/guardians/carers been advised of this matter?	Yes /No
If yes, by whom and record any action taken by them:	

2 Details of action taken

Detail what action, if any, has been taken, by you, following receipt of this information:

3 Details of external agencies contacted

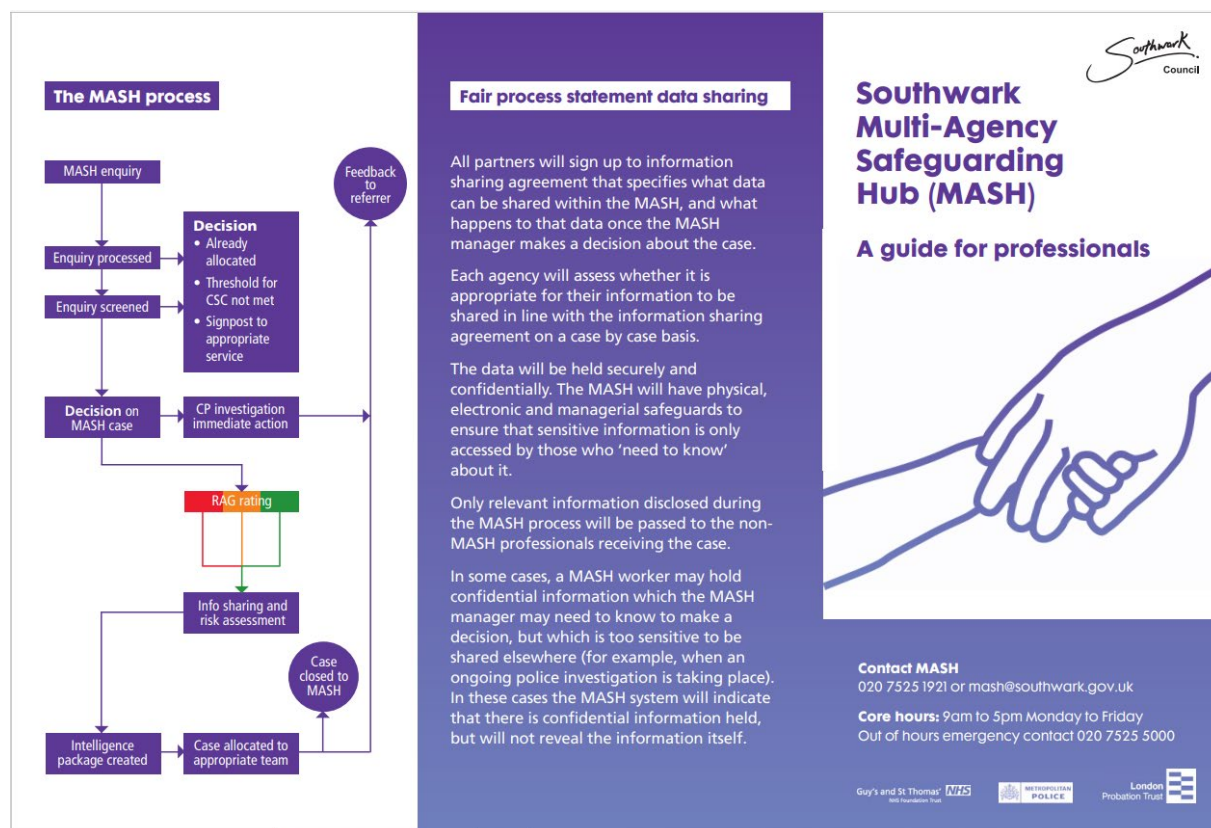
Police	Police station contacted: Name and contact number of Police Officer: Advice received:
Social Work Department	Social Work Dept: Name and contact number of individual: Advice received:
Other:	Name of organisation: Name and contact number of individual: Advice received:

4 Other information

Record any other information you have about this matter (it is important that *all* information is passed on even that which you think is not important or helpful. Continue on a separate sheet if required):

Signature:	Print Name:	Date:
-------------------	--------------------	--------------

PLEASE NOTE: Where a referral has been made to the Police and Social Work Department a copy of this form must be sent to them.

Appendix 7: MASH Process**What is MASH?**

The local authority and partners have established a Multi-Agency Safeguarding hub (MASH) in Southwark.

The MASH brings together a team of multi disciplinary professionals from partner agencies into the same room to deal with all safeguarding concerns, where someone is concerned about the safety or wellbeing of a child.

Within the MASH, information from partner agencies will be collated to assess risk and decide what action to take. As a result, the agencies will be able to act quickly, in a coordinated and consistent way, ensuring that vulnerable children and families are kept safe.

Where does the idea come from?

The MASH model originated in Devon County Council and has been replicated in a number of areas nationally, and is being implemented in every London borough. The MASH in Southwark has been developed from the best practice from these areas.

What are the benefits of MASH?

The MASH process has the following benefits:

- Faster, more coordinated and consistent responses to safeguarding concerns about children and families
- An improved 'journey' for the child with greater emphasis on early intervention and better informed services provided at the right time
- Greater ability to identify potential vulnerability, enabling more preventative action to be taken and, dealing with cases before they escalate
- Closer partnership working, clearer accountability and less duplication of effort
- A reduction in the number of inappropriate referrals and rereferrals to children's social care

Who is in MASH?

- Children's social care (inc: children with disabilities and integrated homeless team)
- Youth Offending Service
- Police
- Probation
- Early help service and specialist family focus team
- Housing
- Voluntary groups (Solace)
- Community health and midwifery
- Mental health services
- Substance misuse
- Adult social care

What is the MASH process?

- A screening team of managers from partner agencies sitting in MASH will analyse contacts and jointly decide whether the contact goes into the MASH information sharing process
- The MASH team manager will prioritise those contacts for MASH information sharing using a RAG rating (Red/Amber/Green). More info on the RAG rating is shown in the diagram
- Staff from every agency in MASH will gather and share securely information to enable an informed decision to be made
- The MASH team manager will use the collected information to decide the most appropriate interventions for the child's identified needs
 - Assessment by children's social care
 - Signpost to agency service – such as early help or specialist family focus
 - Case closed, no further action
- The team receiving the case will receive a summary of the relevant information and feedback will be provided on outcome of MASH process to the referrer.

For more information on MASH in Southwark please contact:
mash@southwark.gov.uk or call 020 7525 1921