Safeguarding Policy

(Hellcats Cheerleaders)

Table of Contents

1. Safeguarding Policy

1.1 Policy Statement

Hellcats Cheerleaders is committed to Safeguarding all children, young people and vulnerable adults that we come into contact with. Safeguarding the welfare of the child is the paramount consideration in every situation. All staff and volunteers are expected to share this commitment.

Having safeguards in place within our setting not only protects and promotes the welfare of children but also enhances the confidence of staff, volunteers, parents/carers, management, and the general public.

The purpose of this Safeguarding Policy is to achieve a nurturing and child-centred environment where children can have fun and be safe. So, to ensure their safety, we adopt the following Safeguarding policies and procedures.

Our aims are to:

- To provide staff with the necessary information to enable us to meet our statutory responsibilities to promote and safeguard the wellbeing of children.
- To ensure consistent good practice across the Company.
- To demonstrate our commitment to safeguarding children.

The Children Act 1989 states that the child's welfare is paramount and that every child has a right to protection from abuse, neglect and exploitation.

This policy seeks to promote effective multi-agency working in the light of the Children Act 2004 and 2006 and Working Together to Safeguard Children 2018.

1.2 Definition

Safeguarding is a relatively new term which is broader than ‘Child Protection’ as it also includes Prevention and Early Help.

Safeguarding has been defined as:

‘The action we take to promote the welfare of children and protect them from harm.’ Safeguarding is everyone’s duty and includes; protecting children from maltreatment; preventing impairment of children’s health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.’

We are aware of the Government Guidelines Working Together to Safeguard Children 2018 and this policy is written with these guidelines in mind.

1.3 Values, Beliefs and Principles

We adhere to the following Safeguarding and Child Protection principles, values and beliefs:

- We believe that children have a right to grow up safe from harm, and the safety and well-being of the children is always our paramount concern.

- Children will be listened to and respected.

- All children, young people and adults at risk have an equal right to protection from abuse, regardless of their age, race, religion, ability, gender, language, background or sexual identity.

- Disabled children and children with behavioral difficulties are particularly vulnerable to abuse.

- Working in partnership with other agencies and sharing information appropriately is essential in promoting the welfare of children.

- Partnership working with parents appropriately means that outcomes are generally better for children.

- The most vulnerable children are safer in an environment which offers effective Safeguarding. It's possible that workers who are safeguarding children may only have one small piece of the jigsaw, and proactive Safeguarding may expose the full extent of any abuse.

- Children rarely lie about abuse.

- Safeguarding measures must acknowledge the 'child's world' and how individual children give meaning to their experience. Workers must avoid making assumptions about this experience and avoid making judgments based on their own stereotypes or prejudices. This policy focuses on a child-centred approach in order to promote a more effective safeguarding system than when adult interests dominate.

- The Equality Act 2010 puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs.

2.0 Prevention

2.1 Safer Recruitment

Our setting endeavours to ensure that we do our utmost to keep children safe and employ staff by following the Safer Recruitment procedures in our Recruitment policy

and guidance form the Disclosing and Barring Service. Our safer recruitment procedure means all applicants will:

- Complete an application form;
- Have an appropriate job description and person specification in the role;
- Receive a candidate information pack/handbook including the settings written statement of our commitment to the safeguarding and welfare of children;
- Provide two referees, including at least one who can comment on the applicant's suitability to work with children;
- Provide evidence of identity and qualifications;
- Complete a Disclosing and Barring Service (DBS) as appropriate to their role; and
- Be interviewed against the personal specification
- Have a probationary period with supervision, regular reviews and line management

2.2 Student, Trainees and Volunteers

DBS checks are required for all students and volunteers and will be under supervision of the manager and will never be left unsupervised.
Students or volunteers will not be allowed access to the confidential records and must respect the confidentiality of parents, children and staff.

2.3 Effective Practice

We aim to establish and maintain an ethos where children feel secure and are encouraged to communicate and are responded to. We will ensure all children have effective means of communication with more than one adult and ensure our staff promote an atmosphere of trust, acceptance and tolerance. Staff and volunteers should ensure that all children make good progress in our classes, recognising that ineffective Safeguarding can lead to a negative outcome for the children.

The delivery of all our classes promote Personal, Social, Health and Emotional development in all children and should ensure that children are both listened to and

encouraged to talk about their feelings. Children should be taught how to recognise risks, how to respond to them, and an awareness of whom they can turn to for help.

2.4 Environment

The environment should always be planned in ways which minimise the risks to children e.g. physical layout and surroundings, clear roles for everyone, supervising people. A room safety check is completed each morning, any hazards are then dealt with appropriately. Concerns about children's welfare will always be taken very seriously.

2.5 Staff Guidelines

All staff and volunteers will be DBS certificated, and remain on the DBS update service until they are no longer a part of the programme.

We will enable all our staff and those who work here to make informed and confident decisions regarding Safeguarding. We expect staff and volunteers to have read, understood and adhere to the Safeguarding policy and related procedures.

Use of Mobile Phones and Cameras

Staff MUST keep their personal mobile phones/cameras in their bags and only used in an emergency. All registers, music and pictures/videos for use for team band training updates or media content must be done via the 'Gym Phone"

No images are to be taken on staff members personal phones and no images of children are to be used for any publicity without parental permission. Only the child's first name should be used in picture captions.

Staff will comply fully with our Mobile Phone and Social Media Policy

Staff and volunteers should be made aware of Safeguarding practice during Induction, staff meetings and other training opportunities. Effective practice in staff teams should be ensured with effective recruitment, training, supervision and appraisal procedures.

Staff must act in an appropriate manner at all times and set a good example to children. Staff will comply fully with the Staff Behaviour Policy and and the Staff Handbook.

2.6 Staff Training

It is important that all staff have training to enable them to recognise the possible signs of abuse and neglect and to know what to do if they have a concern. Child protection training will be a mandatory part of the induction process. The designated safeguarding person will ensure that the staff's knowledge, understanding and practice of Safeguarding and Child Protection are current and up to date. Where gaps are identified, support and training will be mandatory.

Training is up-dated annually and the Designated Safeguarding Person will receive training updated at least every two years, including inter-agency procedures.

2.7 Parents/Carers

We are committed to helping parents/carers understand their responsibility for the welfare of all children. Parents/carers should be made aware of our commitment. The full safeguarding policy will be available on request and is easily accessible via our 'policies and documents' page on our website.

Before children start at Hellcats, parents/carers will be asked to complete an enrollment form via our booking system so that we have all the relevant contact and emergency contact information. Parents/carers will usually stay on the premises during trial classes. For other classes and camps children will be seen in and out by a coach on the door and Parents will be asked to let us know who will be collecting the child at the end of class if it won't be them.

Where possible, any safeguarding concerns should be discussed with parents/carers and the safeguarding lead should seek agreement to making referrals. We have a duty of care to share Child Protection and Safeguarding information with the knowledge of the parent/carer, unless to do this would place the child at increased risk of significant harm. Parents/carers will be informed that it is our practice to share information and that this will be transferred to their child's receiving school.

2.8 Visitors

Visitors will be greeted by a member of staff and will be supervised by a relevant member of staff. Visitors will not be permitted to use their mobile phones within the gym, they will be asked to leave the room in order to use their phone if children are present.

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2.9 Children who may be particularly vulnerable

To ensure that all children receive equal protection, we will give special consideration and attention to children who are known to us to be:

- A looked after child
- Disabled or have special educational needs
- Living in a known domestic abuse situation
- Affected by known parental substance misuse
- Asylum seekers
- Living in temporary accommodation or living transient lifestyles
- Living in chaotic, neglectful and unsupportive home situations
- Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality; and
- Do not have English as a first language
- Have a parent with enduring or untreated mental health problems

3.

3.1 Key Personnel

We will ensure that there will be a designated member of staff for safeguarding available at all times that the setting is open for staff to discuss concerns.
Designated members of staff will complete full and relevant safeguarding training every two years and refresh their knowledge at least annually.

Our Governing Body Designated Safeguarding and Child Protection person for the company Hellcats Cheerleaders is:
Name: Joanna Gamper Cuthbert
Job title: Chair of the Board (Sports Cheer England)

The Designated Safeguarding and Child Protection person at Hellcats Cheerleaders is:
Name: Rachel Henn
Job title: Company Director
Contact Details: 07989667596

3.2 Roles and responsibilities of the Designated Safeguarding and Child Protection person

The Designated Safeguarding and Child Protection person (DSP) will:

- Provide support, supervision and advice for any staff member, volunteer or student with a safeguarding or child protection concern.
- Provide safeguarding and child protection induction for new staff, students and volunteers.
- Ensure their own safeguarding training is up to date (to a minimum of level - LSCB Core and enhanced modules) and renewed every two years, refreshed at least once a year.
- Ensure all Safeguarding and Child Protection training is cascaded to the whole staff team.
- Ensure that a record is kept of staff who have completed child protection training.

The Deputy Designated safeguarding and child protection person(s) will:

- Be appropriately trained (to a minimum - LSCB Core and enhanced modules) and, in the absence of the designated person, carry out those functions necessary to ensure the ongoing safety and protection of children. In the event of the long term absence of the designated person, the deputy will assume all functions above.

The Centre Co-ordinator:

- Ensures that the safeguarding and child protection policy and procedures are implemented and followed by all staff;
- Allocates sufficient time and resources to enable the DSP and deputy to carry out their roles effectively, including the assessment of children and attendance at strategy discussions and other necessary meetings;
- Ensures all staff feel able to raise concerns about poor or unsafe practices and that such concerns are handled sensitively and in accordance with the settings whistle blowing policy.

4. Confidentiality and sharing information

We will ensure all staff understand that child protection issues warrant a high level of confidentiality. This is not only out of respect for the child and staff involved but also to ensure that information being released into the public domain does not compromise evidence. Staff will only discuss concerns with the designated person or manager. That person will then decide who else needs to have the information and they will disseminate it on a ‘need-to-know’ basis.

Staff will at all times comply with our Data Protection and Confidentiality Policy.

5. Integrated Practice

Hellcats Cheerleaders understands its responsibilities to work effectively with outside agencies which includes;

- Liaising with and making referrals to appropriate agencies about children where there are safeguarding or child protection concerns, including the Local Authority Designated Officer (LADO).
- Develop effective links with relevant statutory agencies. For example, Health, Police, GPs, Local Authority. Co-ordinate and support the setting when working with a child who has a Child in Need or a Child Protection Plan.
- Co-ordinate the development of integrated practice for vulnerable children and families including using the Common Assessment Framework (CAF) - Early Help Appendix 1
- Contact details of appropriate agencies are located in Appendix 2

6. Meeting statutory requirements

We will;

- Ensure that the child protection policy is updated annually, and that all staff have read and understood this policy.
- Ensure that policies and procedures relating to Safeguarding and Child Protection are fully implemented by the setting and followed by staff, students and volunteers.
- Embed robust Safeguarding and Child Protection practices across all areas of the provision. Co-ordinate the early identification of vulnerable children and families and the involvement of parents and carers.

7. Parental partnership

Where possible, concerns will be discussed with the parent and/or carer for an explanation, providing it does not put the child at immediate risk. Parental agreement will be sought for a referral unless seeking agreement is likely to place the child at risk of significant harm through delay or the parent's actions or reactions. When we decide not to seek parental permission before making a referral, the decision will be recorded in the child's confidential file with reasons, dated and signed. Where the parent refuses to give permission for the referral, unless it would cause undue delay, further advice should be sought by the Safeguarding and Child Protection designated person and the outcome fully recorded.

Parents must notify us regarding any concerns they may have about their child and any accidents, incidents or injuries affecting the child, which will be recorded. We will involve parents and carers wherever possible and ensure they have an understanding of the responsibilities for safeguarding children by making clear our statutory duties to safeguard children.

8. Definition of abuse

Child Protection is defined as:

‘Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.’

Working Together to Safeguard Children 2018

We recognise that we have an explicit duty to safeguard children who are in need, or who may suffer significant harm as defined in the Children Act 1989 and 2004, and the Education Act 2002.

‘Working Together to Safeguard Children’ (2018) recognises 5 categories of abuse:

- Physical Abuse.
- Sexual Abuse.
- Emotional Abuse.
- Neglect.
- Peer on Peer abuse

These are defined as:

i) 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, Fabricated and Induced Illness Syndrome (FIIS). Physical abuse also includes Female Genital Mutilation (FGM)

ii) Sexual Abuse

Includes forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (eg rape, buggery) or non-penetrative acts (kissing, rubbing, masturbation touching on outside of clothing. Sexual abuse need not necessarily involve a high level of violence, nor is solely perpetrated by adult males. Sexual abuse Includes grooming by the Internet.

iii) Emotional Abuse

The persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It involves conveying to children that they are worthless/unloved, inadequate, or valued only insofar as they meet the needs of another person; age or developmentally inappropriate expectations being imposed on children; the exploitation or corruption of children; overprotection or preventing a child taking part in normal social activities; serious bullying (includes cyber bullying); seeing or hearing the ill treatment of another person, not giving the child opportunities to express their views; deliberately silencing them or making fun of what they say or how they communicate.

iv) Neglect

The persistent failure to meet a child's basic physical needs and/or psychological needs, likely to result in the serious impairment of the child's health or development, such as failing to provide adequate food, shelter and clothing; or neglect of, or unresponsiveness to, a child's basic emotional needs. Includes the impact on the unborn child of maternal substance abuse and failure to ensure adequate supervision including the use of inadequate care-givers

v) Peer on peer abuse

Safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

• bullying (including cyberbullying);

• physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;

• Sexual violence and sexual harassment;

• Sexting (also known as youth produced sexual imagery); and

• Initiation/hazing type violence and rituals.

All staff are aware of the importance of looking at the wider picture, which includes, considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. As much information as possible will be included in the referral process.This will allow any assessment to consider all the available evidence and the full context of any abuse.

9. How to recognise child abuse – Signs and Symptoms

Recognising abuse is the most important duty that staff undertake to ensure that they are protecting children from abuse.

Staff are not responsible for diagnosing or investigating child abuse. However, we do have a clear responsibility to be aware of, and alert to signs that all is not well with a child in our care. Not all concerns about children relate to abuse; there may well be other explanations. It is important that staff keep an open mind and consider what they know about the child and the child's circumstances.

Set out below are some of the possible signs which may help staff recognise if a child is being abused. Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of

them to a marked degree. If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and do something about it.

i) Physical Abuse

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for appropriate activities e.g. changing wet clothes
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact – shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him listen'.
- Fear of suspected abuser being contacted

Bruising in a baby who has no independent mobility is very uncommon and it may be an indicator of physical abuse.

ii) Sexual Abuse

- Being overly affectionate or knowledgeable in a sexual way, inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genital, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating

- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child-minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be ‘ultra-good’ or perfect; overreacting to criticism

iii) Emotional Abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation (I’m stupid, ugly etc.)
- Overreaction to mistakes
- Extreme fear of new situations
- Inappropriate response to pain (‘I deserve this’)
- Neurotic behaviour (rocking, hair twisting, self-mutila
- Extremes of passivity or aggression

iv) Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies

A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone.

Staff need to be sensitive to signs of abuse, particularly in children with limited or non-verbal communication. Statistically disabled children and children with behavioural difficulties are more vulnerable to significant harm. Staff should be especially vigilant regarding signs relating to disabled children and not automatically assume that any of the above relates to their impairment.
The quality of relationships staff develop with children is vital in helping to understand unexplained changes in behaviour and /or personality. Small as well as more obvious unexplained changes may indicate a cause for concern.

10. Dealing with an Emergency

In some instances staff or volunteers may be the first people to recognise that the child may need immediate attention resulting from child abuse. This may need to be your first action. Depending on the circumstances you may need to:

- Telephone for an ambulance or the police (dial 999)
- Ask a doctor to call;
- Ask the parent to take the child to the doctor or the hospital at once;
- Offer to take the parent and child to the hospital/surgery/clinic for immediate medical attention as appropriate;
- Take the child yourself to the hospital/surgery/clinic.

It is important to remember that the child is the legal responsibility of the parents/carers and that person (identified on child's registration forms) must be involved in the matter as soon as practicable, and IF IT IS BELIEVED THAT DOING SO PUTS THE CHILD AT NO FURTHER RISK.

Having taken the necessary emergency action, any suspected abuse must be reported to the safeguarding lead as soon as practicable. If the abuse implicates a member of the Management Team, the concerns should be discussed with the next tier of line management such as a Company Director. If necessary, report the disclosure yourself to the Local Authority Designated Officer.

A record of an account of the emergency must be written retrospectively when it is possible to do so.

11. What to do if abuse is disclosed

When a child discloses abuse, the member of staff should take the following action:

- Stay calm.
- Listen to what the child / young person is actually saying.
- Reassure them that they have done the right thing by telling you.
- Do not promise the child that this can be kept secret, as subsequent disclosure could then lead to the child feeling betrayed. Explain that you are obliged to inform other people.
- Reassure the child that the people who will be informed will be sensitive to their needs and will be looking to help protect them. Inform them that it will have to be passed on to the appropriate agencies.
- Make a note of any conversations with the child, trying to make these as detailed as possible, including when and where the conversations took place. Use the body map, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour.
- Record as soon as possible and use the actual words used by the child.
- Keep all records factual. Be aware of not making assumptions or interpretations of what the child / young person is telling you. Store all records securely.
- Do not interrogate the child, or push for more information. Ensure that any questions asked are open, not leading closed questions. Do not ask the child / young person to repeat what they have told you, for another worker. Discuss your concerns with the safeguarding lead. If the allegations implicate the manager, the concerns should be discussed with the next tier of line management - the company director.
- If necessary, report the disclosure yourself to the Local Authority Designated Officer.
- The person to whom the disclosure was made should ensure that the child who has disclosed the information is informed about what will happen next, so they can be reassured about what to expect.

There may be occasions when a child will disclose abuse which occurred in the past, termed historical abuse. This information needs to be treated in exactly the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

12. Recording

Any member of staff or volunteer receiving disclosure of abuse, or noticing possible abuse, must make an accurate record as soon as possible noting what was said or seen, putting the event into context, and giving the date, time and location.
Records should be: clear, use straightforward language, concise, accurate, contemporaneous, dated, presented chronologically, written to differentiate between facts, opinion, judgments and hypothesis, written to show emphasis by underlining and with a mind that the subject of a record does have the right in law to request access to them at any stage. Judgments made, actions and decisions taken, and who agreed and who is responsible should be carefully recorded.

Your records should cover these basic facts:

- What you saw: when and where (this includes the position of any bruises or marks that you have seen on the child, trying to indicate size, colour and shape recorded on the body map)
- What you said: when, where and who to
- What was said to you: when, where and who by
- What you did, and
- Any other relevant information

Find out (if possible) if there have been any previous concerns. It is important to compile an up-to-date case record of important events (a chronology) and also to monitor (and record if appropriate) the child's behaviour for as long as necessary.

All hand written records will be retained, even if they are subsequently typed up in a more formal report.

Written records of concerns about children should be kept, even when there is no need to make a referral immediately. All records must be seen by the child protection lead before being filed.

All records relating to Child Protection concerns will be kept in a secure place (locked cabinet) and will remain confidential. Confidentiality must be maintained and information relating to individual children/families will be shared with staff on a strictly need to know basis.

13. The procedure for responding to specific child protection concerns about a child at risk of significant harm

Taking action:

- In an emergency take the action necessary to help the child, for example, call 999.
- To stop other activities and focus on what we have seen or are being told.
- To understand that responding to suspicion of abuse takes immediate priority.
- Report any concerns we have to the Designated Safeguarding and Child Protection person or deputy immediately.
- If the Designated Safeguarding and Child Protection person or deputy is not available, ensure the information is shared with the most senior person in the setting that day and ensure action is taken to report the concern to children's social care.
- To ask the parent/carer about what has been observed, so long as it does not put the child at increased risk. We will also ask the child if he/she is old enough, and note what they tell us and how they behave.
- If we decide not to discuss our concerns with the child's parents we will record this and the reason why we made that judgement. To take action to obtain urgent medical attention for the child, if required.
- To record what we have heard or seen, what has been said, and what we did. We will use a body map, but will not take photographs.
- To keep the notes taken at the time, without amendments, omissions or addition, whatever subsequent reports may be written (dated and signed on each page).

- To operate on a need-to-know basis only – do not discuss the issue with colleagues, friends or family.
- If the Designated Safeguarding and Child Protection person has any reason to believe that a child is subject to either physical, emotional, sexual abuse or neglect, he/she will immediately report these concerns. If we are seriously concerned about a child's immediate safety, we will dial 999. The setting will keep records of all decisions or actions agreed in discussion with the Early Help Team.

CHICHESTER:

Child Concern: During office hours (Mon–Fri, 9am–5pm): Call 01403 229900
Out of hours (Evenings, weekends, and bank holidays): Call 0330 222 6664 or 07711 769657. Online: Submit details using the Integrated Front Door Children's Portal.
Adult Concerns: All hours (Office & Out-of-hours): Call 01243 642121 (this connects you to the Adult's CarePoint).

Other Important Contacts

- Local Authority Designated Officer (LADO): For allegations against professionals or volunteers working with children, call 0330 222 6450 or email LADO@westsussex.gov.uk. [1]
- General Council Safeguarding: For broader Chichester District Council policies, you can also reach out via email at community@chichester.gov.uk or phone 01243 534749

ADDLESTONE:

Child Concerns: Call the Surrey Multi-Agency Safeguarding Hub (MASH) at 0300 470 9100.
Adult Concerns: Call the Adult Social Care helpline at 0300 200 1005.
Out of Hours (Both): Call the Emergency Duty Team at 01483 517898

For non-emergency advice and to make secure online referrals, visit the Surrey Safeguarding Adults Board for adults or the Surrey County Council Children's Services for children.

14. If you have a concern about a colleague

Recognising and responding to an allegation concerning a member of staff, volunteer, student or other adults in contact with children in the setting.

All staff have a duty to disclose any concerns they have about the conduct of other staff or adults in contact with children. An allegation of child abuse made against a member of staff (within the work environment or outside of work) or other adult in contact with children in the setting may come from a parent, another member of staff or from a child's disclosure. The setting will:

- Treat the matter seriously.
- Avoid asking leading questions.
- Keep an open mind.
- Make a written record of the information that includes: when the alleged incident took place (time and date), who was present, and what was said to have happened.
- Sign and date the written record.
- Report the matter immediately to the Designated Safeguarding and Child Protection person, or named deputy, where the designated person is the subject of an allegation.
- Contact Early Help for advice and further guidance, who will contact The Local Authority Designated Officer (LADO), and cooperate fully with the process of the Early Help team and with any Police investigations
- Follow the settings disciplinary procedure.
- Due to the serious nature of the concerns, staff may be suspended until a full investigation has taken place. The setting will support and treat with respect the member of staff whilst suspended.
- Await the outcome of the investigation before taking further disciplinary action.
- Ensure, if it appears from the results of the investigation that the allegations are justified, that disciplinary action will follow, taking legal advice where necessary.

- Where it seems likely that ‘on balance of probabilities’ abuse may have taken place, be able in law to dismiss the individual and refer them to The Disclosure and Barring Service (DBS).
- If the result of the investigation is that it was a false allegation, give the individual appropriate support.

15. The Prevent Strategy

As recommended by Ofsted we follow Prevent duty guidance for England and Wales: guidance for specific authorities in England and Wales on the duty of schools and other providers in the Counter Terrorism and security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism.
Children and young people can be radicalised in different ways:

- They can be groomed either online or in person by people seeking to draw them into extremist activity. Older children or young people might be radicalised over the internet or through the influence of their peer network – in this instance their parents might not know about this or feel powerless to stop the radicalisation;
- They can be groomed by family members who hold harmful, extreme beliefs, including parent/carers and siblings who live with the child and/or people who live outside the family home but have an influence over the child’s life;
- They can be exposed to violent, anti-social, extremist imagery, rhetoric and writings which can lead to a development of a distorted world view in which extremist ideology seems reasonable. In this way they are not being individually targeted but are the victims of propaganda which seeks to radicalise.

A common feature of radicalisation is that the child or young person does not recognise the exploitative nature of what is happening and does not see themselves as a victim of grooming or exploitation.

Assessing the risk to children and young people

Children and young people may express support for extremist and/or terrorist organisations but, as with adults, they may express strong opinions without understanding those opinions and may also express entirely contradictory views at different times. The expression of strong or even offensive views on a range of issues

can be part of growing up – testing what it is ok to say/testing out ideas/ provoking reactions/seeking to create a distinctive identity and rebelling against adults.

Potential indicators include

- Use of inappropriate language
- Possession of violent extremist literature
- Behaviour changes
- The expression of extreme views
- Advocating violent action and means
- Association with extremists
- Seeking to recruit others to an extremist ideology

Responding to concerns: Information gathering and monitoring

Staff members may have concerns that a young person is at risk of being radicalised, but the concerns may be non-specific and could have arisen for a number of different reasons. These concerns might arise because something unusual happens or the young person's behaviour changes.

In these circumstances the member of staff will discuss their concerns with our designated safeguarding officer, who will be able to offer advice and also decide whether a referral to the contact and referral service is required.
Gather information from all members of staff – often when otherwise small pieces of information are shared that it is possible to see whether they add up to a serious concern. Alternatively, sharing information can reduce fears by providing a reassuring explanation.

The staff will monitor the situation with a view to either decide the concerns are unfounded or that a referral to the Contact and Referral service on 0191 424 5010 is required.
If the child/young person is at immediate risk of harm, the matter should be reported to the police on 999 or by calling the Anti-Terrorist hotline on 0800 789321

16. Whistle blowing

Any individual who has reasonable suspicion of malpractice or concerns about a child's welfare should inform the Safeguarding and Child Protection designated person immediately. If they do not feel this is the appropriate person they should approach the deputy designated person, company director, LADO, or the local authority. It is recognised that for some people this can be a daunting and difficult experience. All reports will be investigated and dealt with in confidence, including only those staff on a 'need to know' basis.

17. Intimate/Personal Care

At Hellcats we aim to meet the needs of all children and promote their welfare.

Children will be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable.

However we recognise that there may be occasions when children may need assistance for instance if they have had an accident or are unwell.

When assistance is required, this should normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible.

There should be an appropriate level of supervision in order to safeguard children, satisfy health and safety considerations and ensure that bullying or teasing does not occur. This supervision should be appropriate to the needs and age of the children concerned and sensitive to the potential for embarrassment.

18. Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be

done. It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others.

It is illegal in the UK to subject a girl or woman to female genital mutilation (FGM), to take a child abroad to undergo FGM or for any person to advise, help or force a girl to inflict FGM on herself. It is also an offence to fail to protect a girl from the risk of FGM. Any information that a girl or young woman is at risk of or has undergone FGM must result in a referral to Children's Social Care.

- If we are worried about a child (or adult) who is at risk of FGM or has had FGM, we will follow our safeguarding policies and procedures, supporting the child in a sensitive manner.

- We will not however approach the child's family or those with influence within the community, in advance of any enquiries by the police, adult or children's social care.

- All staff must be aware of this legal duty to report an act of FGM, the indicators

At Hellcats we believe that all our pupils should be kept safe from harm. Female Genital Mutilation affects girls particularly from north African countries, including Egypt, Sudan, Somalia and Sierra Leone. Although Hellcats have no/few children from these backgrounds and consider girls who attend our facility safe from FGM, we will continue to review our policy annually.

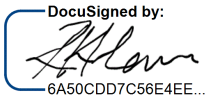
Related Policies and Procedures

- Safer Recruitment
- Disciplinary Procedure
- Mobile Phone and Social Media Policy
- Induction Procedure
- Staff Behaviour Policy
- Whistleblowing Policy
- Data Protection and Confidentiality Policy

Date Policy Created: 15/06/2026

Date of next Policy Renew: 14/06/2027

Name of Safeguarding Lead: Rachel Henn

Signed: 

Date Signed: 15/06/2026