

## **SAFEGUARDING & CHILD PROTECTION POLICY AND PROCEDURES**

**Date Updated/Approved: June 2022**

**Date for Review: May 2023**

### **1. INTRODUCTION**

The government has defined the term 'safeguarding children' as:

**"The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully."**

**The London Child Protection Procedures 2018** state that:

"professionals in all agencies that work with children and/or adults that have parenting responsibilities share a commitment to safeguard and promote their welfare".

From 20<sup>th</sup> January 2009, the Independent Safeguarding Authority (ISA), set up under the Safeguarding Vulnerable Groups Act 2006, will take over decision making from the secretary of state in relation to PoCA and list 99 referrals. From October 2009, DBS (Disclosure and Barring Service) checks will be automatically updated by the ISA and employers informed if someone commits an offence that could lead to them being disbarred.

It is a legal requirement under the **Children's Act (1989)**, **Children's Act (2004)** that anyone who comes across children during their working day must support and promote the 5 life outcomes for every child. These are: being healthy; staying safe; enjoying and achieving; making a positive contribution and achieving economic well-being.

The Policy is informed by the above, along with the following legislation and guidance:

- **The Care Act 2014**, which provides a framework for the care and protection of children
- **The Rehabilitation of Offenders Act 1974**
- **The Protection of Freedoms Act 2012**
- **Domestic Violence, Crime and Victims (Amendment) Act 2012**
- **The Equality Act 2010**
- **Mental Capacity Act 2005**
- **Sexual Offences Act 2003**
- **The Human Rights Act 1998**
- Schedule 4 of the **Safeguarding Vulnerable Groups Act (2006)**
- **Childcare Act (2006)**
- **The Childcare (Disqualification) Regulations (2009)**
- **The Childcare (Disqualification) and Childcare Regulations (2018)**
- **Information sharing: advice for practitioners providing safeguarding services (July 2018)**
- **'Working Together to Safeguard Children' guidance, DfE (2018)**
- **'Keeping Children Safe in Education' Statutory guidance for schools and colleges, DfE (2018)**
- **'What to do if you're worried a child is being abused', DfE (March 2015)**
- **The Prevent Duty: for schools and childcare providers, June 2015**
- **Mandatory Reporting of Female Genital Mutilation – procedural information (October 2015)**
- **Child Sexual Exploitation: A definition and guide for practitioners, DfE (2017)**
- **London Child Protection Procedures (as signed up to by Newham Safeguarding Children Partnership)**
- **Newham Safeguarding Adults Board Procedures**

As well as ensuring that child protection concerns are addressed, we will ensure that young people who attend the school are kept safe from harm whilst they are in our charge, including the risk of extremism and Female Genital Mutilation (FGM). Appendices 2 to 4 reference further information and indicators surrounding child abuse, radicalisation and FGM.

This Policy links to the following other Ambition Aspire Achieve policies and documents:

- Staff Handbook (including Code of Conduct and Whistleblowing Procedures)
- Health and Safety Policy
- Equality and Diversity Policy
- Complaints Procedures
- Safer Recruitment Policy
- First Aid and Medication Policy
- Data Protection and Security Policy
- Management of Allegations of Abuse Against a Member of Staff
- Volunteer Policy

The following information is to clarify the Child Protection procedures of Ambition Aspire Achieve in relation to the charity's responsibility for the welfare of young people.

The Policy and safeguarding procedures will be formally reviewed on an annual basis in conjunction with the Board of Trustees and will be regularly updated (e.g., to comply with any changes of safeguarding legislation).

## **2. PURPOSE AND AIMS**

Ambition Aspire Achieve (AAA) is committed to creating an environment in which children and young people in our services are safe from abuse and any suspicion of abuse is promptly and appropriately dealt with. The purpose of this Safeguarding Policy is to ensure every adult, child and young person is safe and protected from harm. This means we will always work to:

- Protect adults, children and young people from maltreatment
- Prevent impairment of adults, children and young people's health or development
- Identify adults, children and young people who maybe in need of extra support
- Ensure that our services and activities assist adult, children and young people to be safe
- Ensure that all staff and volunteers are familiar with a definition of safeguarding children, understand their responsibilities and how to recognise and minimise the risk of abuse.
- Ensure staff and volunteers are aware of the appropriate recording, reporting and information retention procedures for safeguarding issues.
- Ensure a multi-agency approach is followed when dealing with safeguarding incidents or alleged incidents.

The aim of this policy is to set out the principles and procedures that AAA should follow to meet their responsibilities to safeguard children and young people in their services, maximise protection from abuse and to ensure that anyone who has been abused received support and protection from further abuse.

AAA requires all staff and volunteers to be aware of this policy, support it and act with the interests of the children and young people as paramount. Safeguarding awareness will be a required part of the induction process and managers must ensure all new staff have read and understood this policy. You will be asked to sign to confirm that you've read and understood this policy.

Appropriate training and support will be given to staff to enable them to deal with safeguarding issues effectively.

This policy applies to all those receiving services from or providing services on behalf of AAA.

### **3. ROLES, RESPONSIBILITIES AND EXPECTATIONS**

#### **3.1 Designated Safeguarding Lead and Deputy Designated Safeguarding Leads**

The **Designated Lead for Safeguarding (DSL)** at Ambition Aspire and Achieve is **Jonny Boux** (Chief Executive) The **Deputy Designated Leads for Safeguarding (DDSL)** at Ambition Aspire Achieve are **Paula Blake** (Operations Manager) and **Marie Poinamy** (Centre Manager – Abbey Hub)

In addition to responsibilities outlined in reporting procedures below they will, deal with any concerns raised by parents, police, social services or the Board of Trustees.

Significant safeguarding issues that arise should be made known to **Haydn Powell** or **Steve Cameron**, the named lead trustees for Safeguarding on the Ambition Aspire Achieve Board of Trustees.

The contact details for AAA's Designated Safeguarding Leads are given in Appendix 1.

#### **3.2 Responsibilities – Designated Safeguarding Lead**

The Designated Safeguarding Lead (supported by the Deputy Designated Safeguarding Leads) is a member of staff who takes lead responsibility for safeguarding adults, children and young people at AAA. The DSL will carry out their role in accordance with the responsibilities outlined in Working Together to Safeguard Children (2018) and the Newham Safeguarding Adults Board Procedures. The DSL will ensure:

- The effectiveness of this policy and compliance with it
- All staff and volunteers receive a safeguarding induction and are provided with a copy of this policy and AAA's staff code of conduct
- Safer recruitment practices are followed to prevent individuals who may pose a risk to children from having access to children within the organisation
- All staff and volunteers undertake appropriate safeguarding training relevant to their role
- Provide ongoing advice and support to staff and volunteers
- Maintain appropriate written records ensuring they are kept confidential and stored securely
- The DSL and/or a deputy is available during operational hours for staff/volunteers to discuss safeguarding concerns. If the DSL/deputy is not available in person, they will ensure they are available via telephone
- They will liaise with the Police and/or appropriate Children's/Adult's Services where necessary and make referrals of suspected safeguarding concerns or abuse
- They complete regular safeguarding training to undertake the role of DSL effectively
- This policy is regularly reviewed, updated and approved by AAA's Board of Trustees in line with current legislation and guidance surrounding safeguarding practice

#### **3.3 Responsibilities and Expectations – Staff and Volunteers**

AAA will ensure it safeguards children and young people in the following ways:

- All staff and volunteers have a responsibility to safeguard the welfare of children with whom we work and to respond to concerns about child abuse.
- All staff and volunteers should study this policy and ensure that they are clear about what they should do if they have such a concern or if a child discloses abuse to them.
- All staff and volunteers will be given and should study the Government leaflet 'What to do if you're worried a child is being abused - summary' which sets out good practice and gives guidance on information sharing.

## **4. MINIMISING RISK**

### **4.1 Safer Recruitment and Selection**

All staff will be required to:

- Provide confirmation of identity (as required to complete a Disclosure Form)
- Be Registered with and cleared by the Disclosure and Barring Service.
- Provide two references (who are not related to the individual and where appropriate one should be the last employer).
- Be successfully recruited through the Ambition Aspire Achieve procedure including interview
- Complete a six-month probationary period.

All staff involved in recruitment complete safer recruitment training. All posts working with children and young people will be exempt from the Rehabilitation of Offenders Act 1974.

### **4.2 Risk Assessment**

- AAA recognises that risk assessment is an important factor in keeping children safe. We aim to incorporate risk assessment procedures into our everyday working practices
- Risk assessments are carried out for all off-site activities. Building risk assessments are reviewed and updated at least annually
- Where appropriate, risk assessments are carried out on young people and shared with staff
- Risk assessments will be carried out on young people who present additional and/or complex needs

### **4.3 Volunteers**

Local people (including parents, volunteers, junior helpers) wishing to help on a scheme must be prepared to register with the Vetting and Baring Service. This should be explained to all those expressing a wish to volunteer. A volunteer application form should be issued which will be processed centrally.

### **4.4 Training**

Appropriate briefings will be given to all new staff and volunteers on the organisation's Safeguarding and Child Protection Policy and Procedures. When new staff or volunteers join AAA, they will be given a copy of this Safeguarding Policy along with our staff code of conduct. All staff and volunteers are expected to read these key documents as soon as they undertake their roles.

AAA will offer training and refreshers (minimum annually) to staff and volunteers so that they are able to recognise the symptoms of possible physical, emotional, sexual and secondary abuse and neglect.

All staff and volunteers will be given a copy of the Government leaflet 'What to do if you're worried a child is being abused - summary' which sets out good practice and gives guidance on information sharing.

All staff and volunteers will receive safeguarding updates (in person and by email, e-bulletins and at staff meetings), as required to provide them with the relevant skills and knowledge to safeguard children effectively.

## **5. REPORTING CONCERNS AND PROCEDURES**

### **5.1 Responding Appropriately to Suspicions of Abuse**

If abuse is reported to, suspected, alleged or witnessed by any member of staff or volunteer, they must follow the reporting procedures below and record the incident using the form attached as Appendix 2. If a child or young person is at immediate risk, the emergency services may also need to be contacted.

### **5.2 Keeping Appropriate Records**

Confidential records on children and young people relating to safeguarding incidents will be kept safely and securely at the service where lockable facilities exist. The records will be the responsibility of the DSL and information will only be shared on a basis of 'need to know in the child or adult's interest' and on the understanding information always remains strictly confidential. Any information sharing of safeguarding concerns must be done in accordance with the statutory guidance – **Information sharing: advice for practitioners providing safeguarding services (July 2018)**.

### **5.3 Support to Families**

AAA staff will aim to develop and build trusting and supportive relationships between user families and project staff. AAA will provide information to parents and families, so they understand our role and responsibilities in relation to safeguarding and promoting the wellbeing of the children and young people. Where abuse at home is suspected or under investigation, we will continue to work with the child/young person and parents, with the proviso that the safety of the child/young person must always be paramount.

### **5.4 Recognising Abuse**

All staff and volunteers have a responsibility to be aware of possible signs/symptoms of abuse and a duty to report immediately any concerns they may have for any reason with respect to any person. Please see Appendix 2 for definitions of abuse, common indicators and what to do. You may become aware of potential abuse in a number of ways:

- The child or young person's behaviour and / or appearance give rise to concern.
- They have physical or other injury which could possibly have been caused through abuse.
- The child or young person or another person make an allegation of abuse.
- You may directly witness abuse.

### **YOU MUST ACT ON ANY CONCERNS NO MATTER HOW SMALL**

### **5.5 Guidelines for Responding to an Allegation of Abuse from a Child**

#### **General points:**

- Keep calm - do not appear shocked or disgusted
- Accept what the child says without passing judgement (however unlikely the disclosure may sound)
- Look directly at the child
- Be honest
- Let them know you will need to tell someone else, don't promise confidentiality
- Be aware the child may have been threatened and fear reprisals for having spoken to you
- Never push for information or question the child as this can undermine any subsequent criminal investigation. If at any point the child decides not to continue, accept that and let them know that you are ready to listen should they wish to continue at any time.

### **Helpful things to say or show:**

- Show acceptance of what the child says
- "I take what you are saying very seriously"
- "I am pleased that you have told me. Thank you for telling me"
- If appropriate "it isn't your fault and you are not to blame at all"
- "I am sorry that happened to you"
- "I will help you"

### **Things not to say:**

- "Why didn't you say something before?"
- "I really can't believe it"
- "Are you sure this has happened"
- "Why?" "Where?" "When?" "Who?" "What?" "How?"
- Don't make false promises to the child - like confidentiality - be honest now, any lies will be further abuse and betrayal
- Never make statements such as "I am shocked!" or "don't tell anyone else"

### **Concluding the conversation:**

- Reassure the child that they were right to tell you
- Let the child know what you are going to do next and tell them that you will let them know what is happening at each stage.

### **What to do after the conversation:**

- Make notes about the conversation as soon as possible after the discussion. Record exactly what the child said and when he or she said it and what was happening immediately beforehand e.g. (description of the activity). Note the time, date and place of the conversation and the name of any other person present. If the initial note is handwritten, keep it if it is subsequently typed up.
- Inform the Designated Safeguarding Lead immediately.
- Either the Designated Lead or you should contact the London Borough of Newham Children's Triage Service 0203 373 4600.
- Exceptionally, should there be any disagreement between the person in receipt of the allegation or suspicion and the Designated Lead, the matter should be referred to AAA's Chair of Trustees
- Do not be tempted to try to investigate further the claims - this could lead to contamination of the evidence and could jeopardise any Police investigation and criminal prosecution activity.

## **5.6 Recording**

Where abuse is suspected or witnessed, it is important to record information accurately and fully on the form attached as Appendix 5.

You should take the following steps:

- Discussions with the child/young person should be noted accurately, as soon after the discussion as possible.
- Where the allegation involves a member of staff/volunteer, it is preferable that 2 members of staff or a senior member of staff is present when taking details of the allegation.
- Remember that an allegation of child abuse may lead to a criminal investigation so don't do anything that may jeopardise a police investigation such as asking leading questions or attempting to investigate the allegations of abuse.

- Communicate with the child/young person in a way that is appropriate to their age, understanding and preference. This is especially important for children/young people with special needs and when the preferred language is not English.
- Where concerns arise as a result of information given by a child/young person, it is important to reassure the child/young person but not to promise confidentiality.

## 5.7 Liaison with Other Bodies

The DSL and Deputy DSL at AAA will liaise with The Children's Triage Service and other professionals as appropriate to ensure co-ordinated approaches and actions.

## 5.8 Reporting Procedures

- You should inform your line manager immediately if possible, of any concerns or otherwise before going off duty and always within 24 hours. You should provide all relevant written records.
- You will be given feedback on action taken to deal with any concerns that you've raised (within confidentiality guidelines).
- The line manager is responsible for liaising with the DSL and should forward records including the registration form of the child/person at risk.
- It is the duty of the line manager receiving reports of safeguarding concerns to ensure that the steps and guidance outlined in this policy, local procedures and procedures on record keeping are followed. In the absence of the DSL the named Deputy DSL will take on the responsibility.
- The agreed responsible person will gather all relevant information or observations in order to create a confidential log. The log should be factual, and each entry include times and dates.
- Written notes should be taken at any meetings held including any action to be taken with responsibilities and timescales defined.
- If parents/carers have been involved in the meeting, a copy of the notes should be agreed with and shared with them.
- The exception to this is in cases where there is concern that the child/young person may run away or be put in or be in fear of significant danger where it is appropriate that no consultation with the parents or carers takes place.
- The agreed responsible person will inform the DSL of all concerns and action taken. The DSL will make a joint decision about any subsequent action including referral to LBN children's Triage Service with the children/young people's needs remaining paramount.
- If concerns remain that there is a safeguarding issue the Children Triage Service will be informed using the online form on LBN website or by telephoning **0203 373 4600**.
- In general, concerns should be shared with the child/young person, as appropriate to their age and understanding and with parents/carers and agreement sought for referral to The Children's Triage Service unless it is felt this discussion would place the child/young person at risk of significant harm.
- The Children's Triage Service then have a legal duty to make further enquiries and conduct any investigations required. Managers should adhere to the London Child Protection Procedures at all times (4th Edition, 2010).
- If at any time it is felt that the child / young person is in **immediate danger**, staff or volunteers should seek assistance from police or other emergency assistance by dialling 999.
- You should ensure that you follow AAA's policy on confidentiality and record keeping in this handbook and information is shared on a 'need to know basis' to ensure the safety of the child. Please refer to Guidance leaflet at 4.4 above.
- All recordings related to safeguarding issues must be made on the incident recording form - see Appendix 5. No reference should be put on the general monitoring form or other general record sheets which are normally open to a large number of people. Any subsequent notes should be added to confidential log.

**ALL RECORDINGS RELATED TO ABUSE ISSUES MUST BE MADE ON THE APPROPRIATE FORM (COPY ATTACHED AS APPENDIX 5). NO REFERENCE SHOULD BE PUT ON THE GENERAL MONITORING/RECORD SHEET, WHICH IS GENERALLY OPEN TO A LARGE NUMBER OF INDIVIDUALS. SUBSEQUENT INFORMATION SHOULD BE ADDED AS WRITTEN NOTES AND KEPT TOGETHER WITH THE CONFIDENTIAL LOG.**

## 5.9 Managing Allegations Against Staff or Volunteers

- If abuse by a member of staff or volunteer is reported to, suspected, alleged or witnessed by any member of staff or volunteer, they must report the matter immediately to the DSL. Contact details can be found in Appendix 1 below.
- If the concerns or allegations relate to the DSL, this should be reported to the Chair of Trustees for Ambition Aspire Achieve. Contact details can be found in Appendix 1 below.
- The DSL (or Chair of Trustees) should report to Ofsted any allegation or concern made against a member of staff in any day care establishment for children under 8 or in educational provision.
- The DSL (or Chair of Trustees) will inform the Children's Triage Service immediately of allegations made against staff. Where the allegation is made out of hours, the report should be made to the emergency duty team (see 5.12) or the police.
- The person to whom the allegations is first made should make a written record of the information (where possible in the child/adult's own words) using the form at Appendix 5.
- Where a volunteer is the subject of the allegation, they may be suspended from any further contact with Ambition Aspire Achieve until such time as the matter has been dealt with and a head of service or senior manager has reached a final decision.
- In the case of staff, consideration may be given to suspension under AAA's Disciplinary Procedures. It should be considered in any case where:
  - There is cause, to suspect a child is at risk of significant harm; or
  - The allegation warrants investigation by the police; or
  - The allegation is so serious that it might be grounds for dismissal.
- If the allegations were confirmed, it would be deemed gross misconduct.
- AAA will follow guidance agreed at any safeguarding strategy meetings that are called.

## 5.10 Substantiated allegations

If the allegation is substantiated and the person is dismissed, the employer ceases to use the person's services, or the person resigns or otherwise ceases to provide their services, AAA should agree with the Children's Triage Service further action to be taken and by whom.

## 5.11 Peer on Peer Abuse

AAA will also act to minimise the risk of peer-on-peer abuse by ensuring a safe environment is provided at all times, positive standards of behaviour are promoted, and effective systems are in place where children can raise concerns.

Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical, sexual or emotional and can include gender-based violence/sexual assaults, sexting, teenage relationship abuse, peer-on-peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour.

If abuse by a child or young person is reported, suspected, alleged or witnessed by any member of staff or volunteer, they must report the matter immediately to the DSL. If one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering behaviour, the following must be considered:

- Whether there is a large difference in power (for example age, size, ability, development) between the young people concerned
- Whether the perpetrator has repeatedly tried to harm one or more other children
- Whether there are concerns about the intention of the alleged perpetrator

AAA will investigate incidents of possible peer on peer abuse sensitively, working closely with families as appropriate.



## **6. STAFF CONDUCT – CHILDREN AND YOUNG PEOPLE**

Staff need to be aware of the potential risk of their actions and behaviour being misinterpreted by young people. To minimise this risk, the following guidelines should be followed at all times.

### **Staff and volunteers should always:**

- Treat everyone with respect and dignity
- Respect and be sensitive to individual beliefs, faiths, religions and sexuality
- Act as a good role model
- Respect a young person's right to privacy and be careful with the information that they share
- Show understanding and sensitivity when dealing with emotional issues
- Assess all situations, activities and trips to identify potential dangers and minimise risk
- Take any allegations, suspicions or concerns about abuse that a young person makes seriously (including those made against staff or volunteers) and report them following appropriate procedures
- Report any concerns that they themselves have, no matter how small they think they might be
- Provide an opportunity and environment for children to talk to others about any concerns they may have
- Provide an environment that encourages children and adults to feel comfortable and confident in challenging any attitudes or behaviours that may be discriminatory in any way
- Avoid physical contact i.e., cuddling, kissing, patting on knee, picking up, going on bouncing castle etc with children / young people.
- Avoid any unnecessary form of physical contact with children/young people i.e., doing up trousers unless another adult is present.
- Ensure that First Aid is only administered while an adult witness is present.
- Remember that others may misinterpret behaviour/actions regardless of how well intentioned they may be

### **Staff and volunteers should never:**

- Put themselves in a situation where they are on their own with children / young people
- Permit or accept abusive and discriminatory behaviour (i.e., bullying, taunting)
- Engage in inappropriate behaviour or contact (including horseplay)
- Allow or encourage others (staff, volunteers or young people) to engage in inappropriate behaviour
- Use inappropriate or demeaning language
- Engage in a sexual relationship with a young person (consenting or not), whether inside or outside work
- Make sexually suggestive comments
- Give personal money to young people
- Invite young people to individual homes
- Use alcohol, drugs or other substances when working
- Deliberately put yourself or others in compromising or potentially dangerous situations
- Promote their religious or political ideas or beliefs
- Believe 'it could never happen to me' or trivialise abuse
- Ignore these guidelines, even if they happen to encounter a child when not on site or involved with a project

## **7. E-SAFETY**

AAA has a duty of care to provide a safe learning environment for young people and staff. This includes ensuring safety when using ICT equipment or any other media device. In line with AAA's Data Protection and Security Policy, any data or media relating to service users will also be stored securely (e.g., on secure, password protected servers) and only shared when appropriate permissions are in place. Regarding E-Safety, the following points of practice must also be adhered to:

- All ICT users are encouraged to adopt safe and responsible use of ICT
- Staff will obtain signed permission from parents/carers and/or the appropriate representative to be able to use children and young people's images in our publications, e.g., the website or newsletter.
- Any digital communication between staff, young people, parents/carers, teaching staff volunteers and any other stakeholder (e.g., email) must be professional in tone and content.

## **Online Safety**

Children and young people can be exploited and suffer bullying through their use of modern technology such as the internet, mobile phones and social networking sites. In order to minimize this risk, AAA will ensure that appropriate measures are in place such as security filtering and the delivery of online safety sessions as appropriate for children and young people attending our programmes. The following must be adhered to:

- Staff and young people must immediately report the receipt of any communication that makes them feel uncomfortable, is offensive, discriminatory, threatening or bullying in nature and must not respond to any such communications.
- Where young people are freely searching the internet, staff are expected to be vigilant in monitoring the content of the websites they visit.
- Where it is suspected that a child or young person is at risk from internet abuse or cyber bullying, this must be reported to the DSL immediately. In turn, these concerns will be reported to the appropriate agency.

## **8. DAY TRIPS & RESIDENTIAL TRIPS**

AAA recognises that children and young people can be actively involved in ensuring their own safety and children and young people will input into the planning of all residential and day trips, in particular the ground rules for any such activity. Taking care of children and young people who are away from home involves additional responsibility for their wellbeing at all times and the Lead Manager organising and/or supervising the residential/trip must ensure the appropriate staff-child ratios are in place. Staff should be prepared for all eventualities and anticipate situations where there is the potential for harm and must take measures, to minimise risks at all times.

### **Minimal Staffing Levels**

5 to 8-year olds'	1 adult to every 3 children	1 to 3
9 to 13-year olds'	1 adult to every 4 children	1 to 4
13 to 18-year olds'	1 adult to every 5 children	1 to 5

In line with practice for all AAA projects and activities, staffing levels will be increased as appropriate for young people with additional and/or complex needs (e.g., young people with Special Educational Needs or Disabilities), including implementing a 1 to 1 ratio where necessary. All staff teams:

- Must be at least 3 adult leaders (regardless of the number of children/young people attending).
- Should have at least one male and one female.
- Include at least one qualified first aider.
- Must have in place an emergency contingency plan to replace any member of staff becoming ill or experiencing an injury that's means they can no longer participate in the residential.

### **All camp sites and activity centres used must:**

- Be specifically for young people only.
- Be secure sites with clear boundaries.
- Have an active procedure for checking the right of any person to be on site.
- Have an active Safeguarding Policy and Procedures in place.

- Use only DBS (enhanced) checked staff and volunteers.
- Have full liability insurance in place (minimum of 5 million pounds per incident).
- Licensed if the activities offered by the centre, or by an organisation's instructors, come within the scope of the Adventure Licensing Regulations 96.
- If food is being provided, a current food handling and hygiene certificate is in place.
- Have adequate first aid equipment and cover in place.
- Have full risk assessment for the site and any activities offered in place.
- Have a full fire and emergency evacuation and risk assessment in place.
- Has access to a phone in the event of emergencies.

### **Parental Consent**

- Children and young people will not be allowed to participate in any off-site activity without the consent of a parent or carer.
- All AAA residential activity consent forms should provide parents/carers with a rundown of all events that will take place within the residential.
- Parents or carers should be given the opportunity to opt out of any activity that they do not wish their child to partake in.
- Consent forms are confidential, and any information provided on them may not be shared with any other party unless consent has been sought from the parent or carer.
- Information provided on the consent forms will be stored in accordance with the Data Protection Act 1998.
- No adventure activities will be engaged in without the written consent of parents or carers.

### **Supervision**

- It is the responsibility of all staff (and volunteers) to know the whereabouts of all participating children and young people at all times.
- On site, all children and young people must know where they can find their leader and how they can contact their leader(s) at all times.
- In public places, no young person should ever be alone, and in circumstances where the leaders deem it as safe to be out of sight, young people should know where their leaders are at all times and never be more than 3 minutes away.
- Children and young people must be given full guidance of permitted areas of access, the rules related to the movement around or off site and expectations regarding conduct and behaviour during activities or trips.
- Young people who are being encouraged to develop their leadership skills through helping, should always be overseen by an appointed worker who will be responsible for ensuring that good practice and safeguarding procedures are followed and the work they are doing is appropriate to both their age and understanding.

### **Sleeping Arrangements**

- Children and young people sleep in male and female tents or rooms only.
- Staff do not share tents or rooms with the children and young people, unless required to do so for care reasons and/or in an emergency. In such cases, there must be at least two adults and a minimum of one female leader.

### **Personal Care**

- The required support must be delivered in a child centred way.
- The number of staff required, will depend on each child's situation and their needs.
- As a guide, a minimum of two appropriately trained staff of the same gender as the child concerned, should be present at all times.
- The privacy and dignity of the child should be maintained and protected at all times.
- The care given must be recorded on the appropriate forms.

## **Safeguarding**

- A Designated Safeguarding Lead will be allocated for each residential activity and this person will be responsible for dealing with and reporting any safeguarding related incidents on the trip.
- Phone numbers for the NSPCC Childline will be displayed in a prominent place throughout the trip.
- A level 3 safeguarding lead will be available via phone, to offer any support and guidance as required throughout the residential period.

## **Health and Safety**

- Before each residential activity, a full risk assessment of the venue and activities will be carried out, including a pre-visit to venues not used previously.
- A log will be kept of all daily activities and any incidence recorded.
- Staff and volunteers will meet for briefing/supervision meetings at the start and end of each day of the residential trips.

## **Transportation**

### **a. Drivers**

- All those who drive children on AAA activities should have held a full and clean driving licence for over two years and a MIDAS qualification.
- Drivers who are not children's workers should be recruited for the task through the normal recruitment process.
- Any driver who has an endorsement of 6 points or more on their licence should inform AAA's lead.
- Any driver who has an unspent conviction for any serious road traffic offence will not be allowed to drive for AAA.
- Drivers must always be in a fit state i.e. not over-tired, not under the influence of alcohol, not taking illegal substances, not under the influence of medicine which may induce drowsiness.
- Before using a minibus, staff must ensure that they know the up to date regulations for its use and have had a trial drive.

### **b. Mode of Travel – minibus, coach or public transport**

- All travel, whether via public transport or in private vehicles, must be risk assessed, as well as being covered by the normal levels of staff ratios and first aider provision.
- When a minibus or coach is used, the staff members responsible for the trip/residential will ensure that appropriate insurance and permits are in place for the use of the minibus or coach and that the driver holds a valid licence that entitles them to drive a minibus or coach.
- All children must wear suitable seatbelts and use appropriate booster seats. If there are insufficient seat belts, additional children should not be carried.
- Workers and helpers should sit among the group and not together.
- If noise or behaviour appears to be getting out of control, stop the vehicle until calm is restored.
- Workers must not transport individual young people alone in a vehicle including their own vehicles (except in the case of a life-threatening emergency) as this exposes both workers and young people to unnecessary levels of risk.

## **Private Car**

- Private cars are only used when no other form of appropriate transport is available.
- Children and young people should not be transported in a private car without the prior consent of their parents or carers.
- All cars that carry children should be comprehensively insured for both private and business use.

- All cars that carry children should be in a roadworthy condition and have a current MOT if required.
- All children must wear suitable seatbelts and use appropriate booster seats. If there are insufficient seat belts, additional children should not be carried.
- At no time should the number of children in a car exceed the usual passenger number.
- There must be a non-driving adult escort as well as the driver. If in an emergency a driver has to transport one child on his or her own, the child must sit in the back of the car.
- The staff member responsible for transportation will ensure that any driver will have adequate car insurance if they are transporting children in related activities.

### **Removal of Child from Residential**

- If for any reason a young person needs to be removed from a residential, the parents/carers must be informed immediately as to why the young person is being removed and what arrangements have been made to transport the young person home.
- Two staff must escort the child home, preferably at least one female and one male and another female.

## **Appendix 1: Contact Details**

<b>Position</b>	<b>Name</b>	<b>Contact details</b>
Designated Lead for Safeguarding and Child Protection at AAA and Named Senior Member of Staff for Allegations	Jonny Boux (Chief Executive)	07957620462
Deputy Leads for Safeguarding and Child Protection at AAA	Paula Blake (Operations Manager)  Marie Poinamy (Abbey Hub Manager)	07957298058  07957377021
Chair of Trustees Ambition Aspire Achieve	Christine Bowden	07984465705
Newham MASH	Telephone  Consultation Line  Emergency Duty Team  Secure Email	0203 373 4600  0203 373 2929  0208 430 2000 (Out of Hours)  <a href="mailto:MASH@newham.gcsx.gov.uk">MASH@newham.gcsx.gov.uk</a>
Local Authority Designated Officer (LADO) – Newham	Nick Pratt	0203 373 3803  0208 430 2000 (Out of Hours)  <a href="mailto:lado@newham.gov.uk">lado@newham.gov.uk</a>
Newham Adults Safeguarding	24-hour helpline	0203 373 0440
Newham Adults Safeguarding Lead	Karen Bohan/Mandy Oliver	0203 373 0440
NSPCC	24 Hour Helpline	0808 800 5000
Independent Safeguarding Authority (ISA)	Home Office	<a href="http://www.isa.homeoffice.gov.uk">www.isa.homeoffice.gov.uk</a>
Child Abuse Investigation Team (CAIT)	Police	020 8217 6552

## **Appendix 2: Definitions and Guidance**

1. **Children** includes everyone under the age of 18
2. **Adults** includes everyone aged 18 and over
3. **Safeguarding and promoting the welfare of children and adults means:**
  - Protecting adults, children and young people from maltreatment
  - Preventing impairment of children's or adult's health or development
  - Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
  - Taking action to enable all adults and children to have the best outcomes
4. **Child protection** refers to activities undertaken to prevent children suffering or being likely to suffer significant harm
5. **Definitions – Child Abuse**

There are four types of child abuse. They are defined in the UK Government Guidance Working Together to Safeguard Children 2013 (1.33 – 1.36) as set out in the NSPCC Child Protection factsheet 'The categories of child abuse' (2010) are as follows:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

### 6. **Physical abuse**

Physical abuse may involve hitting, shaking, slapping, pushing, kicking, 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.

### 7. **Emotional Abuse**

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

### 8. **Sexual Abuse**

- 8.1. Sexual abuse involves forcing or enticing a child/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 (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## **9. Neglect**

- 9.1. 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.
- 9.2. 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)
  - Ensure access to appropriate medical care or treatment.
- 9.3. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **10. Modern Slavery**

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

## **11. Capacity**

Capacity refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity under the Mental Capacity Act 2005

## **12. Organisational Abuse**

Organisational Abuse includes neglect and poor practice within an institution or care setting or in relation to care provided in one's own home. This may range from one off incidents to on-going treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

## **13. Discrimination**

Discrimination is abuse which centres on a difference or perceived difference particularly in respect to race, gender or disability or any of the protected characteristics of the Equality Act

## **14. Cyber Bullying**

Cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through email or text messages or uses online forums/platforms with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (e.g., racist bullying, homophobic bullying or bullying in relation to special educational needs or disabilities) but instead of the perpetrator carrying out the bullying face to face, they use technology as a means to do it.

## **15. Forced Marriage**



Forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties, consent to the assistance of a third party in identifying a spouse.

## **16. Mate Crime**

A 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual'. Mate crime is carried out by someone known to the individual and often happens in private. In recent years there have been a number of incidents relating to people with learning disabilities who have been seriously harmed by people who purported to be their friend.

## **17. Radicalisation**

The aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed extreme views and persuade vulnerable individuals of the legitimacy of a cause. This may be direct through a relationship or through social media.

## **18. Signs of Abuse**

Recognising child abuse is not easy. It is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk of harm from someone. You do, however, have a responsibility to act in order that the appropriate agencies can investigate and take any necessary action to protect a child.

The following information should help you to be more alert to the signs of possible abuse:

## **19. Indications of Physical Abuse**

Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g., elbows, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g., cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place sometime later.

### **The signs of physical abuse may include:**

- unexplained bruising, marks or injuries on any part of the body
- multiple bruises- in clusters, often on the upper arm, outside of the thigh
- cigarette burns
- human bite marks
- broken bones
- scalds, with upward splash marks

### **Changes in behaviour that can also indicate physical abuse:**

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example in hot weather
- depression
- withdrawn behaviour

- running away from home

## 20. Indications of Emotional Abuse

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

### Changes in behaviour which can indicate emotional abuse include:

- neurotic behaviour e.g., sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- sudden speech disorders
- self-harm
- fear of parent being approached regarding their behaviour
- developmental delay in terms of emotional progress

## 21. Indications of Sexual Abuse

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously. It is also important to remember that it not just adult men who sexually abuse children – there are increasing numbers of allegations of sexual abuse of children against women and sexual abuse can also be perpetrated by other children or young people.

### The physical signs of sexual abuse may include:

- pain or itching in the genital area
- bruising or bleeding near genital area
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains or discomfort when walking or sitting down
- pregnancy

### Changes in behaviour which can also indicate sexual abuse include

- sudden or unexplained changes in behaviour e.g., becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age, or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not allowed to have friends (particularly in adolescence)

- acting in a sexually explicit way towards adults

## **22. Indications of Neglect**

Neglect can be a difficult form of abuse to recognise yet have some of the most lasting and damaging effects on children.

### **The physical signs of neglect may include:**

- constant hunger, sometimes stealing food from other children
- constantly dirty or 'smelly'
- loss of weight, or being constantly underweight
- inappropriate clothing for the conditions

### **Changes in behaviour which can also indicate neglect may include:**

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

*These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. It is important too, to remember that many children may exhibit some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child's development and context.*

## **Appendix 3: FGM – Female Genital Mutilation**

The UK Government advice and guidance on FGM that states: “FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child’s right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child.”

### **The World Health Organisation definition of FGM (1997):**

Definition of FGM:

*“Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons.”*

### **FGM is classified into four major types:**

1. Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals).
2. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
4. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Girls may be at risk during any time of the year. However, there is a possibility that they may be at more risk of FGM during school summer holidays. During this period families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM. FGM is practised in the Middle East and 28 African countries. UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However, women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women. In order to protect our children and young people it is important that key information is known by staff.

Indications that FGM has taken place:

- Prolonged absences with noticeable behaviour change – especially after a return from holiday
- A girl may spend longer than normal in the bathroom or toilet due to difficulties urinating
- A girl may spend long periods of time away from the class during the day with bladder or menstrual problems.

Indications that a child may be at risk of FGM:

- The family comes from a community that is known to practise FGM - especially if there are elderly women present.
- In conversation a child may talk about FGM.
- A child may express anxiety about a special ceremony.
- The child may talk or have anxieties about forthcoming holidays to their country of origin.
- Parent/Guardian requests permission for authorised absence for overseas travel or you are aware that absence is required for vaccinations.
- If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral made to Social Care or the Police if appropriate.

- Any girl withdrawn from Personal, Social Health and Citizenship Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

If we have concerns that children in our school community are at risk or have been victims of Female Genital Mutilation:

#### ASK

Ask children to tell you about their holiday. Sensitive and informally ask the family about their planned extended holiday ask questions like:

- Who is going on the holiday with the child?
- How long they plan to go for and is there a special celebration planned?
- Where are they going?
- Are they aware that the school cannot keep their child on roll if they are away for a long period?
- Are they aware that FGM is illegal in the UK even if performed abroad?
- This policy will be updated whenever there is a change to any safeguarding legislation or Ofsted inspection practice, or any regulatory body's requirement or recommendation.

Reporting to Police in event of Female Genital Mutilation is mandatory.

## **Appendix 4: Indicators of Vulnerability to Radicalisation**

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

### **Extremism is defined by the Government in the Prevent Strategy as:**

Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

### **Extremism is defined by the Crown Prosecution Service as:**

The demonstration of unacceptable behaviour by using any means or medium to express views which:

- Encourage, justify or glorify terrorist violence in furtherance of particular beliefs
- Seek to provoke others to terrorist acts
- Encourage other serious criminal activity or seek to provoke others to serious criminal acts
- Foster hatred which might lead to inter-community violence in the UK

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity. Young people may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities. Indicators of vulnerability include:

- Identity Crisis – the young person is distanced from their cultural / religious heritage and experiences discomfort about their place in society
- Personal Crisis – the young person may be experiencing family tensions; a sense of isolation; low self-esteem; they may have dissociated from their existing friendship group and become involved with a new group of friends; they may be searching for answers to questions about identity, faith and belonging
- Personal Circumstances – migration; local community tensions; and events affecting the student / pupil’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy
- Unmet Aspirations – the young person may have perceptions of injustice; a feeling of failure and/or rejection
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
- Special Educational Need – the young person may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism. More critical risk factors could include:

- Being in contact with extremist recruiters
- Accessing violent extremist websites, especially those with a social networking element
- Possessing or accessing violent extremist literature
- Using extremist narratives and a global ideology to explain personal disadvantage
- Justifying the use of violence to solve societal issues
- Joining or seeking to join extremist organisation
- Significant changes to appearance and / or behaviour

- Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis

If you become concerned about a young person and fear they may be at risk of being radicalised, you should follow the same reporting procedures outlined in this document.

**Appendix 5: Incident Reporting Form**

Your name:	Name of organisation:
Your role:	
Contact information (you):	
<i>Address:</i>	<i>Postcode:</i>
<i>Telephone numbers:</i>	<i>Email address:</i>
Child's name:	Child's date of birth:
Child's ethnic origin: <i>Please state</i>	Does child have a disability: <i>Please state</i>
Child's gender:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent's / carer's name(s):	
Contact information (parents/carers):	
<i>Address:</i>	<i>Postcode:</i>
<i>Telephone numbers:</i>	<i>Email address:</i>
Have parent's / carer's been notify of this incident?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES please provide details of what was said/action agreed:	
Are you reporting your own concerns or responding to concerns raised by someone else:	
<input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	

If responding to concerns raised by someone else: *Please provide further information below*

*Name:*

*Position within the sport or relationship to the child:*

*Telephone numbers:*

*Email address:*

Date and times of incident:

Details of the incident or concerns:

*Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.*

Child's account of the incident:

Please provide any witness accounts of the incident:

Please provide details of any witnesses to the incident:

*Name:*



*Position within the club or relationship to the child:*

*Date of birth (if child):*

*Address:*

*Postcode:*

*Telephone number:*

*Email address:*

Please provide details of any person involved in this incident or alleged to have caused the incident / injury:

*Name:*

*Position within the club or relationship to the child:*

*Date of birth (if child):*

*Address:*

*Postcode:*

*Telephone number:*

*Email address:*

Please provide details of action taken to date:

Has the incident been reported to any external agencies?

Yes

No

If YES please provide further details:

*Name of organisation / agency:*

*Contact person:*

*Telephone numbers:*

*Email address:*

*Agreed action or advice given:*

--

<b>Your Signature:</b>		<b>Print name:</b>	
<b>Date:</b>			

**Contact the Designated Safeguarding Lead in line with Ambition Aspire Achieve's reporting procedures.**