

CEREBRAL PALSY SPORT
SAFEGUARDING
CHILDREN &
ADULTS AT RISK POLICY
JULY 2021

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Foreword

Cerebral Palsy Sport has the responsibility for creating a safe, fun, and inclusive environment for everyone to participate in Cerebral Palsy Sport events, activities and programmes.

As a national disability sports organisation, Cerebral Palsy Sport has a moral and legal obligation to ensure that the highest possible standard of care is provided for everyone involved in our events, activities and programmes. Therefore, through the development, communication and implementation of these policies we aim to maintain and increase the professionalism and safeguards of good practice that have been set as standard throughout our sporting landscape.

We have actively highlighted throughout the policies that it is the responsibility of everyone within Cerebral Palsy Sport to highlight areas of abuse and/or poor practice and to act in response to any concerns.

These policies have been developed by drawing on recognised good practice in safeguarding in sport. Reference has been made to relevant legislation, key guidance and government policy in creating our safeguarding policies.

By developing policies and procedures such as these, Cerebral Palsy Sport is demonstrating its commitment to establishing a safe environment where all participants in our sports can be supported to achieve these outcomes.

Introduction

Cerebral Palsy Sport is committed to working in partnership with other agencies to protect children (including unborn babies) and adults at risk from abuse and neglect, including radicalisation. This includes those experiencing domestic abuse, stalking, female genital mutilation and modern slavery. Protecting adults and children may require the sharing of information with statutory agencies where there is a suspicion of risk to the public.

Cerebral Palsy Sport recognises its first priority should always be to ensure the safety, well-being and protection of unborn babies, children, and adults within all activities. That it is the role of all staff and volunteers to act on any allegation, suspicion or evidence of abuse, neglect, or radicalisation, and report their concerns to the Lead Safeguarding Officer, another responsible person, manager and/or agency as determined within this policy and related procedures.

All persons, regardless of age, gender, ability, disability, ethnicity, religious belief and sexual identity, have a right to take part in Cerebral Palsy Sport activities in an enjoyable and safe environment and to be protected from abuse. Children, young people and adults at risk have a right to expect appropriate support in accordance with their personal and social development with regard to their involvement in sport and physical activity.

It is the responsibility of the child safeguarding experts and statutory agencies to determine whether or not abuse has taken place, but it is everyone's responsibility to report any concerns.

Safeguarding Statement

Cerebral Palsy Sport acknowledges the duty of care to safeguard and promote the welfare of children and adults. The organisation is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice and the Disclosure and Barring Service requirements.

The policy recognises that the welfare and interests of children and adults at risk are paramount in all circumstances. It aims to ensure that regardless of age, gender, religion or beliefs, ethnicity, disability, sexual orientation or socio-economic background, all children and vulnerable adults

- have a positive and enjoyable experience at Cerebral Palsy Sport in a safe and person-centered environment
- are protected from abuse whilst participating in Cerebral Palsy Sport activities and events.

Cerebral Palsy Sport acknowledges that some children, young people and adults, including people with a disability, can be particularly vulnerable to abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

As part of our safeguarding policy Cerebral Palsy Sport will:

- Promote and prioritise the safety and wellbeing of children, young people and adults
- Ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to

recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children, young people and vulnerable adults

- Ensure appropriate action is taken in the event of incidents/concerns of abuse and support provided to the individual/s who raise or disclose the concern
- That all people will have a positive and enjoyable experience of sport at Cerebral Palsy Sport in a safe and person-centered environment and are protected from abuse whilst participating in Cerebral Palsy Sport activities.
- Ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored
- Prevent the employment/deployment of unsuitable individuals
- Ensure robust safeguarding arrangements and procedures are in operation.
- All individuals within the organisation including participants and members, volunteers and coaches as well as support staff – have a role and responsibility to help ensure the safety and welfare of adults.

The policy and procedures will be widely promoted and are mandatory for everyone involved in Cerebral Palsy Sport. Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in dismissal/exclusion from the organisation.

The Safeguarding Vulnerable Groups Act 2006 requires the organisation to carry out specific vetting (enhanced DBS) and checks on 'references' of trustees, staff or volunteers if they are to perform 'regulated activity'.

Scope of the Policy

This policy applies to all aspects of the work of Cerebral Palsy Sport. It applies to all Trustees, Cerebral Palsy Sport staff, volunteers and the people we support through our service delivery. It applies to all of our events, our programmes and the services we offer whether they be virtual events and services, or events and services delivered in person. This policy also applies to all partners we work with in order to deliver our virtual or in person events and services.

Purpose of the Policy

The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of Cerebral Palsy Sport in relation to safeguarding beneficiaries, their families, and members of the public.

Safeguarding is the responsibility of everyone. Cerebral Palsy Sport has suitable arrangements to ensure that beneficiaries are safeguarded against the risk of abuse by means of a) taking reasonable steps to identify the possibility of abuse, b) prevent it before it occurs and c) responding appropriately to any allegation, suspicion, or evidence of abuse.

Making safeguarding personal is about engaging with people about the outcomes they want and then ascertaining the extent to which those outcomes are realised. It seeks to achieve;

- a personalised approach that enables safeguarding to be done with, not to, people
- practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'

- an approach that enables people to know what difference has been made.

Everyone has the right to live free from abuse and neglect and to be treated as an individual and with respect and dignity. We recognise our duty to safeguard the people we work with from abuse. We will ensure all our staff, volunteers and sub-contractors are safely recruited and suitably trained. They will know how to recognise abuse, prevent it from happening and act on any allegation or information received.

Definitions of Child and Adult Safeguarding

Child safeguarding

A child is anyone who has not yet reached their 18th birthday.

Safeguarding is the action we take to promote the welfare of children aged under the age of 18 years and including unborn babies, protect them from harm and is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

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

[\(Working Together to Safeguard Children H.M.Gov 2018\)](#).

Types of child abuse are defined in detail in the appendices.

The impact of Covid 19 on children at risk

The NSPCC have conducted research into the effect of Covid 19 restrictions on child abuse. By understanding the scale and the risks brought by lockdown professionals can begin to think about how to mitigate them and ensure children are kept safe while at home, online and as restrictions start to ease.

They identified that the following areas may intensify:

1. Increase in stressors to parents and caregivers

The research we reviewed confirms that the risk of child abuse is higher when caregivers become overloaded by the stressors in their lives. There are indications that the coronavirus pandemic has increased stressors on caregivers.

2. Increase in children and young people's vulnerability

There are indications that the conditions caused by the coronavirus pandemic have heightened the vulnerability of children and young people to certain types of abuse, for example online abuse, abuse within the home, criminal exploitation and child sexual exploitation.

3. Reduction in normal protective services

There is evidence that the 'normal' safeguards we rely on to protect children and young people have been reduced during the pandemic.

However social connections and social support can provide a protective effect for children's safety and wellbeing.

For more information see [NSPCC Briefing paper](#)

Adult Safeguarding

Means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisation's working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard for their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances

[Care and Support Statutory Guidance \(2014, Section 14.7\)](#)

Six Principles that Underpin Safeguarding Adults- Care Act 2014

The principles should inform the ways in which Cerebral Palsy Sport staff and volunteers work with adults.

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

Cerebral Palsy Sport staff and volunteers will endeavour to follow these principles at all times.

Adults at risk – definition

The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority are meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect

The impact of Covid 19 on adults at risk

People may be more vulnerable to abuse and neglect as others may seek to exploit disadvantages due to age, disability, mental or physical impairment or illness.

These groups may be targeted because of a number of factors. Generally speaking they may need assistance with some tasks, be less up to speed with technology, more welcoming of new contacts, more trusting and – for many older people – wealthier. There is evidence that social isolation increases the likelihood of abuse.

Many older and disabled people spend long periods at home alone under normal circumstances. People who are more vulnerable to COVID-19 may continue to shield and avoid going out or mixing with others.

Exploitation of these vulnerabilities such as new scams offering help and advice on COVID-19 or with financial assistance have seen a

significant increase over the past few months with many falling prey to fraudsters.

Regulated Activity with Children and Adults

Staff or volunteers are considered to be working in regulated activity if they are;

1. Providing teaching training, instruction, care for or supervision of children
2. Providing activity within specified establishment i.e. schools, children's homes, hospitals or centres and nurseries
3. Moderating an online forum for children
4. Day-to-day management of those performing regulated activity (any frequency)

More detail regarding definitions can be found in the Appendices.

Safeguarding Governance

Charity Commission Safeguarding Guidance

Safeguarding should be a key governance priority for all charities, regardless of size, type or income, not just those working with groups traditionally considered at risk. It is an essential duty for trustees to take reasonable steps to safeguard beneficiaries and to protect them from abuse. An incident of abuse or mistreatment can include neglect. Trustees should also, where appropriate, promote the well-being and welfare of the charity beneficiaries. Additionally, trustees must take reasonable steps to protect staff, volunteers and those connected with the activities of the charity, from harm. A charity should be a safe and trusted environment.

The Charities Commission expects charities to;

- Make sure all trustees, employees, volunteers and beneficiaries know about safeguarding and people protection
- Have appropriate policies and procedures in place
- Check that people are suitable to act in their roles
- Know to spot and refer or report concerns
- Have a clear system of referring or reporting to relevant organisations as soon as you suspect or identify concerns
- Set out risks and how you will manage them in a risk register which is regularly reviewed
- Be quick to respond to concerns and carry out appropriate investigations
- Not let one trustee dominate your work - trustees should work together

In addition, charities who work with children, young people or adults at risk should;

- Establish good safeguarding policies and procedures that all trustees, staff and volunteers follow
- Make sure all staff and volunteers receive regular training on child protection or working with adults at risk
- Appoint a safeguarding lead to work with your local authority safeguarding boards
- Manage concerns, complaints, whistle blowing and allegations relating to child protection or adults at risk effectively
- Follow relevant legislation and guidance

Cerebral Palsy Sport has developed a Safer Recruitment Policy and committed to implementing robust processes when recruiting staff

and volunteers, and ensuring they are suitable to work with children, young people and adults. The policy can be found [here](#).

Cerebral Palsy Sport Board/Trustee Responsibilities

Cerebral Palsy Sport is committed to seeking the views of its members regardless of age or ability and where appropriate incorporating these views into how the organisation is run. All Board members will receive appropriate safeguarding training.

It is the responsibility of the Board of Trustees to;

- Appoint a Safeguarding Lead who works specifically with the Chief Operating Officer (Safeguarding Lead) and the Head of Delivery (Deputy Safeguarding Lead)
- Safeguard and promote the interests and wellbeing of everyone involved in the delivery of Cerebral Palsy Sport's operations, (athletes, participants, coaches, volunteers and spectators of the sport)
- Respect and promote the rights and welfare of all involved in Cerebral Palsy Sport
- Maintain confidentiality with respect to the Human Rights Act 2004, the Care Act 2014 and the General Data Protection Regulation (EU) 2016/679
- Recruit, train and supervise its employees and volunteers so as to promote best practice to safeguard and protect children, young people and adults at risk from abuse
- Respond to any complaints about poor practice or allegations of abuse
- All trustees will receive appropriate safeguarding training

Chief Operating Officer responsibilities

It is the responsibility of the Chief Operating Officer to;

- Act as the designated Safeguarding Lead
- To work with the trustee with responsibility for safeguarding and the Deputy Safeguarding Lead
- Keep the written policy and procedures up to date
- Safeguard and promote the interests and wellbeing of everyone involved in the delivery of Cerebral Palsy Sport's operations, (athletes, participants, coaches, volunteers and spectators of the sport)
- Respect and promote the rights and welfare of all involved in Cerebral Palsy Sport
- Maintain confidentiality with respect to the Human Rights Act 2004, the Care Act 2014 and the General Data Protection Regulation (EU) 2016/679.
- Recruit, train and supervise staff and volunteers so as to promote best practice to safeguard and protect children, young people and adults at risk from abuse.
- Ensure that the Cerebral Palsy Sport Safeguarding Policy is communicated, understood and implemented throughout the organisation, its affiliates and membership
- Ensure the Safer Recruitment Policy is implemented and kept up to date
- Respond to any complaints about poor practice or allegations of abuse
- Provide appropriate training for staff and volunteers

Head of Delivery responsibilities

It is the responsibility of the Head of Delivery to:

- Act as the designated Deputy Safeguarding Lead
- Be accountable to the Safeguarding Lead in regard to safeguarding matters
- To work with the trustee with responsibility for safeguarding and the Safeguarding Lead
- Safeguard and promote the interests and wellbeing of everyone involved in the delivery of Cerebral Palsy Sport's operations, (athletes, participants, coaches, volunteers and spectators of the sport)
- Respect and promote the rights and welfare of all involved in Cerebral Palsy Sport
- Maintain confidentiality with respect to the Human Rights Act 2004, the Care Act 2014 and the General Data Protection Regulation (EU) 2016/679
- Recruit, train and supervise staff and volunteers so as to promote best practice to safeguard and protect children, young people and adults at risk from abuse.
- Ensure that the Cerebral Palsy Sport Safeguarding Policy is communicated, understood and implemented throughout the organisation, its affiliates and membership
- Respond to any complaints about poor practice or allegations of abuse
- Maintain confidentiality with respect to the Human Rights Act 2004, the Care Act 2014 and the General Data Protection Regulation (EU) 2016/679
- Support the suitable recruitment, training and supervision of staff and volunteers relating to safeguarding so as to promote best practice to safeguard and protect children, young people and adults at risk from abuse

- Ensure that the Cerebral Palsy Sport Safeguarding Policy and procedures is communicated, understood and implemented throughout the organisation, its affiliates and membership
- Respond to any complaints about poor practice or allegations of abuse
- Support the development of the organisation's safeguarding policy.
- Ensure the Safer Recruitment Policy is implemented and kept up to date

Staff and volunteer responsibilities

- Attend safeguarding induction and training and to ensure they have evidence that they completed these and ensure any qualifications are kept up to date
- Be aware of the safeguarding policy and procedures and to act on any allegation, suspicion or evidence of abuse, neglect or radicalisation, and to report these concerns to the Safeguarding Lead or Deputy Safeguarding Lead
- Refrain from using their own mobile phone for taking photos/videos – only organisational equipment should be used for this purpose
- Ensure the safety and wellbeing of everyone attending Cerebral Palsy Sport events, programmes and activities
- Understand your role and responsibilities for the activity you are involved with and be aware of the support you should expect from Cerebral Palsy Sport to undertake your role
- Not allow any rough or dangerous play, bullying, or the use of bad language or inappropriate behaviour
- Be positive, approachable and offer praise to promote the objectives of Cerebral Palsy Sport at all times.

- Not let any allegations of abuse of any kind to go unchallenged or unrecorded if appropriate and report any concerns to the designated person using this policy and procedures as a guide
- Not engage in a sexual relationship with a young person for whom they are responsible
- Maintain confidentiality about sensitive information and respect and listen to the opinions of all persons
- Refrain from smoking and consumption of alcohol during the organisation's activities or events
- Do not spend time alone with individual participants and do not contact children, young people and adults at risk using private mobile phones or email
- Never take a child, young person or vulnerable adult to their home

Reporting a concern

Paid staff and volunteers have a responsibility to be aware and alert to signs that all is not well with a person. However, they are not responsible for diagnosing, investigating or providing a therapeutic response to abuse. In addition, not all concerns relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what is known about the person and his or her circumstances. No action should be taken without discussion with a member of the safeguarding team and the following reporting process should be adhered to.

Recording Information

All staff and volunteers should record any allegations or suspicions of abuse. This information should be completed as soon as possible following the incident and may be required by statutory authorities. This information must be clear, specific and

strictly factual. It should not be a staff member or volunteer's opinion. The person involved should have access to any recorded information on or about themselves.

The staff member/volunteer should make accurate note of;

- Date and time of incident or disclosure
- People involved (names, addresses, and ages)
- What was said and done by whom
- Details of significant marks/bruises or behaviour changes
- Any action taken by Cerebral Palsy Sport
- Where relevant, reasons why there was no referral to a statutory agency
- Names of person reporting the concern and to whom they reported the incident

For further detail regarding responding to concerns please refer to the Appendices.

Flow chart and reporting chain

Contacting the Safeguarding team should be made through either email or via telephone. Please refer to the flow chart of action to take if you are concerned for the welfare of child, young person or adult.

REPORTING FLOW CHART



Making a Referral

Local Authority Social Services departments have been designated as the lead agencies with responsibility for coordinating a response to allegations or concerns of abuse.

The safeguarding team or any of the Cerebral Palsy Sport's staff have the responsibility to inform the relevant social services department of concerns over the abuse or neglect of children and/or adults at risk. Detailed referral arrangements may differ between localities and, therefore, the safeguarding team should ensure that they have up-to-date referral information for their locality.

The safeguarding team should work within the following timescales for reporting allegations or suspicions of abuse;

- **Immediate** if the child/adult at risk is at risk of serious physical harm, or a serious criminal act has taken place, and evidence will need to be kept safe
- **Within 24** hours if it relates to a specific incident which is, or may be still going on, or may happen again
- In an emergency it may be necessary to contact the Police directly

The Local Authority Designated Officer (LADO) should be alerted to all cases in which it is alleged that a person who works with children, young people or adults has;

- behaved in a way that has harmed, or may have harmed a child, young person or adult
- possibly committed a criminal offence against, or related to, a child, young person or adult
- behaved towards or in a way that indicates s/he is unsuitable to work with children, young people or adults

The LADO role applies to paid, unpaid, volunteer, casual, agency and self-employed workers. They capture concerns, allegations or offences emanating from outside of work.

The LADO is involved from the initial phase of the allegation through to the conclusion of the case. They also will provide advice, guidance and help to organisations to determine whether the allegation sits within the scope of the procedures.

The LADO helps co-ordinate information-sharing with the right people and will also monitor and track any investigation, with the aim to resolve it as quickly as possible.

All staff and volunteers should clearly understand the need to maintain appropriate boundaries in their contacts with children, young people adults at risk alike. Intimate or sexual relationships between these vulnerable individuals and the adults who work with them will be regarded as a grave breach of trust and could amount to a criminal offence or disciplinary action.

Staff and volunteers should seek the advice of their manager/safeguarding officer in cases of doubt. It may be very hard for a member of staff to report a concern about a colleague to a line manager, but, as with all the other challenging situation, the safety and protection of a person at risk must be the priority in any decision that is made.

Consent and Capacity

Cerebral Palsy Sport realises the importance of listening to all children and adults and will always act in their best interest even if this may mean contradicting their wishes. Consent forms are required for all Cerebral Palsy Sport events in person and online and parental/carer consent is required for those under the age of 18.

Children

The General Data Protection Regulation (2018) provides a number of bases for sharing personal information. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required. The legal bases that may be appropriate for sharing data in these circumstances could be ‘legal obligation’ or ‘public task’ which includes the performance of a task in the public interest or the exercise of official authority.

Children under 13 years cannot legally give consent. For guidance on assessing consent in children 13-15year olds (see [NHS guidance on assessing consent of children 13-15years](#)). The Mental Capacity Act 2005 applies from the age of 16 years.

The parent/carer should be informed of the need to share information unless to do so, would put the child at further risk of harm.

Adults

The presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in safeguarding adults.

The Mental Capacity Act 2005 and [Code of Practice](#) provides a statutory framework to empower and protect people who may lack capacity to make decisions for them self and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Adults process must comply with the Act.

The Act says that:

“... A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain”.

Further, a person is not able to make a decision if they are unable to;

- Understand the information relevant to the decision or
- Retain that information long enough for them to make the decision or
- Use or weigh that information as part of the process of making the decision or
- Communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand)

Mental capacity is time-and decision-specific. This means that a person may be able to make some decisions but not others at a particular point in time. For example, a person may have the capacity to consent to simple medical examination but not to major surgery. Their ability to make a decision may also fluctuate over time.

Adults lacking capacity to make decisions that would protect and promote their own interests are potentially at high risk.

Where an adult lacking mental capacity is identified by Cerebral Palsy Sport, information will be disclosed in accordance with the Mental Capacity Act 2005, where, in the opinion of the member of staff, it would be in the incapacitated person's best interests. Mental capacity is the ability to make a decision.

Sharing Information

Cerebral Palsy Sport will usually only share information about people, staff or peer workers with their consent, please refer to the [Policy Library – Cerebral Palsy Sport \(cpsport.org\)](https://cpsport.org). However on rare occasions Cerebral Palsy Sport may share need to share information without consent for lawful or for regulatory reasons i.e. in order to safeguard a child or adult at risk as per the Data Protection Act 2018.

Personal information will be treated in strict confidence, within the limits of the law (principally the Data Protection Act 2018 and the Human Rights Act 2000) which requires that the Police, Children's Services (social care) and/or any other statutory agencies including the NSPCC, CPSU be informed where there are concerns that a child is at serious risk of harm or it is believed that a crime has been committed.

The most important consideration is whether sharing information is likely to support the safeguarding and protection of a child, young person or an adult at risk.

“Where practitioners need to share special category personal data, they should be aware that GDPR includes ‘safeguarding of children and individuals at risk’ as a condition that allows practitioners to share information without consent”

Please see the Seven Golden Rules for Sharing Information in the Appendices.

Safeguarding Allegations Against Staff/Volunteers

Team members and volunteers may be subject to abuse allegations. Cerebral Palsy Sport will offer support in these circumstances, but the social services department will be assisted in their investigation and the disciplinary procedure may be implemented.

Cerebral Palsy Sport will take seriously, all suspicions and allegations of abuse and respond swiftly and appropriately and Cerebral Palsy Sport is committed to ensuring that the activities it provides are conducted safely and that the welfare of participants, staff and volunteers is foremost at all times. It has a responsibility to ensure that participants and volunteers are protected from possible abuse and the Board has therefore adopted the procedures detailed in this policy and is committed to their implementation.

Cerebral Palsy Sport will respond to any complaints about poor practice or allegations of abuse. Should an allegation be made about a member of staff or volunteer, the Safeguarding Lead will ensure that the alleged victim and other vulnerable people are immediately protected whilst an investigation takes place. If the allegation is against the Safeguarding Lead the matter will be managed by the Board of Trustees.

Working Together to Safeguard Children 2018 HM Government - lays out the procedures for managing allegations against people who work with children, for example, those in a position of trust, including volunteers.

Support for Staff

Cerebral Palsy Sport will provide guidance and resources and provision of training to support staff and volunteers to implement this Policy.

Safeguarding is everyone's responsibility and staff may find them in the position of suspecting abuse/neglect, receiving a disclosure of abuse/neglect or being required to make a referral in relation to abuse/neglect.

Cerebral Palsy Sport will support staff and volunteers in these circumstances. If the social services department need further involvement from staff or volunteers following a report of abuse, a member of the safeguarding team will discuss with the social services department the nature of their needs and how they might be met.

The point of contact for staff are either the Lead Safeguarding Officer, the Deputy Safeguarding Officer or the Trustee with responsibility for Safeguarding.

Quality and Review

This policy will be reviewed a year after development and then every three years, or in the following circumstances;

- changes in legislation and/or government guidance
- as required by the Local Safeguarding Children Board, UK Sport and/or Home Country Sports Councils and the Disclosure and Barring Service
- as a result of any other significant change or event

Complaints

All complaints that are received about the conduct or behaviour of Cerebral Palsy Sport staff or volunteers will be dealt with according to the [Policy Library - Cerebral Palsy Sport \(cpsport.org\)](https://cpsport.org)

If any complaint is identified as a potential safeguarding concern, issue or risk then the complaint will be referred directly to the local authority forwarded to the Designated Safeguarding Officer. Under no circumstances should safeguarding reports be delayed whilst waiting for the client to make a formal written complaint

Whistleblowing

Please refer to the Cerebral Palsy Sport Whistleblowing policy either in the Employee Handbook or the Volunteer Handbook

Underpinning Legislation and Guidance

- Children Act 1989
- Human Rights Act 1998
- Public Interest Disclosure Act 1998
- Children Act 2004
- Domestic Violence, Crime and Victims Act 2004
- Mental Capacity Act 2005
- Care Quality Commission (Registration) Regulations 2009
- Vulnerable Groups Act 2006- regulated activity- vetting
- Equality Act 2010
- Protection of Freedoms Act 2012 (Disclosure and Barring Service)
- Anti-social Behaviour, Crime and Policing Act 2014
- The Care Act 2014
- Care and Support Statutory Guidance 2020
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- Serious Crime Act 2015 Section 76
- The Counter Terrorism and Security Act 2015- Prevent Duty
- The Modern Slavery Act 2015
- The Criminal Justice and Courts Act 2015 Section 20-25
- Data Protection Act 2018.
- Domestic Abuse Act 2020 – to receive Royal Assent 2021
- Mental Capacity (Amendment) Act 2019

APPENDICES

Appendix 1

Types of Child Abuse as defined by Working Together 2018

- **Physical abuse** - Physical abuse may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.
- **Emotional abuse** - Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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

○ **CSE** - Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The

victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

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

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers) or
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Neglect can be a difficult form of abuse to recognise yet have some of the most lasting and damaging effects on children.

- **County Lines** - As set out in the Serious Violence Strategy, published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and adults at risk to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.
- **Extremism** goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

○ **Cyber Bullying**

This is a form of bullying which uses technology to deliberately harm or upset others. This type of bullying can happen in many ways, using mobile phones or the internet and could include:

- Sending hurtful messages or using images
- Leaving malicious voicemails
- A series of silent calls
- Creating a website about other people to humiliate them
- Exclude them from chat/messaging rooms/areas
- 'Happy slapping'- sending video/images of people being bullied, so others can see

Bullies might be using this form of bullying because it is very difficult to trace the sender

○ **Use of Social media and online technology**

In the context of the modern world of technology, it is important to set the parameters for how social media and online technology is being used and accessed. Please refer to the Social Media Policy which can be found [Policy Library - Cerebral Palsy Sport \(cpsport.org\)](https://www.cpsport.org/policy-library-cerebral-palsy-sport)

Appendix 2

Six Principles that Underpin Safeguarding Adults- Care Act 2014

The principles should inform the ways in which Cerebral Palsy Sport staff and volunteer staff work with adults.

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

- **Prevention** – It is better to take action before harm occurs.
“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Proportionality** – The least intrusive response appropriate to the risk presented.
“I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed.”
- **Protection** – Support and representation for those in greatest need.
“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”
- **Partnership** – Local solutions through services working with their communities.
Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treats any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”
- **Accountability** – Accountability and transparency in delivering safeguarding.
“I understand the role of everyone involved in my life and so do they.”

Appendix 3

Types of Adult Abuse as defined by Care and Support Statutory Guidance

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence - see more information below this list.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
- **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. [See Modern Slavery Act 2015](#) Guidance
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion

- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

Domestic Abuse is ‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Domestic Abuse and Covid 19 - The government acknowledges that coronavirus household isolation instructions can cause anxiety for those who are experiencing or feel at risk of domestic abuse.

Household isolation instructions as a result of coronavirus do not apply if you need to leave your home to escape domestic abuse.

<https://www.gov.uk/guidance/domestic-abuse-how-to-get-help#coronavirus-covid-19-and-domestic-abuse>

Stalking a pattern of unwanted, fixated, and obsessive behaviour which is intrusive and causes fear of violence or serious alarm or distress ([Paladin 2018](#)).

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”*

*This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.’ See - [Safeguarding women and girls at risk of FGM guidance](#) and [Forced Marriage Guidance](#) for more information.

Honour Based Violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community’.

This definition is supported by further explanatory text:

“Honour Based Violence” is a fundamental abuse of Human Rights. There is no honour in the commission of murder, rape, kidnap and the many other acts, behaviour and conduct which make up “violence in the name of so-called honour”.

It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code.

Women are predominantly (but not exclusively) the victims of 'so called honour-based violence', which is used to assert male power in order to control female autonomy and sexuality. Honour Based Violence can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members ([NPCC](#) & [CPS](#)).

Forced Marriage is a marriage conducted without the valid consent of one or both parties where duress is a factor. Forced marriage is a violation of human rights and is contrary to UK law.

A forced marriage is a marriage in which one or both spouses do not (or in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual, and emotional pressure.

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism (H.M.Gov, 2011).

Prevent the Government's countering terrorism strategy is known as CONTEST. Prevent is part of CONTEST. The purpose of Prevent is at its heart to safeguard and support vulnerable people to stop them from becoming terrorists or supporting terrorism. Prevent work also extends to supporting the rehabilitation and disengagement of those already involved in terrorism. Prevent works in a similar way to programmes designed to safeguard people from gangs, drug abuse, and physical and sexual abuse. Success means an enhanced response to tackle the causes of radicalisation, in communities and online; continued effective support to those who are vulnerable to radicalisation; and disengagement from terrorist activities by those already engaged in or supporters of terrorism.

Prevent objectives;

- Tackle the causes of radicalisation and respond to the ideological challenge of terrorism.
- Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support.
- Enable those who have already engaged in terrorism to disengage and rehabilitate.

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 the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning

disability who were murdered or seriously harmed by people who purported to be their friend.

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

Appendix 4

Recognising signs of abuse

The **physical** signs of 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,
- Multiple burns with a clearly demarcated edge.

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.

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

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
- 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 other persons

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

- Constant hunger, sometimes stealing food from other people
- 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.

A person may be a victim of **cyber bullying** if he or she....

- Unexpectedly stops using the computer
- Appears nervous or jumpy when an Instant Message, text message or email appears.
- Appears uneasy about going to school or outside in general
- Appears to be angry, depressed, or frustrated after using the computer
- Avoids discussions about what they are doing on the computer
- Becomes abnormally withdrawn from usual friends and family members

Appendix 5

Additional Vulnerability

People with disabilities

People with disabilities may be additionally vulnerable because they may;

- Have an increased possibility of isolation
- Be subject to greater negative experiences in society
- Have additional needs for support
- Need to use alternative methods of communication (both sending and receiving)
- Not be believed
- Have medical needs that are used to explain abuse
- Not want to raise issues at the risk exclusion or lack/withdrawal of activity

People from ethnically diverse backgrounds

People from ethnically diverse groups are additionally vulnerable because they may be;

- Experiencing racism and racist attitudes
- Have difficulty communicating using the English language
- Victims of prejudices and assumptions i.e. have an advantage in a particular sport due to their ethnicity etc.
- Wanting to fit into society and therefore, may not want to make a fuss
- Experiencing racism through being ignored by people in authority

Appendix 6

Suspicious of Abuse, Disclosure of Abuse & Making a Referral

Disclosure of Abuse

If a person discloses that they are being abused or any service user discloses that they are involved in abuse of a person, action should continue as outline in the Reporting Flowchart and Reporting Chain'. All action must proceed urgently and without delay.

Suspicion of Abuse

There may be circumstances when a volunteer or member of staff suspects that a child or an adult at risk is being abused or neglected. It is vital that anyone who suspects neglect or abuse discusses the situation immediately with his or her line manager, event co-ordinator or another member of the management team.

Action on Disclosure of Abuse

There should always be the opportunity to discuss welfare concerns with and seek advice from colleagues, managers and other agencies, but;

- Never delay emergency action to protect a child or an adult at risk
- Always record in writing concerns about a child or an adult at risk's welfare, whether or not further action is taken
- Always record in writing discussions about a child or an adult at risk's welfare
- At the close of discussion, always reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken

- At all times action must proceed urgently
- A team member or volunteer informed of abuse should remind the service user that the charity cannot guarantee confidentiality where a child or an adult at risk is at risk of abuse or further abuse
- Volunteers should consult with the team member co-ordinating their service before taking any action
- Additionally, all action taken following a disclosure of abuse should be discussed in advance with a member of the Cerebral Palsy Sport Senior Management team
- In circumstances where a child/service user/member declines to disclose, despite some work having been done towards disclosing, it may be necessary to report the alleged abuse without the service child/parent/carer/service user/member's agreement.
In these circumstances, a child/parent/carer/service user/member must be notified in advance of the decision to report to social services
- Any team member may report a disclosure of abuse to social services irrespective of the opinion of other staff
- It is important for team members and volunteers to make written records of any incidents or concerns that they have as soon as possible and if appropriate to include sketches of sites and sizes of injuries. It is also important to make a record of conversations with the child/parent/adult at risk and using the same language the child/adult at risk used especially names used for body parts of sexual acts
- Full written records must be maintained of all disclosures and actions following disclosure

Action on Suspicion of Abuse

There should always be the opportunity to discuss welfare concerns with and seek advice from colleagues, manager and other agencies but;

- Never delay emergency action to protect a child/adult at risk
- Always record in writing concerns about a child/adult at risk's welfare, whether or not further action is taken
- Always record in writing discussions about a child/ adult at risk's welfare
- At the close of discussion, always reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken
- At all times action must proceed urgently
- If there is a suspicion that a child may be experiencing: or at risk of experiencing abuse and/or neglect then a referral should be made
- Volunteers should consult with the staff member co-ordinating their service before taking any action
- Additionally, all action taken following suspicion of abuse should be discussed in advance with a member of the Senior Management team
- In all cases of suspected abuse the manager and staff member should discuss whether issues relevant to different cultures and lifestyles have any bearing on the matter
- As an organisation, Cerebral Palsy Sport welcomes the fact that people and lifestyles are diverse and does not make judgements about the acceptability or otherwise of lifestyles. However it is important that this philosophy does not stand in the way of the organisation's responsibility to protect adults at risk from harm
- Any team member may report a suspicion of abuse to social services irrespective of opinion of other staff

- It is important for team members and volunteers to make written records of any incidents or concerns that they have as soon as possible and if appropriate to include sketches of sites and sizes of injuries. It is also important to make a record of conversations with the adult at risk using the same language that the adult at risk used especially names used for body part or sexual acts
- Full written records must be maintained of all disclosures and actions following a disclosure

Appendix 7

How to respond and actions to avoid and reporting concerns or suspicions

- Stay calm – do not rush so you don't frighten the individual, as this may lead to the with-holding of information.
- Always reassure – the individual that he/she is not to blame that they were right to raise awareness of this issue
- Follow confidentiality procedures – this includes telling the individual that you may have to inform others to help
- Stop the abuse. Confidentiality must be maintained but any concerns or information relating to possible abuse must be shared on a need-to-know basis.
- Ensure the safety of the individual – if urgent medical attention is required, then call an ambulance, inform the paramedics/doctor of concerns and ensure they are aware of the safeguarding/protection issue
- Take notes – Completion of the incident report form. All concerns will be treated with a 'non-judgemental' and

‘open mind’ and be handled in a fair and equitable manner.

- You – in order to ensure that your wellbeing is not hindered during a safeguarding issue please be aware that there are support mechanisms for you to access. Speak to your line manager, Head Coach, designated development officer or Cerebral Palsy Sport Safeguarding Lead Officer for advice

Don'ts

- No Rushing – into actions that may be inappropriate. Do not approach the alleged accuser and do not take actions that may compromise/destroy evidence e.g. washing clothes, showering etc.
- Express your emotions and or make promises – the individual will need reassurance not an emotional response, blame or denial. Don't guarantee promises you cannot keep.
- Take sole responsibility – consult, refer and hand on appropriately.
- Speculate or make assumptions – outcomes will be focused on evidence and fact. In addition do not assume that someone else is aware of the abuse and that they are taking action to stop the abuse.
- Interview the person or probe them for detailed information as this could compromise future police enquiries. Ascertain basic information in order to pass the concern on.

Appendix 8

How to respond and actions to avoid and reporting concerns or suspicions

- Stay calm – do not rush so you don't frighten the individual, as this may lead to the with-holding of information.
- Always reassure – the individual that he/she is not to blame that they were right to raise awareness of this issue
- Follow confidentiality procedures – this includes telling the individual that you may have to inform others to help
- Stop the abuse. Confidentiality must be maintained but any concerns or information relating to possible abuse must be shared on a need-to-know basis.
- Ensure the safety of the individual – if urgent medical attention is required, then call an ambulance, inform the paramedics/doctor of concerns and ensure they are aware of the safeguarding/protection issue
- Take notes – Completion of the incident report form. All concerns will be treated with a 'non-judgemental' and 'open mind' and be handled in a fair and equitable manner.
- You – in order to ensure that your wellbeing is not hindered during a safeguarding issue please be aware that there are support mechanisms for you to access. Speak to your line manager, Head Coach, designated development officer or Cerebral Palsy Sport Safeguarding Lead Officer for advice

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- Take sole responsibility – consult, refer and hand on appropriately.
- Speculate or make assumptions – outcomes will be focused on evidence and fact. In addition do not assume that someone else is aware of the abuse and that they are taking action to stop the abuse.
- Interview the person or probe them for detailed information as this could compromise future police enquiries. Ascertain basic information in order to pass the concern on.

Appendix 9

Seven Golden Rules for Sharing Information

1. Necessary and proportionate

When taking decisions about what information to share, you should consider how much information you need to release. Not sharing more data than is necessary to be of use is a key element of the General Data Protection Regulation and Data Protection Act 2018, and you should consider the impact of disclosing information on the information subject and any third

parties. Information must be proportionate to the need and level of risk.

2. Relevant

Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make informed decisions.

3. Adequate

Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

4. Accurate

Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

5. Timely

Information should be shared in a timely fashion to reduce the risk of missed opportunities to offer support and protection to a child. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore place a child or young person at increased risk of harm. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

6. Secure

Wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisation's policy on security for handling personal information.

7. Record

Information sharing decisions should be recorded, whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with each organisation's own retention policy, the information should not be kept any longer than is necessary. In some rare circumstances, this may be indefinitely, but if this is the case, there should be a review process scheduled at regular intervals to ensure data is not retained where it is unnecessary to do so." [Information Sharing H.M. Government 2018](#).

Appendix 10

Guidelines for the use of Photography & Recorded Images

Cerebral Palsy Sport recognises that film and photography can be used positively in sport to celebrate success and as a useful coaching aid. However we also know that abuse can extend beyond acts of a physical or mental nature. For any Cerebral Palsy Sport activity or event, the following people must register their intentions by completing the 'Use of Photography Equipment Form, with the event organiser. It is the responsibility of the organisers to ensure that forms are readily available.

- b. Professional photographers/ filming / video operators –**
Where possible, professional photographers etc. should register

at least 3 working days before the event, providing some form of professional identification. The Cerebral Palsy Sport and venue paperwork will be filled on the day.

- c. **Students or amateur photographers / film / video operators** – should fill in the relevant paperwork together with their student or club registration card and a letter from their club / educational establishment outlining their motive for attending the event.
- d. **Spectators (including parents or relatives)** – spectators wishing to use photographic / tablet/ phone /film / video equipment with a telescopic or zoom lens should register their intent with the promoter of the event by completing the relevant paperwork.
- e. Where a photographer fails to register, or where there is sufficient reason for the organiser to doubt the motive of a photographer, Cerebral Palsy Sport reserves the right to prevent access to the event by that person.
- f. Should this fail, Cerebral Palsy Sport maintains the right to contact the venue management and where necessary, inform the Police. Responsibility for implementing and monitoring the procedures will be undertaken by the event organiser. Event organisers should issue accreditation badges to eligible photographers, to avoid confusion or possible embarrassment. Regular photographers need only register once.

Videoring as a coaching aid

There is no intention to prevent coaches using videoring as a legitimate coaching aid. However, where this is intended, the athletes and their parents /carers should be aware that this is part of the coaching programme and informed consent should be sought and gained in writing and care should be taken in the storing of such images in compliance with Data Protection Act 1998.

Use of Images – Easy Rules to Remember

When the use of images is to be used, the following procedures should be followed:

- Permission (written) should be granted by the participant and parent/carer/s in order to take and use images. This ensures that the person and their responsible adult are aware of how the image will be used to represent the sport. Completion of the consent form is a good practice example.
- Holding back the use of personal information such as: email addresses, telephone numbers, home address etc. This is paramount to not putting children, young people or vulnerable adults at risk. Images where an individual is named (i.e. on clothing) should not be used.
- Only use images of participants that are suitably dressed (appropriate sportswear i.e. tracksuit, court clothing).
- Try to focus on the activity and field of play rather than on an individual or background where other people may feature. As a good practice example, images that represent the broad range of people in the chosen activity are more beneficial.(i.e. male and female, different age ranges,)
- Only use images that promote positive aspects of children, young people or vulnerable adult's involvement in Cerebral Palsy Sport sports/fundraising (safe, enjoyable, competitive, structured etc.)

Appendix 11

Important Contacts

Cerebral Palsy Sport

Cerebral Palsy Sport, Lytchett House, 13 Freeland Park, Wareham Road, Poole Dorset BH16 6FA

Tel: 07902113517 (Safeguarding Lead) or 07955119018 (Deputy Safeguarding Lead)

Email: info@cpsport.org

Web: [Cerebral Palsy Sport – Play.Participate.Enjoy. \(cpsport.org\)](https://www.cpsport.org)

Activity Alliance

SportPark, Loughborough University, 3 Oakwood Drive, Loughborough, Leicestershire LE11 3QF Tel: 01509 227750

Web: [Activity Alliance | Disability Inclusion Sport](https://www.activityalliance.org)

Anne Craft Trust

The Anne Craft Trust, Centre For Social Work, University of Nottingham Campus, University Park, Nottingham NG7 2RD. Tel: 0115 951 5400

Email: ann-craft-trust@nottingham.ac.uk

Web: [Ann Craft Trust: Safeguarding Adults and Young People at Risk](https://www.ann-craft-trust.org)

ChildLine

Freepost1111, London, N1 0BR Tel: 0800 1111

Web: [Childline | Childline](https://www.childline.org.uk)

Child Protection in Sport Unit (CPSU)

NSPCC National Training Centre, 3 Gilmour Close, Beaumont Leys, Leicester, LE4 1EZ Tel: 0116 234 7278

Email: cpsu@nspcc.org.uk

Web: [NSPCC Child Protection in Sport Unit | CPSU \(thecpsu.org.uk\)](https://www.nspcc.org.uk/child-protection-in-sport/)

DBS barring helpline

Telephone: 01325 953795

Disclosure customer services

customerservices@db.s.gsi.gov.uk

Telephone: 0870 909 0811

Minicom: 0870 909 0344

NSPCC

National Centre, 42 Curtain Road, London, EC2A 3NH

Tel: 020 7825 2500, free phone 24-hour helpline: 0808 800 5000

- Text Phone: 0800 056 0566
- Gujarati: 0800 096 7714
- Hindi: 0800 096 7716
- Bengali/Sylehti: 0800 096 7715
- Punjabi: 0800 096 7717
- Urdu: 0800 096 7718

Website: <http://www.nspcc.org.uk>

Sport and Recreation Alliance

Burwood House, 14-16 Caxton St, London, Greater London SW1H 0QT

Tel: 020 7976 3900

Sport England

Victoria House, Bloomsbury Place, London, WC1B

Tel: 0845 850 8508

Website: www.sportengland.org

UK Coaching

114 Cardigan Road, Headingley, Leeds, LS6 3BJ

Tel: 0113 274 4802

Website: www.ukcoaching.org

Document Control:

Policy Details			
Policy	CPS019: Cerebral Palsy Safeguarding Children & Adults at Risk Policy		
Status	Approved	Version number	V15
Approved by	Board of Trustees	Date Approved	22.07.2021

Cerebral Palsy Sport
Lytchett House, 13 Freeland Park, Wareham Road, Poole, Dorset BH16 6FA

Registered Charity No. 1088600