Cerebral Palsy Sport

Children and Young People Safeguarding Policy

2026

CPS-SAF-01

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Contents

Foreword – CP Sport Chair **4**

SECTION A – Safeguarding Statement, Purpose and Aims **5**

Safeguarding Statement 5

Purpose and Aims of the Policy 5

Principles of Child Safeguarding 6

Legislative and Policy Framework 6

Communication 7

Monitoring and Review 7

SECTION B — Roles and Responsibilities **9**

Overview 9

Organisational Responsibilities 9

Board of Trustees Responsibilities 9

Chief Executive Responsibilities 10

Lead Safeguarding Officer Responsibilities 10

Responsibilities of Staff, Volunteers and Ambassadors 11

Young Leaders/Ambassadors (Under 18) Responsibilities 11

Parent and Carer Responsibilities 12

Safe recruitment, Training and DBS Requirements 12

Regulated Activity and Barred List Checks 12

Organisational Diligence and Policy Maintenance 13

SECTION C — Definitions and Recognising Abuse **14**

Key Definitions 14

Types of Abuse and Neglect 15

Other Relevant Forms of Harm 18

Additional Vulnerabilities for Children and Young People with Disabilities 20

Recognising Signs and Indicators of Abuse 22

Where Abuse Can Occur 23

SECTION D — Responding to Concerns, Disclosures and Allegations **24**

Overview 24

Immediate Danger or Emergency 24

How concerns may arise 24

Responding to a Disclosure 25

Responding to a Suspicion of Abuse 25

Taking Account of Wishes and Capacity 26

Reporting Safeguarding Concerns 26

External Referrals to Statutory Agencies 27

Recording Safeguarding Concerns 27

Support for Staff and Volunteers 28
Whistle Blowing 28
Allegations Against Staff, Volunteers or Coaches 28
Peer on Peer Abuse (Child on Child abuse) 29
Positions of Trust 29
Key Principles for Safeguarding Responses 29
SECTION E — Safe Practice Guidelines 30
Overview 30
Photography, Filming and Use of Images 30
Supervision and Staffing Expectations 32
Personal Care, Physical Support and Intimate Care 32
Communication with Children, Parents and Carers 33
Transport Arrangements 34
Away Trips and Overnight Stays 34
Changing Facilities 35
Late Collection Procedures 35
Safe Physical Contact 36
Medical Needs and Administration of Medication 36
Participation, Inclusion and Adaptation 36
Important Contacts 37
Review of Policy 37
Appendix 1 – Cerebral Palsy Sport (Safeguarding Children) - Reporting Concerns Flow Chart 38
Appendix 2: Cerebral Palsy Sport (Safeguarding Children) Code of Conduct: Staff, Ambassadors and Volunteers 39
Appendix 3 – Cerebral Palsy Sport (Safeguarding Children) Code of Conduct: Personal Assistants, Parents and Carers 40
Appendix 4 – Cerebral Palsy Sport (Safeguarding Children) Code of Conduct: Children and Young People Participants 41
Appendix 5 – Cerebral Palsy Sport DBS Matrix 42
Appendix 6 – Cerebral Palsy Sport Child Safeguarding Training Matrix 43
Appendix 7 – Cerebral Palsy Sport 'Whistle Blowing' and 'Escalation' Flowchart 44
Policy Version Control 45

Foreword – CP Sport Chair

At Cerebral Palsy Sport, our commitment to safeguarding is at the heart of everything we do. We believe that every child and young person who takes part in our activities; whether as a participant, volunteer, member or supporter, has the absolute right to feel safe, respected and valued. Safeguarding is not simply a policy requirement; it is an essential expression of who we are and how we work.

This Safeguarding Children and Young People Policy sets out the standards and responsibilities that underpin our approach. It reflects our legal duties under the Children Act 1989 and 2004, the Working Together to Safeguard Children statutory guidance, and best practice across the sport and voluntary sectors. More importantly, it reflects our values: integrity, inclusivity, respect and child-centred care.

As Chair of the Board, I am proud of the culture we continue to build; one where safeguarding is understood, prioritised and embedded in every aspect of our organisation. Our Board takes its responsibilities seriously, providing oversight, accountability and leadership to ensure that safeguarding remains a central priority in our decision-making and governance.

Creating a safe environment is a shared responsibility. Every member of our team, every volunteer, and every partner who works with Cerebral Palsy Sport has a vital role to play. This policy provides the guidance and clarity needed to recognise concerns, respond appropriately and ensure that children are protected from abuse, neglect and poor practice.

Thank you for your commitment to safeguarding and for helping us ensure that Cerebral Palsy Sport remains a place where every child and young person can participate with confidence, dignity and enjoyment.

Chris Jay
Chair of the Board
Cerebral Palsy Sport

Charity Number: 108860
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SECTION A – Safeguarding Statement, Purpose and Aims

Safeguarding Statement

1. Cerebral Palsy Sport is committed to creating and maintaining a safe, positive and inclusive environment for all children and young people who engage with our services, activities and events. We recognise our duty of care to safeguard and promote the welfare of children, and we will take all reasonable steps to protect them from abuse, neglect, discrimination and poor practice.

2. We are committed to ensuring that safeguarding practice:

    a. Reflects statutory responsibilities and national guidance
    b. Complies with the Children Acts 1989 and 2004, Working Together to Safeguard Children, Keeping Children Safe in Education (where relevant), and the Disclosure and Barring Service (DBS) framework
    c. Is embedded across all areas of our work
    d. Promotes a child-centred, rights-based approach to safety and wellbeing

3. All children and young people, regardless of age, gender, sexuality, ethnicity, religion or belief, disability or socio-economic status, have the right to:

    a. Take part in our activities safely
    b. Be treated with dignity and respect
    c. Be protected from abuse, neglect and exploitation

4. Safeguarding is everyone's responsibility. All staff, volunteers, ambassadors, contractors, young leaders, parents/carers and partners play a role in ensuring that every child and young person feels safe and supported in our environments.

Purpose and Aims of the Policy

5. The purpose of this Children's Safeguarding Policy is to:

    a. Set out clear standards of safeguarding practice across Cerebral Palsy Sport
    b. Enable staff, volunteers, young leaders and partners to make confident and informed decisions when responding to safeguarding concerns
    c. Ensure that all safeguarding procedures, reporting routes and responsibilities are clearly defined and understood
    d. Ensure children, young people and families understand how to raise a concern
    e. Ensure all individuals involved in our activities are appropriately trained, supervised and supported
    f. Promote a culture where safeguarding is integral to the organisation's work and where the welfare of children and young people is paramount
    g. Ensure compliance with key safeguarding legislation and guidance, including:
        - Children Act 1989 & 2004
        - Working Together to Safeguard Children

Charity Number: 108860
[Approved 28.01.26]

- Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012)
- Equality Act 2010
- Sexual Offences Act 2003
- Data Protection Act 2018 (UK GDPR)
- PREVENT Duty (Counter Terrorism and Security Act 2015)

Principles of Child Safeguarding

6. Cerebral Palsy Sport adopts the child safeguarding principles outlined in Working Together to Safeguard Children and aligned to national best practice:

    a. **Child-centred practice** - Children's needs, rights and welfare are paramount. Decisions must always be made in their best interests.

    b. **Prevention** - We take action before harm occurs, promoting safe environments and reducing risks.

    c. **Protection** - We take prompt, proportionate and appropriate action to safeguard children who are at risk of harm.

    d. **Partnership** - We work openly with parents/carers, statutory agencies, partners and young people themselves.

    e. **Accountability** - We maintain clear roles, transparent decision-making, and strong governance.

    f. **Empowerment** - Children and young people should be listened to, believed and supported in expressing their views.

Legislative and Policy Framework

7. This policy aligns with the following legislation, guidance and standards:

    a. Children Act 1989
    b. Children Act 2004
    c. Working Together to Safeguard Children (latest edition)
    d. Keeping Children Safe in Education (where relevant)
    e. Safeguarding Vulnerable Groups Act 2006 (as amended)
    f. Protection of Freedoms Act 2012
    g. Sexual Offences Act 2003
    h. Equality Act 2010
    i. Human Rights Act 1998
    j. Data Protection Act 2018 (UK GDPR)
    k. PREVENT Duty (Counter Terrorism and Security Act 2015)
    l. Domestic Abuse Act 2021
    m. Relevant Local Safeguarding Children Partnership procedures

8. This policy complements other CP Sport policies, including safer recruitment, data protection, social media, complaints and whistleblowing.

9. This Policy should be read alongside the following CP Sport Policies:

- Code of Conducts (staff, volunteers, athletes) – See Appendices 2, 3, and 4

- CPS-SAF-02 Safeguarding Adults at Risk Policy
- CPS-SAF-03 Safer Recruitment Policy
- CPS-SAF-04 Managing Allegations & Serious Concerns Policy

- CPS-GOV-01 Governance & Board Roles Framework
- CPS-GOV-05 Trustee Code of Conduct
- CPS-GOV-08 Conflict of Interest Policy

- CPS-RSK-01 Risk Management Policy
- CPS-RSK-03 Crisis Management Policy

- CPS-HS-01 Health & Safety Policy
- CPS-HS-03 Incident, Accident & Near-Miss Reporting Policy

- CPS-DAT-01 Data Protection Policy
- CPS-DAT-02 Confidentiality & Privacy Policy
- CPS-DAT-03 Data Breach Policy

- CPS-HR-01 Recruitment and Selection Policy
- CPS-HR-08 Volunteer Recruitment & Management Policy

10. These relationships reflect best practice from NSPCC CPSU, Sport England, the Charity Commission and local safeguarding partnerships.

Communication

11. T This policy is mandatory for all individuals involved in Cerebral Palsy Sport. It will be:

    a. Promoted across the organisation and through our communications
    b. Accessible on our website and internal platforms
    c. Reinforced through induction, training and ongoing supervision

12. Failure to comply may result in disciplinary, contractual or membership consequences.

Monitoring and Review

13. This policy will be reviewed:

    a. Annually by the CP Sport safeguarding committee
    b. Following significant safeguarding incidents, learning reviews or changes in legislation

c. In response to feedback from children, young people, families, staff, volunteers and partners

14. CP Sport is committed to continuous improvement and will ensure that learning from incidents, near misses or external guidance informs future practice.

SECTION B — Roles and Responsibilities

Overview

15. Safeguarding is a shared responsibility. Cerebral Palsy Sport is committed to ensuring that all individuals involved in our activities understand their safeguarding duties, act in accordance with this policy, and contribute to a culture where children's safety, dignity and wellbeing are paramount.

16. This section outlines the responsibilities of the organisation, its Board, senior leadership, safeguarding officers, staff, volunteers, young leaders, parents/carers and external partners.

Organisational Responsibilities

17. Cerebral Palsy Sport will:

    a. Provide safe and inclusive environments for all children and young people participating in our activities and events
    b. Promote a safeguarding culture where concerns are recognised, reported and acted upon promptly
    c. Maintain up-to-date safeguarding policies and procedures
    d. Ensure clear reporting structures and designated safeguarding roles at Board and operational level
    e. Ensure staff, volunteers and young leaders receive appropriate safeguarding training, supervision and support
    f. Comply with legislation and local safeguarding partnerships' requirements
    g. Support safe recruitment, induction and supervision processes, including DBS checks where required
    h. Work collaboratively with statutory agencies where concerns about a child's welfare are raised
    i. Engage with parents/carers as partners in safeguarding

Board of Trustees Responsibilities

18. The Board has overall accountability for safeguarding within Cerebral Palsy Sport. The Board will:

    a. Oversee and monitor safeguarding strategy and practice across the organisation
    b. Approve safeguarding policies and any subsequent revisions
    c. Appoint a Board Safeguarding Lead to provide scrutiny and ensure safeguarding remains a central organisational priority
    d. Ensure all trustees receive safeguarding training appropriate to their governance role
    e. Promote a culture where the voices and experiences of children, young people and families inform organisational decisions
    f. Hold the Chief Executive to account for effective implementation of safeguarding responsibilities

Chief Executive Responsibilities

19. The Chief Executive has strategic responsibility for ensuring safeguarding is embedded across all operations. They will:

    a. Promote children's rights, welfare and protection in all organisational functions
    b. Ensure compliance with relevant safeguarding legislation and local safeguarding partnership procedures
    c. Provide adequate resources to support safeguarding (training, staffing, systems, specialist advice)
    d. Ensure all staff, volunteers and young leaders are safely recruited, trained and supervised
    e. Support and oversee the Lead Safeguarding Officer in fulfilling operational safeguarding responsibilities
    f. Respond to serious safeguarding concerns escalated to senior leadership
    g. Ensure safeguarding is integrated into planning, risk assessments, programme design and decision-making

Lead Safeguarding Officer Responsibilities

20. The Lead Safeguarding Officer (LSO) is the designated point of contact for all safeguarding concerns relating to children and young people. They will:

    a. Maintain up-to-date safeguarding policies and procedures
    b. Provide advice, guidance and support to staff, volunteers, young leaders, parents/carers and participants
    c. Receive and respond to safeguarding concerns, ensuring timely and appropriate action in line with national and local thresholds
    d. Liaise with statutory agencies, including children's social care, police and health services
    e. Maintain secure, confidential and accurate records of all safeguarding concerns and actions taken
    f. Coordinate safeguarding training and ensure staff and volunteers receive training appropriate to their role
    g. Support safe recruitment processes and undertake DBS eligibility assessments
    h. Work closely with the Board Safeguarding Lead and CEO on strategic safeguarding matters

21. A **Deputy Safeguarding Officer** will act in the absence of the Lead Safeguarding Officer.

Responsibilities of Staff, Volunteers and Ambassadors

22. All staff, volunteers and ambassadors must:

    a. Promote the safety, dignity and wellbeing of children and young people in all activities
    b. Uphold this policy and follow safeguarding procedures at all times
    c. Complete mandatory safeguarding training and refreshers
    d. Report safeguarding concerns immediately to the LSO or Deputy, even if unsure whether the concern meets the threshold
    e. Maintain professional boundaries and act as positive role models
    f. Communicate appropriately with children, using child-centred approaches
    g. Avoid being alone with a child wherever possible and follow safe practice guidelines
    h. Respect confidentiality, sharing information only when necessary to protect a child from harm
    i. Contribute to safe practice through risk assessments, supervision and creating safe environments
    j. Never investigate concerns themselves—this is the responsibility of statutory services

23. Staff, volunteers and ambassadors must adhere to the CP Sport code of conduct (see Appendix 2).

Young Leaders/Ambassadors (Under 18) Responsibilities

24. Cerebral Palsy Sport recognises and values the contribution of young leaders, but also acknowledges that anyone under 18 is still legally a child.

25. Young leaders must:

    a. Act as positive role models
    b. Follow this safeguarding policy, Codes of Conduct and staff/volunteer instructions
    c. Never take sole responsibility for a group of children
    d. Never be left in unsupervised positions of authority
    e. Report any concerns about the safety or welfare of another child to an adult member of staff immediately

26. Young Leaders/Ambassadors must always be supervised by an appropriately trained adult.

27. Young leaders/ambassadors must adhere to the CP Sport code of conduct (see Appendix 4).

Parent and Carer Responsibilities

28. Parents and carers play a vital role in safeguarding. They must:

    a. Provide accurate and up-to-date information about their child's medical, behavioural and support needs
    b. Follow CP Sport Codes of Conduct for parents/carers
    c. Communicate with staff respectfully and appropriately
    d. Share any concerns about a child's welfare promptly
    e. Ensure children are dropped off and collected on time
    f. Support the organisation in maintaining a safe environment

Safe recruitment, Training and DBS Requirements

29. Cerebral Palsy Sport is committed to safe and transparent recruitment. We will:

    a. Review every role to determine DBS eligibility (Enhanced, Enhanced with Children's Barred List check, or not eligible)
    b. Carry out barred list checks where a role meets the criteria for regulated activity with children
    c. Follow the Safer Recruitment Policy and statutory guidance
    d. Conduct risk-based assessments when DBS disclosures reveal relevant information
    e. Ensure criminal records information is handled lawfully in line with the Data Protection Act 2018
    f. Provide safeguarding induction training to all new staff and volunteers
    g. Implement a programme of refresher training every 2–3 years
    h. Ensure trustees receive safeguarding training proportionate to their responsibilities

30. A **children's DBS matrix** will be included in the appendices.

Regulated Activity and Barred List Checks

31. Cerebral Palsy Sport will identify which roles fall under *"regulated activity with children"* as defined in the Safeguarding Vulnerable Groups Act 2006 (as amended); using the support and guidance of:

    a. The Partnership Team, at the Disclosure and Barring Service
    b. Customer Success Consultant Team, at First Advantage DBS

32. Regulated activity generally includes:

    a. Unsupervised teaching, training, instruction, caring for or supervising children
    b. Providing advice or guidance on physical, emotional or educational well-being
    c. Driving a vehicle solely for children
    d. Day-to-day management of individuals engaged in regulated activity
    e. Roles within specified establishments (schools, children's homes, childcare settings), where applicable

33. Where a CP Sport Staff, Ambassador or Volunteer role meets the criteria:

    a. An Enhanced DBS check with the Children's Barred List must be undertaken
    b. CP Sport has a legal duty to refer individuals to the DBS if they have been removed from regulated activity because they have caused or may cause harm to a child

34. The LSO will apply the DBS legal test when considering eligibility and referral decisions.

Organisational Diligence and Policy Maintenance

35. This policy will be reviewed:

    a. Annually by the CP Sport safeguarding committee
    b. Following significant safeguarding incidents, learning reviews or changes in legislation
    c. In response to feedback from children, young people, families, staff, volunteers and partners
    d. CP Sport is committed to continuous improvement and will ensure that learning from incidents, near misses or external guidance informs future practice.

SECTION C — Definitions and Recognising Abuse

Key Definitions

36. A Child

    a. A child is anyone **under the age of 18**, as defined in the Children Acts 1989 and 2004. This includes unborn babies.

    b. All children have the right to:

    - Grow up in a safe and nurturing environment
    - Be protected from abuse, neglect and exploitation
    - Have their wishes and feelings taken seriously

    c. Cerebral Palsy Sport recognises that all children are vulnerable, but disabled children are significantly more likely to experience abuse. This is reflected throughout this section.

37. Child Safeguarding

    a. Child safeguarding refers to:

    > "The action taken to promote the welfare of children and protect them from harm" (Working Together to Safeguard Children)

    b. Child Safeguarding includes:

    - Protecting children from maltreatment
    - Preventing impairment of children's physical and mental health or development
    - Ensuring they grow up with safe and effective care
    - Taking action to enable all children to have the best outcomes

    c. Safeguarding is broader that "child protection"

38. Child Protection

    a. Children protection is a specific process within safeguarding and refers to:

    > "The Activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm" (aligned with Working Together guidance)

    b. Child protection involves immediate or coordinated action to protect a child from harm.

39. Significant Harm

a. “Significant harm” is the threshold for statutory intervention under the Children Act 1989.

b. National safeguarding guidance notes that significant harm may arise from:

- A single traumatic event, or
- The cumulative impact of ongoing neglect, abuse or poor care

40. Parental Responsibility

a. Defined by the Children Act 1989, parental responsibility includes all rights and duties a parent has in relation to a child. It may be held by:

- Biological parents
- Adoptive parents
- Individuals granted parental responsibility through the courts

b. For safeguarding decisions, the safety of the child takes precedence over parental wishes where there is conflict.

41. Early Help

a. Early Help refers to support provided as soon as a problem emerges, at any point in a child’s life. CP Sport will contribute to Early Help processes by sharing concerns appropriately and working with families and partners.

Types of Abuse and Neglect

(Aligned to Working Together 2023 and CPSU 2025)

42. Children may be abused or neglected by adults or other children. Abuse may occur in any setting, including sporting environments, online, during travel, or within peer groups.

43. Physical Abuse

a. When someone deliberately hurts a child causing physical harm it is called physical abuse. It may involve hitting, kicking, shaking, pushing, poisoning, burning, biting, scalding, drowning or any other method of causing non-accidental harm.

b. Sport-specific examples:

- If the nature and intensity of training or competition exceeds the capacity of the child’s immature growing body

- Where coaches encourage the use of drugs or harmful substances to enhance performance or delay puberty
- If children are made to perform a movement they do not have the skill to execute and this causes an injury
- If athletes are required to participate when injured
- If coaches punish children with excessive cardio exercises
- If sanctions used by coaches involve inflicting pain

44. Emotional Abuse

a. Emotional abuse is the emotional maltreatment of a child, which has a severe and persistent negative effect on the child's emotional development.

b. Sport-specific examples:

- Subjecting a child to repeated criticism, sarcasm, name calling or racism
- Ignoring or excluding a child
- Pressuring a child to perform to unrealistically high expectations
- Excessive weighing of children
- Making a child feel like their value or worth is dependent on their sporting success
- Bullying behaviour

c. All CP Sport Staff, Ambassadors and Volunteers can play an important role in recognising the signs of emotional abuse, responding to reports and concerns, and preventing instances of emotional abuse in a sports setting in the first place.

d. All CP Sport Staff, Ambassadors and Volunteers must also act as positive role models in their behaviour, conduct and treatment of others at all times to help create a safe, fun, inclusive environment for everyone.

45. Sexual Abuse

a. Sexual abuse is when a child is forced or persuaded to take part in sexual activities. This may involve physical contact or non-contact activities and can happen online or offline. Children and young people may not always understand that they are being sexually abused.

b. Sexual abuse has immediate and long-term impacts on a child's physical, mental and emotional wellbeing, behaviour, development and personal relationships.

c. Sport-specific examples:

- Most children who have experienced sexual abuse were abused by someone they know. Perpetrators may look for weak spots in an organisation to gain access to children.

- In sport and activity settings, coaching techniques which involve physical contact with children can create situations where sexual abuse can be disguised. An abusive situation can also develop if a person in a position of authority, such as a coach, were to misuse their power.
- Contacts made within sport and pursued through other routes, such as social media, have been used to manipulate and groom children for abuse. Those who want to sexually abuse children can also groom protective adults and organisations in order to create opportunities for abuse to take place.

46. Neglect

a. Neglect is not meeting a child's basic physical or psychological needs. The 4 main types of neglect are physical, educational, emotional and medical. Each type of neglect can have a long-lasting impact on a child's health and development.

b. Sport-sector examples:

- Failing to ensure children are safe
- Exposing children to undue cold, heat or extreme weather conditions without ensuring adequate clothing or hydration
- Exposing children to unnecessary risk of injury by ignoring safe practice guidelines
- Failing to ensure the use of safety equipment
- Requiring young people to participate when injured or unwell
- Not seeking medical or first aid attention
- Not responding appropriately when a concern is raised

47. Domestic Abuse

a. Domestic abuse describes violence or abuse used by one person over another within intimate relationships or families. This includes all threatening, controlling, coercive, bullying or violent behaviours. Domestic abuse typically escalates in both frequency and severity over time.

b. Children may experience domestic abuse directly themselves, or through being exposed to the domestic abuse of another person. Both experiences have adverse impacts on a child's life. For example, it can negatively affect their:

- Physical and mental wellbeing
- Confidence
- Development
- Behaviour

c. These impacts can often have detrimental long-term effects which extend into adulthood.

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d. Sport-specific guidance:

- You can play a role in recognising the signs and risks of domestic abuse. By supporting at-risk children and young people and responding appropriately it will let children know that there are other trusted adults in their life that they can turn to for help. Sports coaches must also act as positive role models in their behaviour, conduct and treatment of others at all times.
- It is also important not to fall into the trap of victim blaming attitudes, as such approaches exacerbate myths around domestic abuse, retraumatise survivors, and reinforce harmful gender stereotypes.

48. Non-recent Abuse

a. Non-recent abuse is abuse that occurred a period of time ago. It's sometimes referred to as historic abuse, but many survivors of abuse say they are still impacted and traumatised many years after the abuse ends and therefore it is not historic as they still live with the consequences in the here and now.

b. Non-recent abuse refers to allegations of neglect, physical or sexual abuse of someone now 18 years or older, relating to an event when the victim was under 18 years old.

Other Relevant Forms of Harm

49. Poor Practice

a. Not abuse, but behaviour that falls short of expected standards. Includes:

- Favouritism
- Inappropriate communication
- Excessive training loads
- Lack of supervision

b. Poor practice can escalate into abuse if not challenged.

50. Positions of Trust (Sexual Offences Act 2023)

a. Adults in positions of authority must not engage in sexual activity with 16–17-year-olds they supervise or coach.

51. Child Sexual Exploitation

a. Occurs when a child is manipulated or coerced into sexual activity in exchange for something they want or need.

b. Sport considerations include:

- Children receiving gifts or attention from adults or older peers
- Unexplained absences or changes in behaviour
- Older individuals establishing control over younger athletes

52. Child Criminal Exploitation (CCE) / County Lines

a. Where a child is manipulated into criminal activity such as drug trafficking, often involving coercion, grooming or threats.

53. Online Abuse

a. Children may be harmed through:

- Online grooming
- Exposure to harmful/abusive content
- Sexual exploitation
- Harassment, threats or bullying
- Coercion or manipulation to share images or information
- Inappropriate contact through sport related digital platforms

b. Sport often uses digital platforms for communication; therefore, online safety is critical.

54. Bully and Cyberbullying

a. Includes repeated behaviour intended to hurt, intimidate or isolate a child.

b. Sport-specific bullying may involve:

- Exclusion from teams or activities
- Mocking physical ability or disability
- Hostile peer behaviour on or off the field

c. Cyberbullying includes harmful online messages, posts, images or videos.

55. Discriminatory Abuse

a. Includes harassment, prejudice, unfair treatment or bullying based on:

- Disability
- Race or ethnicity
- Gender identity
- Sexual orientation
- Faith or belief

b. Disabled children experience discriminatory abuse disproportionately within the sports sector.

56. Harmful Sexual Behaviour

a. Sexual behaviours expressed by children that are:
- Developmentally inappropriate
- Harmful, coercive or abusive
- Exploitative or manipulative

b. This includes peer on peer sexual behaviour

57. Radicalisation and Extremism

a. Some children may be vulnerable to extremist ideologies or online radicalisation. Indicators include:
- Isolation
- Sudden behaviour changes
- Expressing extremist views
- Increased secrecy online

b. CP Sport follows the Prevent guidance – Further details can be found at https://learning.nspcc.org.uk/safeguarding-child-protection/radicalisation

Additional Vulnerabilities for Children and Young People with Disabilities

58. Disabled children are **three to four times more likely** to experience abuse than non-disabled children
(*aligned with CPSU and Activity Alliance guidance*)

Factors increasing vulnerability include:

59. Increased dependency on adults

a. Many disabled children require:

- Physical support
- Intimate or personal care
- Supervised movement or handling

b. This may create opportunities for inappropriate contact or misuse of power.

60. Communication barriers

a. Some children may have:

- Limited verbal communication
- Reliance on communication aids
- Difficulty expressing concerns or emotions

- Limited access to trusted adults

b. Abuse may go unnoticed or unreported if communication needs are not understood.

61. Social isolation and exclusion

a. Disabled children may:

- Have fewer friendships
- Be isolated in mainstream settings
- Rely heavily on adults for social connection

b. This can increase vulnerability to grooming, bullying and “mate crime”.

62. Behaviour seen as ‘part of the disability’

a. Disclosures or distress may be:

- Minimised
- Misinterpreted
- Dismissed as “behavioural” or “part of their condition”

b. Staff and volunteers must avoid assumptions and take all concerns seriously.

63. Power imbalance

a. Disabled children may feel unable to challenge:
- Coaches
- Volunteers
- Personal assistants
- Peers

b. This increases risks of bullying, coercion or exploitation.

64. Physical environments and accessibility

a. Inaccessible venues or insufficient staffing can create unsafe conditions, including:
- Dangerous equipment navigation
- Lack of supervision
- Inappropriate manual handling

65. Increased exposure to medical and intimate care

a. Disabled children may:
- Require toileting support
- Receive medication or medical intervention
- Use aids or equipment

b. Clear boundaries, consent, and safe practice guidelines must always be followed.

66. Peer vulnerability

a. Disabled children may be:
- Overly trusting
- Eager to fit in
- Unaware of grooming behaviours

b. They may not recognise unsafe adult or peer behaviour.

Recognising Signs and Indicators of Abuse

67. Children may show signs through:

a. Physical signs
- Unexplained injuries
- Bruising in unusual locations
- Repeated 'injuries' or 'accidents'
- Poor hygiene
- Consistent hunger or tiredness
- Deterioration in mobility or mood

b. Behavioural signs
- Sudden changes in confidence or behaviour
- Withdrawal, anxiety or fearfulness
- Avoidance of specific individuals or activities
- Inappropriate sexualised behaviour
- Aggression, outbursts or self-harm
- Decline in sporting participation
- Changes in communication patterns

c. Online indicators
- Secrecy around computer and phone use
- Receiving unexplained gifts or attention
- Spending excessive time online
- Distress after online activity
- Inappropriate messages or images

d. Disclosure
- Children rarely lie about abuse. A disclosure should always be believed, taken seriously and responded to immediately.

- Children may disclose abuse:
  - Verbally
  - Through behaviour

- Via drawings or writing
- Through assistive communication devices

- All disclosures must be:
  - Taken seriously
  - Acted upon immediately
  - Reported to the CP Sport LSO or Deputy

Where Abuse Can Occur

68. Abuse can occur anywhere children are present, including:

a. During CP Sport activities
b. In changing rooms
c. In transport settings
d. Online
e. At home
f. In respite or residential settings
g. During competitions, away trips or overnight stays

69. Perpetrators may be:

a. Staff, Ambassadors or Volunteers
b. Parents/carers
c. Coaches
d. Peers
e. Other young leaders/|Ambassadors
f. Strangers
g. Online contacts

SECTION D — Responding to Concerns, Disclosures and Allegations

Overview

70. Cerebral Palsy Sport is committed to ensuring that all concerns about the safety or welfare of children and young people are responded to **promptly, proportionately and in accordance with the law**.

71. Anyone involved in CP Sport may become aware of a safeguarding concern.
You do not need proof that abuse is happening, **only reasonable concern**.

72. All safeguarding concerns must be reported using the procedures in this section.

73. Please refer to **Appendix 1 – Reporting Concerns Flowchart** for a visual summary of the required actions.

Immediate Danger or Emergency

74. If a child is in immediate danger, or a crime is suspected:

Call 999 immediately.

Then:

- Inform the Lead Safeguarding Officer (LSO) or Deputy as soon as possible.
- Ensure the child is safe and supported until help arrives.

How concerns may arise

75. You may become aware of a concern because:

a. A child discloses abuse ("the child tells you what happened").
b. You observe injuries, behaviour or signs that cause concern.
c. A parent, carer or third party expresses worry.
d. You witness an incident during sport or travel.
e. Concerning online behaviour or messages come to your attention.
f. A disabled child expresses discomfort through behaviour, body language or assistive communication methods.

76. Regardless of how the concern arises, the responsibility is the same:

Recognise → Respond → Record → Report

Responding to a Disclosure

77. Children may disclose in many ways: verbally, through drawings or writing, changes in behaviour, or via communication aids.

78. The response must always be calm, supportive and child-centred.

    a. DO:
    - Stay calm, patient and reassuring.
    - Listen carefully and let them speak in their own time.
    - Acknowledge what they have said and thank them for sharing.
    - Explain what will happen next and that you cannot keep it a secret.
    - Reassure them they have done nothing wrong.
    - Take their words seriously.
    - Make a factual record as soon as possible.
    - Report to the LSO/Deputy immediately.

    b. DO NOT:
    - Ask leading or investigative questions.
    - Promise secrecy (you can promise privacy).
    - Express shock, anger or disbelief.
    - Blame the child or anyone else.
    - Suggest words or interpretations.
    - Discuss the disclosure with others except safeguarding staff.
    - Investigate the concern yourself.

79. Children, especially disabled children, may rely on non-verbal communication or behaviour to indicate distress. These must be treated with equal seriousness.

Responding to a Suspicion of Abuse

80. If you observe something concerning, or a child's behaviour or presentation raises concern:

    a. Do not confront the alleged person responsible.
    b. Do not attempt to gather evidence or ask children probing questions.
    c. Discuss the concern with the LSO/Deputy immediately.
    d. If the LSO/Deputy is unavailable and the risk is urgent, escalate to the CEO or Board Safeguarding Lead.

81. Suspicion alone is sufficient for reporting.

82. It is not your role to decide whether abuse is taking place.

Taking Account of Wishes and Capacity

Children's Wishes and Feelings

83. Children's views should always be sought and considered, unless doing so would put them at further risk.

84. This includes understanding:

    a. How they want to be supported
    b. Who they feel safe with
    c. Their preferred communication method

Disabled Children

85. When responding to concerns involving disabled children, staff should:

    a. Use the child's preferred communication method
    b. Allow additional time for processing or responding
    c. Recognise that behaviour or distress may be a disclosure
    d. Avoid assumptions that concerns relate to the child's disability

86. The child's voice remains central, regardless of communication needs.

Reporting Safeguarding Concerns

87. All safeguarding concerns must be reported immediately to:

    a. Lead Safeguarding Officer (LSO), or
    b. Deputy Lead Safeguarding Officer (DLSO)

88. If neither is available and the concern is urgent:

    a. Chief Executive Officer (CEO)
    b. Board Safeguarding Lead

89. When reporting:

    a. Provide clear, factual information.
    b. Share what was seen, heard, or said; avoid opinions.
    c. Do not wait to gather further detail.
    d. Mark any communication URGENT if immediate action is needed.

External Referrals to Statutory Agencies

90. The LSO/Deputy is responsible for:

    a. Assessing initial information
    b. Contacting Children's Social Care where appropriate
    c. Consulting with the Local Authority Designated Officer (LADO) for concerns involving staff or volunteers
    d. Supporting police involvement where a crime may have been committed
    e. Liaising with health services and relevant professionals

91. Referral Timescales (Best Practice):

    a. **Immediate** — if the child is at risk of serious harm or a criminal offence has occurred
    b. **Within 24 hours** — for incidents that may still be happening or could reoccur
    c. **As soon as possible** — for non-urgent concerns that require monitoring or discussion

92. All referrals must be clearly documented.

Recording Safeguarding Concerns

93. Records must be made as soon as possible and should include:

    a. Date and time of the incident or disclosure
    b. The child's details
    c. What was said, seen, heard or disclosed (exact words where possible)
    d. Any injuries or behavioural indicators
    e. Actions taken and decisions made
    f. The name and role of the person you reported to
    g. Any supporting documents (e.g., screenshots, messages)

94. Records must be:

    a. Accurate
    b. Factual (not opinion-based)
    c. Dated, timed and signed
    d. Stored securely and confidentially

95. Good documentation is critical for protecting children, especially disabled children whose experiences may be misunderstood or minimised.

Support for Staff and Volunteers

96. CP Sport acknowledges that safeguarding situations can be stressful.

97. Staff and volunteers will be supported through:

    a. Access to the LSO and management team
    b. Debriefing after incidents
    c. Supervision and reflective practice
    d. Signposting to external wellbeing support if needed

98. No one will be treated unfairly for reporting a safeguarding concern made in good faith.

Whistle Blowing

99. Everyone in CP Sport should feel confident to raise concerns about:

    a. Unsafe behaviour
    b. Poor practice
    c. Breaches of safeguarding policy
    d. Concerns about staff, volunteers, or contractors

100. Whistleblowing is essential for protecting children.

101. Individuals who raise concerns in good faith will be protected from victimisation and negative consequences.

102. See Appendix – Whistleblowing Flowchart.

Allegations Against Staff, Volunteers or Coaches

103. If a concern involves someone working or volunteering for CP Sport:

    a. The individual may be suspended or removed from duties as a precaution.
    b. The LADO must be contacted for all allegations involving staff or volunteers.
    c. Police involvement will be sought where a crime may have been committed.
    d. Internal disciplinary processes may run alongside statutory investigations.
    e. Information will be shared only on a need-to-know basis.

104. CP Sport will cooperate fully and transparently with external investigations.

Peer on Peer Abuse (Child on Child abuse)

105. Children can harm other children.

106. This may include:

    a. Bullying
    b. Discriminatory behaviour
    c. Sexual harassment or harmful sexual behaviour
    d. Physical violence
    e. Coercion or exploitation

107. CP Sport does not tolerate any peer-on-peer abuse.

108. All incidents must be:

    a. Taken seriously
    b. Recorded
    c. Investigated promptly
    d. Referred to statutory agencies where appropriate

109. Disabled children may be at higher risk due to social dynamics, communication barriers or power imbalances.

Positions of Trust

110. Adults in positions of trust; including coaches, volunteers, staff and personal assistants **must not**:

    a. Form sexual or inappropriate relationships with children
    b. Exploit their power or influence
    c. Use overly personal or secretive communication
    d. Give gifts, favour specific children or encourage dependency

111. Any concerns about breach of trust must be reported immediately.

Key Principles for Safeguarding Responses

112. Safeguarding responses within CP Sport are guided by the following principles:

    a. **Safety first** — the child's immediate safety is the priority.
    b. **Listen and respect** — the child's voice and experiences are central.
    c. **Do not investigate** — gather basic information and report.
    d. **Confidentiality, not secrecy** — share only with those who need to know.
    e. **Record everything** — accurate documentation is essential.
    f. **Act promptly** — delays place children at risk.
    g. **Follow procedure** — consistent practice protects everyone.

SECTION E — Safe Practice Guidelines

Overview

113. Cerebral Palsy Sport is committed to promoting safe, inclusive and child-centred environments across all activities, events and programmes. These guidelines outline expectations for safe conduct in relation to:

    a. Photography, filming and use of images
    b. Supervision and staffing ratios
    c. Personal care, physical support and intimate care
    d. Communication (including online communication)
    e. Transport and travel arrangements
    f. Away trips, residentials and overnight stays
    g. Changing facilities
    h. Late collection procedures
    i. Safe physical contact
    j. Medical needs and medication
    k. Children's participation and inclusion
    l. Codes of conduct and behaviour expectations

114. These standards apply to all staff, ambassadors, volunteers, coaches, young leaders, participants, personal assistants, parents/carers, and anyone acting on behalf of CP Sport.

Photography, Filming and Use of Images

Principles

115. Photography and video can be valuable for celebrating participation and supporting coaching. However, they also pose risks. CP Sport ensures that:

    a. Consent is always sought in advance
    b. Images are used safely, respectfully and lawfully
    c. Children's dignity, identity and privacy are protected
    d. Storage and sharing of images comply with the Data Protection Act 2018
    e. No image is used in a way that could place a child at risk
    f. Disabled children may require additional consideration to ensure images do not inadvertently disclose private information about disability, medical needs or support.

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[Approved 28.01.26]

When Photography/Filming Is Allowed

116. Photography or filming is only permitted when:

    a. Parental/carer consent has been obtained (except in crowd settings where individuals are not identifiable)
    b. The purpose has been declared in advance
    c. Children understand (as appropriate) how images will be used
    d. Organisers have been informed

117. Recording without consent is prohibited unless for safeguarding or operational incident-reporting purposes.

Registration Requirements

118. Professionals, students or amateur photographers must:

    a. Register with event organisers
    b. Provide identification
    c. Declare how images will be used
    d. Comply with CP Sport guidelines

119. Spectators may photograph their own children unless they use professional or zoom equipment, in which case registration is required.

Good Practice for Using Images

120. Good practice guidance includes:

    a. Avoid full names or identifying details.
    b. Avoid images showing vulnerable situations (e.g., personal care).
    c. Only use images appropriate to age, disability and context.
    d. Use images that reflect diversity, inclusion and positive participation.
    e. Store images securely and delete when no longer needed.

Videoing for Coaching Purposes

121. Video may be used for legitimate coaching purposes where:

    a. Children and parents/carers are informed beforehand
    b. Written consent is obtained
    c. Footage is stored securely
    d. It is accessed only by authorised staff

Supervision and Staffing Expectations

Supervision Standards

122. CP Sport aims to provide ratios that reflect best practice and the needs, age and ability of children participating. Ratios must always be:

    a. Risk assessed
    b. Appropriate for the activity
    c. Adapted for disabled children who may require additional support

123. Examples of minimum supervision ratios:

    - Under 8s 1:6
    - Ages 9–12 1:8
    - Ages 13–17 1:10

124. Higher staffing may be required when:

    a. Children have mobility or communication needs
    b. Intimate care or medical procedures are required
    c. Environments pose increased physical risk
    d. Activities involve water, transport or complex equipment

Staff Responsibilities During Activities

125. Staff and volunteers must:

    a. Maintain professional boundaries at all times
    b. Ensure children are supervised appropriately, including during breaks
    c. Complete registers and headcounts regularly
    d. Follow activity risk assessments
    e. Uphold Codes of Conduct
    f. Ensure equipment and environment are safe and accessible
    g. Ensure disabled children have appropriate support, equipment and adaptations

126. Young leaders must **never** be left with sole responsibility for a group.

Personal Care, Physical Support and Intimate Care

127. Some disabled children may require physical or intimate care (e.g., toileting, dressing, medical routines, mobility support).

Charity Number: 108860
[Approved 28.01.26]

128. Key Principles

a. Intimate care should only be carried out when essential and with consent from parent/carer and child (where possible).
b. Staff providing intimate care must be appropriately trained.
c. One-to-one intimate care should be avoided unless unavoidable and risk assessed.
d. Personal dignity must be maintained at all times.
e. Children should be involved as much as possible in their own care.
f. Clear records should be kept of all intimate care interventions.

129. Any inappropriate touching or boundary crossing must be reported immediately.

Communication with Children, Parents and Carers

General Communication

130. Staff must provide parents/carers with:

a. Clear event or session details
b. Expectations for drop-off and collection
c. Emergency contact information
d. Relevant medical or support requirements
e. Any changes to venue or schedule

131. Communication with children should be:

a. Clear, respectful and age-appropriate
b. Adapted for children with communication needs
c. Conducted in open environments or group settings

Online Communication

132. To maintain safe practice:

a. Staff and volunteers must not use personal accounts when communicating with children.
b. Communication should be through official CP Sport channels only.
c. Direct messaging with individual children should be avoided where possible.
d. Group communication should include another adult for transparency.
e. Inappropriate online messages, images or contact must be reported immediately.

Transport Arrangements

133. Transport arrangements must prioritise children's safety and dignity.

134. General Principles

a. Parents/carers are responsible for drop-off and pick-up unless specific arrangements have been agreed.
b. Staff should avoid transporting children alone, except in exceptional, risk-assessed circumstances.
c. All drivers must be appropriately licensed and insured.
d. Emergency contact information must be available for all children.
e. Children who require accessible transport or mobility support must have this risk assessed and pre-planned.

135. Transport Safety Checklist

a. Vehicle is roadworthy and accessible.
b. Appropriate supervision is provided.
c. Safe pick-up and drop-off points arranged.
d. Seatbelts and other safety measures must be used at all times.
e. Medical or support needs shared with transport staff if relevant.

Away Trips and Overnight Stays

Trips offer valuable experiences but require thorough planning.

136. Pre-Trip Planning

a. Full risk assessment covering venue, accommodation, transport, staffing and medical needs.
b. Clear roles assigned: Team Manager, Safeguarding Lead, Coaches, Support Assistants.
c. Parental/carer consent obtained for all elements of the trip.
d. Medical information and medication plans fully documented.
e. Accessible accommodation and travel confirmed for disabled participants.

Information for Children and Parents/Carers

137. Children and parents/carers must receive:

a. Itinerary
b. Staffing list and responsibilities
c. Accommodation details
d. Behaviour expectations
e. Kit/equipment lists
f. Emergency contacts

Conduct on Trips

138. Staff must:

a. Model safe and respectful behaviour
b. Refrain from consuming alcohol while responsible for children
c. Maintain professional boundaries
d. Avoid being alone with a child wherever possible
e. Complete regular headcounts
f. Ensure safe sleeping arrangements
g. Ensure disabled children have equal access to opportunities and appropriate support

Changing Facilities

Changing rooms can present specific safeguarding risks.

139. Best Practice

a. Children should be supervised appropriately without compromising privacy.
b. Adults must not change or shower at the same time as children.
c. Disabled children who require changing or support must have assistance provided with dignity and consent.
d. One-to-one changing support should be avoided unless essential and risk assessed.
e. Cameras, phones and recording devices must not be used in changing areas.

Late Collection Procedures

140. If a child is not collected on time:

a. Two staff members should remain with the child in a safe, public area.
b. Parents/carers should be contacted using all available numbers.
c. If contact cannot be made, emergency contacts should be tried.
d. Staff should not transport a child in their own vehicle unless risk-assessed and approved by senior staff.
e. If the child remains uncollected and all options exhausted, Children's Services or the police may need to be contacted.

141. Repeated late collection may require review of the child's participation arrangements.

Safe Physical Contact

142. Physical contact in sport may be necessary for:

    a. Instruction
    b. Physical support
    c. First aid
    d. Manual handling
    e. Safety

143. Good Practice Guidance Includes:

    a. Seek consent from the child before physical contact where possible.
    b. Use clear, age-appropriate explanations.
    c. Keep physical contact to the minimum necessary.
    d. Ensure contact is open, observable and appropriate.
    e. Adapt techniques for disabled children in a way that maximises independence and dignity.

144. Any contact that causes distress must stop immediately.

Medical Needs and Administration of Medication

145. Some children may require medication or medical procedures during activities

146. Requirements

    a. Written parental/carer consent must be obtained.
    b. Staff administering medication must be appropriately trained and authorised.
    c. Clear medication records must be maintained.
    d. Emergency medication (e.g., inhalers, EpiPens) must be accessible at all times.
    e. Disabled children with complex health needs must have an individual care plan.

Participation, Inclusion and Adaptation

147. CP Sport is committed to inclusive and accessible sport.

148. Inclusive Practice guidance

a. Activities must be adapted to meet individual needs.
b. Equipment should be accessible and safe.
c. Support staff or personal assistants must be fully briefed.
d. Children should not be excluded due to disability, behaviour relating to disability, or communication needs.

Important Contacts

149. Cerebral Palsy Safeguarding Contacts

Lead Safeguarding Officer (LSO)	Richard Todd	Click here to contac the CP Sport safeguarding team
Chief Executive Officer (CEO)	Brendan Tonks	Click here to contact the CP Sport safeguarding team
Board Designated Safeguarding Lead	Esther Jones	Click here to contac the CP Sport safeguarding team

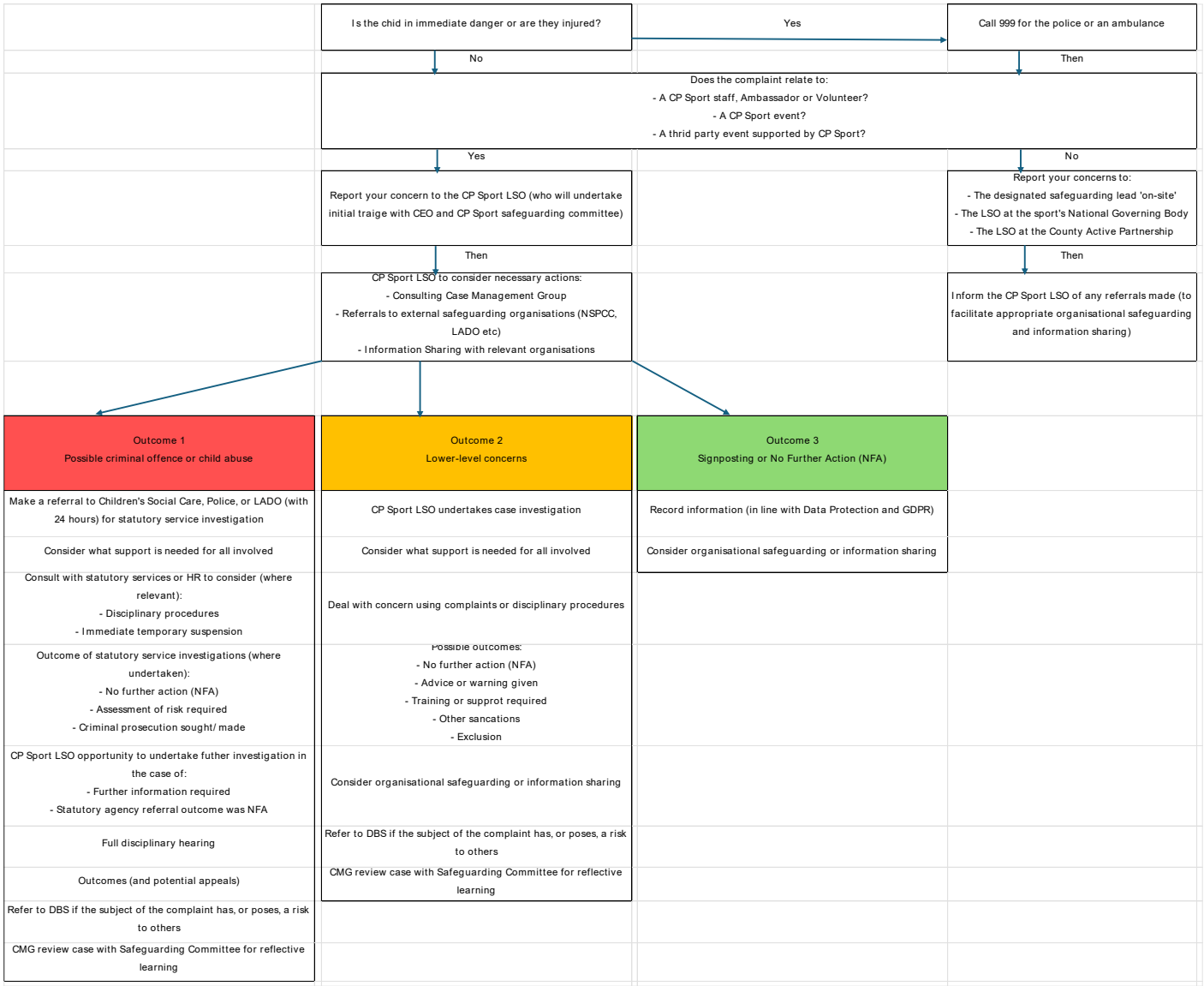
150. External Safeguarding Contacts

NSPCC	https://www.nspcc.org.uk/
CPSU (Child Protection in Sport Unit)	https://thecpsu.org.uk/
LADO (Local Authority Designated Officer)	https://www.gov.uk/find-local-council (Search for your local council by postcode; then search 'LADO' in their website search function)
Local Police Force Services (search by postcode) NON-EMERGECY	https://www.police.uk/pu/find-a-police-force/
DBS	https://www.gov.uk/government/organisations/disclosure-and-barring-service
Citizens Advice Bureau (search by postcode)	Find your local Citizens Advice - Citizens Advice

Review of Policy

151. This policy will be reviewed **annually**, or earlier if governance standards, legislation or organisational needs change.

Appendix 1 – Cerebral Palsy Sport (Safeguarding Children) - Reporting Concerns Flow Chart



Appendix 2: Cerebral Palsy Sport (Safeguarding Children) Code of Conduct: Staff, Ambassadors and Volunteers

All staff, volunteers, coaches and ambassadors at Cerebral Palsy Sport play a crucial role in creating a safe, inclusive and empowering environment for children and young people. This Code of Conduct outlines the standards required to ensure that every child is treated with dignity, respect and kindness, and that the highest safeguarding standards are upheld at all times.

You must always act professionally, ethically and with integrity. Treat every child fairly, without discrimination or favouritism, and value their individuality, abilities and unique needs. Many children, especially children with CP, may require more time, patience, or adapted communication; acknowledging these needs is a core part of safe and inclusive practice. Always maintain appropriate boundaries. Do not form personal, intimate or sexual relationships with any child you work with and avoid behaviour that could be misinterpreted or lead to a conflict of interest. Your role is to support, guide and protect, not to be a friend or confidant.

You must prioritise children's safety and wellbeing in every session, event and interaction. Plan activities that are appropriate, inclusive and fun, adapting where needed to meet each child's abilities and access requirements. Ensure environments are safe, equipment is appropriate, and risks are identified and managed. Always follow this safeguarding policy and report immediately if you have a concern, disclosure, or suspicion of harm. It is not your role to investigate concerns; however, it is your responsibility is to share them promptly with the Lead Safeguarding Officer.

Communicate with children clearly, calmly and respectfully. Encourage their independence, decision-making, and confidence. Listen to them and take their views seriously, including when they tell you how they prefer to communicate or receive support. Where children use communication aids or have speech, language or social communication needs, you must take time to ensure their voices are heard. Maintain confidentiality and share information only when necessary to protect a child from harm.

Uphold high personal standards. Do not use alcohol, drugs or smoke during any activity or at any venue where you are representing CP Sport. Treat all colleagues, parents, carers and participants with courtesy and respect. Avoid being alone with a child wherever possible, and ensure your actions are transparent and open to scrutiny. Use only CP Sport channels for online or electronic communication and maintain professionalism in all digital interactions.

By following this Code, you help create a culture where children feel safe, valued and able to thrive in their sporting journey with CP Sport.

Appendix 3 – Cerebral Palsy Sport (Safeguarding Children) Code of Conduct: Personal Assistants, Parents and Carers

Parents, carers and personal assistants (PAs) play a vital role in supporting children and young people to participate safely and confidently in Cerebral Palsy Sport activities. This Code outlines the expectations for conduct, communication and partnership working to ensure the wellbeing and dignity of every child.

Your role is to provide positive and respectful support that prioritises the child's enjoyment, confidence and safety. Encourage participation in a constructive way, celebrate effort and progress, and avoid placing pressure on children to achieve or compete beyond their comfort. Children with CP may require additional support or preparation before activities; ensuring they arrive ready, with the correct equipment, medication or assistive devices, helps staff provide the safest and most inclusive experience.

Share relevant information with staff as early as possible, including medical, behavioural or communication needs, so activities can be adapted appropriately. Clear and open communication ensures that risks are managed, and children receive the individual support they require. Respect the roles and responsibilities of staff, ambassadors, volunteers and coaches, and understand that their decisions are guided by safeguarding principles. During sessions, please avoid intervening unless safety requires it or it has been agreed in advance.

Always model positive behaviour. Treat staff, volunteers, other families and children with kindness, patience and respect. Help us maintain an inclusive atmosphere by challenging unsafe or discriminatory behaviour and reporting concerns immediately. Avoid language or conduct that could be perceived as aggressive, intimidating or disrespectful. Support punctuality for drop-off and collection and let staff know promptly if delays occur.

Parents, carers and PAs must not use alcohol, drugs or smoke during CP Sport activities or events, or engage in behaviour that undermines the safety or wellbeing of any participant. Where you act as a PA, you are expected to always uphold professional boundaries and work collaboratively with CP Sport representatives.

By following this Code, you contribute to a culture where all children, including children with CP, feel safe, respected and able to fully participate and enjoy being part of CP Sport.

Appendix 4 – Cerebral Palsy Sport (Safeguarding Children) Code of Conduct: Children and Young People Participants

CP Sport wants to make sure that every child and young person enjoys CP Sport events and feels safe. To do this, we have listed what we expect from children, and from adults.

What we expect from children and young people

- Be kind, friendly and respectful to everyone.
- Include others and help people feel welcome.
- Listen to CP Sport staff and volunteers and follow instructions to stay safe.
- Tell an adult if you feel worried, upset or unsafe.
- Try your best and enjoy taking part.
- Use equipment safely and look after your things.
- No bullying, teasing or unkind behaviour (in person or online).

What we expect from adults at our events

- Adults will keep you safe and treat you with respect.
- They will listen to you and take your worries seriously.
- They will make activities fun, fair and inclusive.
- They will help you take part in a way that suits you.
- They will not tolerate bullying or unsafe behaviour.
- They will follow CP Sport rules to keep everyone safe.

If you are a child or young person who has suggestions on how this list could be improved, please ask an adult to contact us at info@cpsport.org, and ask for the Lead Safeguarding Officer.

Appendix 5 – Cerebral Palsy Sport DBS Matrix

Cerebral Palsy Sport – Workforce DBS Matrix

This DBS Matrix has been developed by CP Sport, with the support of the following organisations, who supported our team to appropriately allocate the correct DBS checks to the roles outlined below.

1. National Advisor, Partnership Team, Disclosure and Barring Service.
2. Customer Service Consultant, First Advantage.

CP Sport Staff roles	
Senior Leadership	Enhanced with Adult and Child Workforce
Sport/Project Delivery Officer	Enhanced with Child Workforce
Marketing and Comms Officer	Enhanced with Adult and Child Workforce
CP Sport Volunteer roles	
Trustee	Enhanced with Child Workforce
Ambassador	Enhanced with Adult and Child Workforce
Volunteers	Enhanced with Child Workforce

These DBS roles will be reviewed annually as part of the Safeguarding Children Policy review.

Appendix 6 – Cerebral Palsy Sport Child Safeguarding Training Matrix

This matrix outlines the appropriate safeguarding children training requirements for different roles across CP Sport. Appropriate training levels have been allocated to different roles at CP Sport, with guidance provided by the CPSU (https://thecpsu.org.uk/sport-safeguarding-training/).

Training Key

SG1 – Basic Introduction to Safeguarding (administrative roles)

- https://learning.nspcc.org.uk/training/child-protection-safeguarding-sport

SG2 – Intermediate Safeguarding Training (sport and activity delivery roles)

- https://www.ukcoaching.org/our-courses/courses/safeguarding-protecting-children/

SG3 – Advanced Safeguarding Training (safeguarding leadership roles)

- An Introduction to Lead Safeguarding Officer training (CPSU) – details available here: https://thecpsu.org.uk/sport-safeguarding-training/funded-training/

SG4 –Board Training (strategic safeguarding roles)

- CPSU bespoke Board Training (delivered in collaboration with the Ann Craft Trust)

Role	Training – essential	Training – Desirable	Renewal period
Board Member	SG1 / SG4		3 years
Board (DSL)	SG1 / SG4	SG2	3 years
CEO	SG1 / SG4	SG2 / SG3	3 years
Lead Safeguarding Officer (LSO)	SG1 / SG2 / SG3 / SG4		3 years
Dept LSO	SG1 / SG2 / SG3 / SG4		3 years
Delivery Team	SG1 / SG2		3 years
Administrative Team	SG1		3 years
Ambassadors	SG1	SG2	3 years
Volunteers	SG1	SG2	3 years
Event Officials	SG1	SG2	3 years

Further training opportunities are available through the CPSU:
https://learning.nspcc.org.uk/training/child-protection-safeguarding-sport

Appendix 7 – Cerebral Palsy Sport 'Whistle Blowing' and 'Escalation' Flowchart

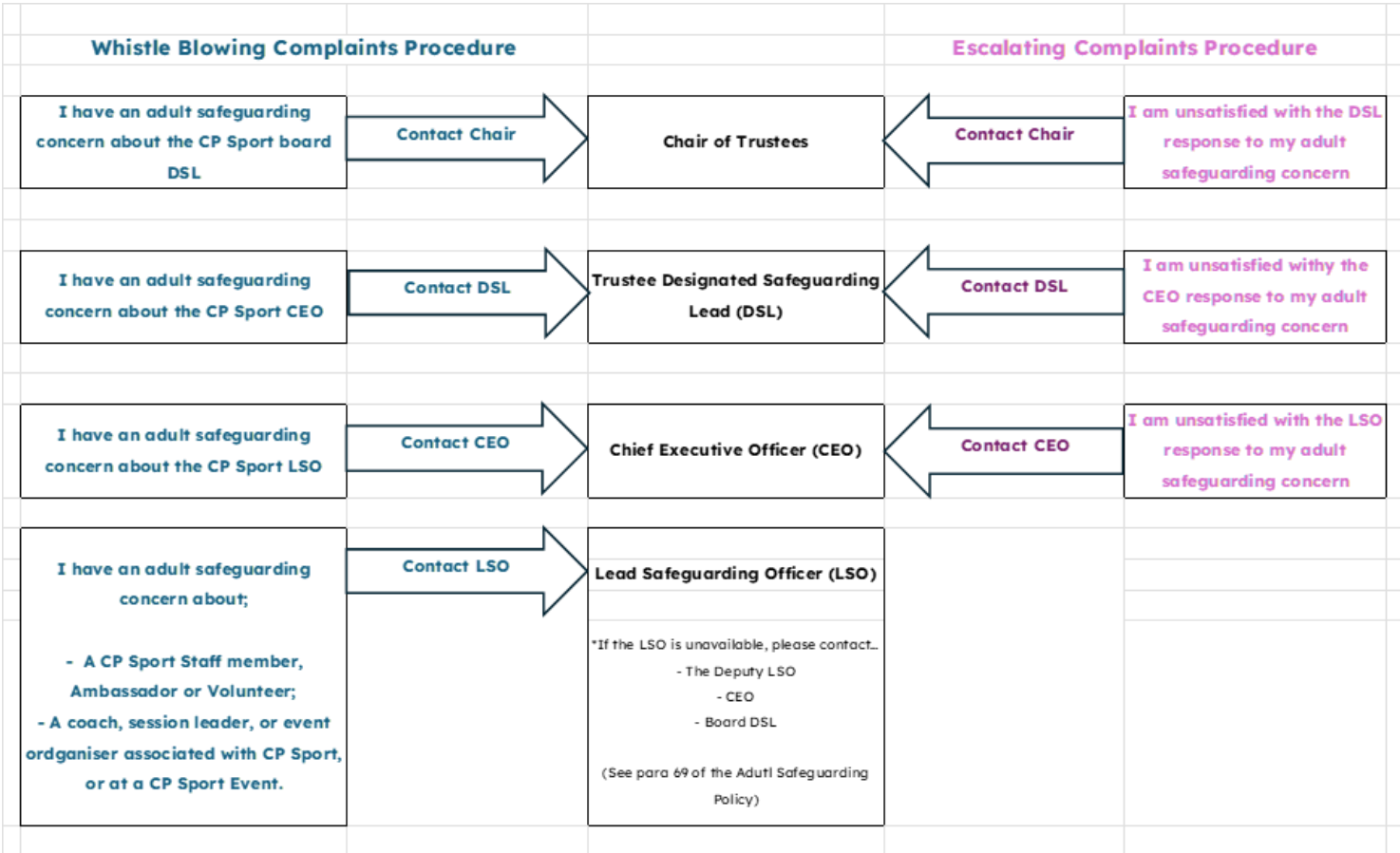
Cerebral Palsy Sport – Child Safeguarding Escalation and Whistle Blowing flowchart

Whistle Blowing Procedure

The whistle blowing procedure outlines where concerns should be directed in the case that they relate to a CP Sport staff member, ambassador, volunteer or other event-based role.

Escalation Policy

The escalation procedure outlines where concerns should be directed in the case that you are concerned about the actions/feedback of the initial disclosure/complaint to CP Sport.



Policy Version Control

Policy	**Safeguarding Children and Young People Policy**
Current Version	**V1**

Date	Policy Update	Version	Board Approval Date
23.10.25	New Policy Drafted by CEO (following full policy review).	V1	Awaiting approval
28.01.26	Board approval (general board meeting)	V1	Approved