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1.0 Plan

1.1 Introduction

The following policies and procedures have been developed by Magna Vitae for internal use only. This policy applies to all Magna Vitae employees (paid or voluntary). The policy forms part of the terms and conditions of service and is to be applied to all Magna Vitae facilities, service areas and work activities.

For clarity, “children” are defined as those persons under the age of 18 years. *Nb: This policy and procedure is written specifically for the purposes of child protection & safeguarding. The Safeguarding Adults policy and procedure is referenced in the Corporate Health & Safety Manual under 2.34b.*

1.2 Magna Vitae – Child Safeguarding Policy Statement – Purpose & Aim of Policy

Magna Vitae is committed to safeguarding the welfare of children. Magna Vitae will endeavour to provide a safe and secure environment in order to protect children from harm. It is acknowledged that the wide range of services / activities provided by Magna Vitae must be suitably covered under this policy; particularly where contact with children is inevitable. The welfare of children in the care of Magna Vitae and of those that work with them, as well as parents and guardians, is of paramount importance.

The purpose of this document is to assist in the development and implementation of a process for which Magna Vitae staff are able to fully understand the appropriate reporting procedures and protocols relating specifically to safeguarding children. It is widely accepted that it is the responsibility of every individual to protect children from abuse.

It is recognised that abuse can occur within many different environments. Some individuals may actively try to use, seek employment or engage in work (paid or voluntary) specifically in order to inflict harm. Magna Vitae undertakes to ensure that every effort is made to safeguard all those who enter any of its facilities, use its services or attend any of its organised activities / events.

Therefore, the aim of this document is to:

- Corporately recognise the need to protect children and young people;

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- Confirm Magna Vitae’s Duty of Care to its customers, supporters and staff; and
- Maintain / raise awareness in order to ensure that appropriate action is taken to appropriately safeguard children.

1.3 Magna Vitae - Safeguarding Children Policy and Procedure

Magna Vitae has a commitment to implement and continually review procedural directives. It will also provide relevant information and support so as to meet its legal and moral responsibilities. Magna Vitae will implement safeguarding systems that commit the organisation to preventing the risk of harm coming to any child who accesses its sites and service areas.

The welfare of children, their family members, staff and volunteers will be addressed through the following mechanisms:

- Promoting children’s rights and working with parents;
- Promoting children’s rights to be strong, resilient and listened to via the creation of an environment that encourages children to develop a positive self-image, which includes their heritage arising from their colour and ethnicity, their languages spoken at home, their religious beliefs, cultural traditions and home background;
- Promoting children’s rights to be strong, resilient and listened to by encouraging children to develop a sense of autonomy and independence;
- Promoting children’s rights to be strong, resilient and listened to by enabling children to have the self-confidence and the vocabulary to resist inappropriate approaches;
- Helping children to establish and sustain satisfying relationships within their families, with peers and with other adults; and
- Working with parents to build their understanding of and commitment to the principles of safeguarding all our children.



1.4 Legal Responsibility

Magna Vitae has underpinned this policy using the guidance provided by a variety of relevant agencies (i.e. NSPCC Child Protection in Sport Unit, Community Leisure UK (formerly SPORTA) & The Ann Craft Trust) and against the following principal legislation:



- The Children’s Act (2004);
- The Protection of Children Act (1999);
- The Human Rights Act (1989);
- Working Together to Safeguard Children (HM Government July 2018);
- Department of Health “No Secrets” (March 2000);
- The Sexual Offences (Amendments) Act (2000);
- Disability Discrimination Act (2003);
- Safeguarding Vulnerable Groups Act (2006);
- Safeguarding Vulnerable Groups Act (2008) (Prescribed Information); and
- Care Act (2014).

1.5 Culture

Magna Vitae will seek to continually develop an organisational culture that routinely encourages discussion and awareness with regard to safeguarding issues and does not detract from confronting the issues when they arise. This is achieved by cultivating an accepted “Code of Conduct”, which encompasses qualities of honesty, openness and respect.

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1.6 Recruitment, Registration and the Disclosure and Barring Service (DBS)

Magna Vitae has implemented formal policies & processes relating to recruitment and selection. These ensure compliance with legislation and encompasses best practice to ensure that the organisation is effective in attracting, recruiting and retaining an appropriately skilled and competent workforce.

Magna Vitae is committed to implementing rigorous selection, recruitment, induction and registration procedures, which will help prevent child abusers having access to children. This process will apply to all categories of staff who work with children whether paid or voluntary.

Section 11 of the Children's Act (2004) places a number of responsibilities on employers in relation to safer recruitment practices for staff / volunteers who will or may be working regularly with children. The process for checking and vetting potential employees is a critical part of the Magna Vitae safeguarding process. Criminal record checks through the Disclosure and Barring Service (DBS) are performed in accordance with the current (version 1, November 2018) DBS Checks in Sport – Working with Children guidance document. A policy and single central register of such checks is currently maintained and updated by the Magna Vitae HR Department.

Reference: www.gov.uk/government/collections/dbs-eligibility-guidance

Reference: <https://thecpsu.org.uk/resource-library/2013/guidance-on-child-protection-records-retention-and-storage/>

1.7 Induction

Magna Vitae will implement a comprehensive corporate induction procedure, this will inform staff / volunteers of duties, roles and responsibilities, in relation to the welfare of children in their care. The induction process, in addition to ongoing training, underpins and supports the selection process and ensures that good practice is routinely followed. The induction will specifically inform staff as to who the current MV Designated Safeguarding Lead (DSL) is. The Deputy(s), for this position, will also be discussed during induction.

1.8 Training and Support

Magna Vitae will implement a training and performance development review (appraisal) programme for relevant staff, to raise awareness of their role in recognising and understanding the procedures for safeguarding. Support mechanisms have been developed for those staff involved with the reporting of cases.

All Magna Vitae staff who work significantly with children (in regular, regulated activity) will receive refresher safeguarding training at least once every three years. This training will specifically identify the MV Designated Safeguarding Lead (DSL), general safeguarding awareness as well as the raising of a concern. Two hours of safeguarding training will be undertaken in this three (3) year period. Training will be certified every 3 years.

The Designated Safeguarding Lead and the nominated deputies are to undertake a Level 3 qualification (9 hours) in safeguarding practices. Ideally, this is to be refreshed every 3 years. This training will raise general awareness, raising of a safeguarding concern, relevant reporting practices and liaising with other agencies and Lincolnshire Safeguarding Partners.

1.9 Development Opportunities

Magna Vitae will ensure that all initiatives such as grant applications, partnership projects and in-house developments incorporate appropriate safeguarding policies and procedures. This will include confirmation of policy for future funding applications.

1.10 Public Awareness

Magna Vitae will ensure that information on safeguarding is readily made available and advertised to members of the public, independent local organisations and sports clubs. This will also be issued to parents or guardians when their children are participating in Magna Vitae activities. Each site / service area will prominently display safeguarding information. All staff will routinely be made aware of whom the Designated Safeguarding Lead (DSL) is for the Organisation, as well as those who deputise in this position, during all corporate induction sessions.

1.11 Partnerships – Sporting Organisations, Independent Providers, Artistes & Freelance Coaches.

All partner organisations involved and using Magna Vitae sites and service areas will need to supply (when booking facilities and services) the relevant members of the MV Management Team with their staff Disclosure and Barring Service (DBS) certificate numbers. Magna Vitae will take measures to ensure that local recreational providers (i.e. local sporting clubs) are aware of their obligations under the MV DBS Policy and Code of Conduct (Ref: 2.26). Partners must strictly adhere to this policy and associated practices when working in conjunction with Magna Vitae. ***An exception can be made to this requirement if a local sporting club provides documented evidence of suitable, official and current National Governing Body affiliation e.g. Swim 21 registration for a swimming club.***

1.12 Complaints Procedure

Magna Vitae will ensure that appropriate mechanisms exist to encourage suspicions of abuse and any complaints of a safeguarding bias to be reported at an early stage and for details of these procedures to be widely available and publicised.

1.13 Liaison with other Professional Bodies

Magna Vitae will work within the guidelines of the **Lincolnshire Safeguarding Children Partnership [LSCP]** (previously referenced as Local Safeguarding Children Board – LSCB). Safeguarding Partners consist of three agencies, local authorities, clinical commissioning groups and chief officers of the police. These safeguarding partners work with relevant, appropriate agencies within their locality to safeguard & protect children. All three Safeguarding Partners have equal responsibility for fulfilling the role.

At a County level, a **Child Safeguarding Practice Review Panel** is responsible for identifying and overseeing reviews of serious child safeguarding incidents that raise more complex issues or become important on a national scale.

Arrangements referencing local Safeguarding Partners were published in 2019. Arrangements are in place to meet the requirements of a rapid review, to be conducted by a **Significant Incident Review Group**, as and/or when required.

The relevant member of the MV Management Team will work as a Safeguarding Manager (SM) responsible for their respective site(s) / service area(s). They will oversee this area of work and ensure that all other staff are aware of whom to contact / liaise with regarding initial safeguarding

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concerns. Each site / service area will display the name of the Safeguarding Manager on the staff notice board in order to facilitate efficient and effective reporting processes. The Safeguarding Manager(s) will report all such issues or concerns to the Designated Safeguarding Lead.

The role of the Safeguarding Manager(s) will routinely be explained at staff induction. The Safeguarding Manager will attend specific Safeguarding Manager training.

Magna Vitae introduce key elements of safeguarding and promoting the welfare of children into its training programme by promoting the personal, social and emotional development of all children; so that they may grow to be 'strong, resilient and listened to' and develop an understanding on why and how to keep safe.

Magna Vitae have additional policies that promote the welfare of children regarding:

- Bullying - Behavioural Policy, Equality and Diversity;
- Health and Safety, buildings, security - Health & Safety Policy & Commitment Statement;
- Medical needs, first aid - Accident, Incident, Medication, Missing Child & Emergency Policy;
- Special educational and additional needs - Disability policy; and
- Drugs and Substance misuse - Alcohol and Drugs Policy.

The MV sites and service areas follow the Lincolnshire Safeguarding Children Partnership guidance thresholds for referral to social care and where appropriate / necessary, be involved in Common Assessments and Team Around the Child (TAC) meetings.

1.14 Holiday Activities & Play schemes

The nominated Safeguarding Manager will also oversee the work with regard to their respective site(s) / service area Holiday Activities & Play schemes. All delivery staff are made aware of whom to contact regarding safeguarding issues or concerns. Each site / service area will display the name of the relevant Safeguarding Manager on the staff notice board.

All family representatives / parents / guardians will routinely be required to sign in and out when picking up or dropping off their children at any Holiday Activity / Play scheme.

1.15 Documentation and Confidentiality

Magna Vitae will ensure that all safeguarding documentation is suitably controlled, treated with the strictest confidence and dealt with in accordance with current policy and procedure.

2.0 Do

2.1 What is Safeguarding?

Safeguarding looks at the wider practice(s) surrounding the needs of children. Safeguarding can be defined as keeping children safe from harm, such as illness, abuse or injury.

Government guidance "Working Together to Safeguard Children" (July 2018) states that safeguarding is defined as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe

- and effective care; and
- Taking action to enable all children to have the best chances in life;

All agencies working with children should take all reasonable measures to ensure that the risks of harm to an individual's welfare are minimised. When there are concerns about an individual's welfare, all agencies should be equipped to take appropriate action(s) to address those concerns; working to agreed local policies and procedures in full partnership with other local agencies.

Magna Vitae's role in safeguarding relates to:

- Developing child centred policies and procedures;
- Working in partnership with relevant external agencies;
- The Designated Safeguarding Lead or Safeguarding Manager(s) will inform the relevant external authority of any allegations of serious harm or abuse by any person living, working or looking after children, or any abuse which is alleged to have taken place on the premises, and the action taken in respect of these allegations; and
- All MV staff being vigilant to & maintaining an up-to-date understanding of safeguarding issues as well as being able to implement the MV safeguarding policy and procedure appropriately.



2.2 What is Child Protection?

- Making children's welfare a priority;
- A responsibility for all those who are directly or indirectly involved with children;
- Ensuring that all children, whatever their age, culture, disability, gender, language or racial origins have the right to protection from abuse;
- Understanding what constitutes abuse;
- Taking positive steps to prevent further abuse and dealing with all suspicions and allegations of abuse seriously and swiftly; and
- Working in partnership with agencies qualified to address the issues, such as the Police, and the NSPCC.

2.3 What is Abuse?

Abuse has been categorised into four different types:

- Physical
- Emotional
- Neglect
- Sexual

The four categories of abuse are not mutually exclusive. An abused individual may well be suffering more than one type. The definitions and possible indicators are taken from "Working Together to Safeguard Children" (March 2015).



2.4 Physical Abuse

Physical abuse which 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.

2.5 Possible indicators of Physical Abuse

- Physical observations;
- Bruising especially on the trunk, face, upper arm, shoulders and neck consistent with gripping and fingertip bruising or finger marks;
- Burns and scalds especially cigarette burns, burns caused by lengthy exposure to heat;
- Human bite marks;
- Fractures, particularly spiral fractures;
- Swelling and lack of normal use of limbs;
- Any serious injury with no explanation or conflict explanations / inconsistent accounts; and
- Untreated injuries.

2.6 Possible behavioural observations & indicators of Physical Abuse

- Unusually fearful with adults;
- Unnaturally compliant to parents;
- Refusal to discuss injuries / fear of medical help;
- Withdrawal from physical contact;
- Aggression towards others; and
- Wears cover-up clothing.



2.7 Neglect

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

- Provide adequate food, clothing & shelter (including exclusion from home or abandonment);
- Protect from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

2.8 Possible behavioural observations & indicators of Neglect

- Constant hunger;
- Constant tiredness;
- Frequent lateness or non-attendance at school;
- Destructive tendencies;
- Low self-esteem;
- Neurotic behaviour;
- No social relationships;
- Running away; and
- Compulsive stealing or scavenging.

2.9 Possible physical observations & indicators of Neglect

- Poor personal hygiene;
- Poor state of clothing;
- Emaciation, pot belly, short stature;
- Poor skin and hair tone; and
- Untreated medical problems.



2.10 Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non – penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Staff must be mindful that sexual abuse is perpetrated by all people types i.e. males and females of all ages, including other children.

2.11 Possible physical observations & indicators of Sexual Abuse

- Damage to genitalia, anus or mouth;
- Sexually transmitted disease(s);
- Soreness in genital area, anus or mouth; and
- Unexplained recurrent urinary tract infections and discharges or abdominal pain.

2.12 Possible behavioural observations & indicators of Sexual Abuse

- Sexual knowledge inappropriate to the age of the child;
- Sexualised behaviour in young children;
- Sexually provocative behaviour / promiscuity;
- Hinting at sexual activity;
- Inexplicable decline in school performance;
- Sudden apparent changes in personality;
- Lack of concentration, restlessness, aimlessness;
- Socially withdrawn;
- Overly compliant behaviour;
- Poor trust in significant adults;
- Aggressive behaviour, onset of wetting, day and night; and
- Onset of insecure, clinging behaviour.

2.13 Indirect Sexual Abuse

Indirect sexual abuse can include:

- Genital exposure – “flashing”;
- Using children in, or exposing children to, pornographic material; and
- Encouraging two children to have sex.

Whilst sex between adolescents under 16 is unlawful, it is not considered to be abuse if exploitation is not an issue, that is, if both parties were consenting, force was not used and there has been no misuse of power based on age difference (five years or more) or other form of authority.

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2.14 Emotional Abuse

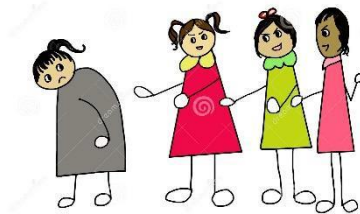
Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development. It may involve conveying to a child that she or he is worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate.

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



2.15 Possible indicators of Emotional Abuse

- Physical, mental and developmental lags;
- Acceptance of punishment which appears excessive;
- Over reaction to mistakes;
- Continual self-deprecation;
- Sudden speech disorders;
- Fear of new situations;
- Inappropriate emotional responses to painful situations;
- Neurotic behaviour, such as rocking, hair twisting or thumb sucking;
 - Self-mutilation;
 - Fear of parents being contacted;
 - Extremes of passivity or aggression;
 - Drug or solvent abuse;
 - Running away; and
 - Compulsive stealing or scavenging.



Staff should note that many of the symptoms in all four areas described above, can be caused by a variety of other factors which are not related to child abuse.

It is your responsibility as a Magna Vitae employee to share your concerns with the appropriate person, following the operational procedures relevant to your site / service area.

A statement produced jointly by the Department of Health, the Home Office, the DfES and the DCMS states:

“A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children.....may be abused in a family, institutional or community setting by those known to them or, more rarely, by a stranger”.

It is important to stress that:

It is not your responsibility to decide if a child is being abused, but it is your responsibility to act if you have concerns.

2.16 Child Sexual Exploitation

Sexual exploitation is when your needs or wants are met but you have to do unsafe sexual things in exchange.

Some examples of needs and wants are:

- A boyfriend or girlfriend;
- Drink;
- Drugs;
- A lift home;
- Somewhere to stay;
- A friend;
- Gifts;
- Money; &/or
- Attention.

Grooming – this is when someone pretends to be kind and caring to gain your trust but then starts to control or abuse you and use you to do illegal or harmful acts.

Many people think that sexual exploitation is something that only happens to girls. Boys can also be at risk. It's not your gender that makes you vulnerable but who you are with and the situation you are in.

Some people might be more vulnerable to being sexually exploited because of the things they are going through in life - but it is important to remember that anyone, whatever their background, sexual orientation, or ethnicity can be groomed and sexually exploited.

There has been a lot of publicity about sexual exploitation by groups of men who target girls on the streets. Be aware that young people can also be groomed and exploited by individuals operating alone. Children and young people can be groomed in a variety of ways and in a variety of different places – like parks, arcades, fast food outlets, leisure centres and of online.

Adults are responsible for much of the sexual exploitation reportedly occurring, however, there is growing evidence that children & young people are also being exploited by people of their own age. Sometimes adult exploiters will use a young person to find new victims and bring them to pre-arranged meetings or parties. If an individual gets you to post sexual images of yourself on line by threats or coercion – then this is deemed to be sexual exploitation.

If you think that an individual might be at risk from sexual exploitation you should report this to a Safeguarding Manager or the MV Designated Safeguarding Lead.

2.17 Upskirting

'Upskirting' typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. **This is a criminal offence.** If such an incident is reported to staff they should always act in the best interests of the child concerned.

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2.18 Radicalisation

“Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that (1) reject or undermine the status quo or (2) reject and/or undermine contemporary ideas and expressions of freedom of choice.”
(Wikipedia, accessed 24th November 2014)

The Home Office defines radicalisation as ‘the process by which people come to support terrorism and violent extremism and, in some cases, then join terrorist groups. This is a complex issue, and it is important to avoid making stereotypical assumptions. For example, there is no particular association between radicalisation and poverty. Many terrorists come from middle-class backgrounds and have university-level educations. Likewise, mental illness is not a root cause of terrorism nor a precursor for radicalisation.

The PREVENT strategy was launched by the Home Office in 2011 and aims to prevent people being drawn into terrorism. In Lincolnshire, key organisations are working in partnership to ensure this strategy is successfully implemented. PREVENT is not designed to criminalise individuals, but rather to offer support to those who may be at risk.

“Channel” is a key element of the PREVENT strategy. It is a multi-agency approach to protect people at risk from radicalisation. “Channel” uses existing collaboration between statutory partners (such as the education and health sectors, social services, children’s and youth services and offender management services), the police and the local community to

- identify individuals at risk of being drawn into terrorism;
- assess the nature and extent of that risk; and
- Develop the most appropriate support plan for the individuals concerned.

Channel is about protecting children from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs. You can report any concerns about an individual by e-mailing: Channel@lincs.pnn.police.uk. You can also contact the PREVENT Team directly for further advice and information, or if you have any concerns about an individual, at prevent@lincs.pnn.police.uk.

2.19 Terminology

Stated below are some important terms commonly used with reference to safeguarding matters and may need to be noted when reporting such incidents. Therefore, it is important to understand the meaning of four key terms:

DISCLOSED ABUSE - This is when an individual confides in you that he or she is or has been suffering abuse.

SUSPECTED ABUSE - When you observe symptoms such as unexplained injuries or changes in behaviour that give cause for concern.

REPORTED ABUSE - When someone tells you that a child is being abused or that they are abusing a child themselves.

REFERRAL – When the facts of the case are such that they need to be reported to the relevant external authorities. This is usually the County Council (reference 2.41 below) but may include the Police if an immediate risk of harm &/or danger to personal safety or health is determined.

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2.20 Why you should make a Referral

The greatest fear about reporting suspected abuse cases is that you may be wrong and the resulting consequences bring about pain and suffering for children, their parents and those accused. In such situations it is worth remembering these points:

- Your first responsibility is to the welfare of the child;
- Many parents will actually recognise this and appreciate that you made the referral out of concern for the child;
- It is not your responsibility to make judgements – only to share your concerns; and
- Any information you provide may be essential in building up a complete picture of an abused individual or a suspected abuser.

Ultimately, it is important to remember that... ***“the consequences of reporting suspected abuse and being wrong can be difficult. The consequence of not reporting suspected child abuse could be fatal.”*** (Protecting Children: NSPCC).

2.21 Disclosure of information by a child

If a child tells you that he or she is being abused, or another adult informs you of their concerns, adopt the following procedure:

DO

- Stay calm;
- **Listen** to what is being said, without rushing or probing;
- **Reassure** the individual that he or she was right to talk to you;
- Do not promise confidentiality; explain that you will need to share the information with others who can help;
- **Refer** the information to your line manager / Safeguarding Manager immediately; and
- **Record** accurate information on your observation and discussions.

DO NOT

- Do not panic;
- Do not keep the information to yourself. Discuss the disclosure with your line manager; and
- Do not investigate or probe by asking questions.

2.22 Allegations made against a Magna Vitae staff member

If an allegation is received about a member(s) of Magna Vitae staff or volunteers, it should be immediately reported to the relevant member of the MV Management Team who fulfils the role of the Safeguarding Manager.

MV will apply the same principles as in the rest of this document and will always seek to follow the Lincolnshire Safeguarding Children Partnership Procedures that can be accessed at [Lincolnshire Safeguarding Children Partnership](#). Detailed records will be compiled to include decisions, actions taken, and reasons for these. All records will be retained securely.

Whilst MV acknowledge such allegations, (as all others), may be false, malicious or misplaced, MV also acknowledges that they may be founded. It is, therefore, essential that all allegations are investigated properly and in line with agreed procedures.

If it is the Safeguarding Manager that is suspected, the allegation must be reported immediately to the MV Designated Safeguarding Lead. Safeguarding documentation should be completed - Staff

Record and Safeguarding Incident Report Form.

The criteria for an allegation against staff, is where a person who works with a child has:

- Behaved in such a way that has or may have harmed a child; **or**
- Possibly committed a criminal offence against or related to a child; **or**
- Behaved towards a child or children in a way that indicates that he or she may pose a risk of harm to a child or children.

It is important not to further compromise the situation therefore a risk elimination exercise should be carried out. In order to achieve this, it may be necessary for the individual to be suspended pending an investigation on the recommendation from LADO (Local Authority Designated Officer).

Whilst suspended, there will be no loss of earnings during this time. Suspension is a neutral act. If a member of staff is suspended from duty pending the outcome of an investigation it does not mean that the allegation is believed to be true. Suspension should not be automatic or considered as a default action. It should be considered in any cases where:

- There is cause to suspect a child is at risk from significant harm; or
- The allegation warrants investigation by the police; or
- The allegation is so serious (i.e. deemed to be gross misconduct) that it might provide grounds for dismissal.



The LADO, not Magna Vitae management staff, will carry out this investigation initially and provide appropriate feedback to relevant Magna Vitae designate(s).

- All members of staff / volunteers will be denied access to children, pending a referral and investigation by LADO and the Police. If it is not practical to deny access to children, the individual will be suspended until the investigation is complete;
- Members of MV staff will be advised on and be entitled to receive welfare support whilst temporarily suspended under these circumstances;
- In the case of a staff member, depending on the outcome of the investigation, the individual will be returned to full duties, reinstated or dismissed (subject to MV disciplinary action); If a return to work is the outcome it is to be recognised that the employee may require additional help & support, especially if they will be having contact with the child concerned or the person that made an allegation;
- Members of the public will be denied access / banned at all MV sites / service areas during the investigative period, pending the outcome; and
- All individuals accused of abuse will be given the opportunity to give their account of the circumstances.
- “Settlement Agreements”, whereby the member of staff (against whom an allegation has been made) offers or agrees to resign provided that the disciplinary process is stopped and/or referral is not made to other agencies, is **never** an option in a case of an alleged & substantiated safeguarding incident. (Direct liaison between the MV designate(s) and the LADO will initially determine whether or not the incident is deemed to be substantiated or unsubstantiated.)

Employers have a legal duty to notify the DBS of relevant information so that individuals who pose a threat to vulnerable groups / individuals can be identified and barred from working in this arena.

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Following investigation, if it is decided to allow the staff member to return to a position working in regulated activity with children then there is not a legal duty to make a referral to the DBS. However, a DBS referral must be made if a person ceases to work for Magna Vitae because they were dismissed (subject to disciplinary action), or they have harmed a child (minor), or placed them at risk of harm or have resigned prior to the completion of an investigation following a safeguarding allegation being made. Referral forms can be obtained directly from the DBS website <https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance> (also reference Useful Contact Numbers stated below).

In relation to these cases further advice should always be sought from Magna Vitae HR and / or Legal advisors before making a referral to the DBS. Nb: Further detailed guidance regarding the criteria (specific conditions) required before making a formal DBS referral is also made available at <https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance> .

2.23 Local Authority Designated Officer (LADO)

At a county level, the local authority will have a Local Authority Designated Officer (LADO) who is involved in the management and oversight of individual cases, especially those involving allegations made against members of staff or volunteers. The role of LADO is to offer expert advice and guidance to employers and voluntary organisations. They also liaise with police and other agencies and monitor the progress of cases to ensure they are dealt with as quickly as possible and are consistent with a thorough and fair process.

When an allegation comes to light the Designated Safeguarding Lead or his deputy must inform the LADO immediately i.e. within 24hours. If there is any difficulty in communicating this to the LADO, allegations should be reported directly to the police. Consultation with the LADO must not delay any referral where the concern or allegation is clearly very serious.

The LADO can be contacted during office hours (08.00 – 18.00hrs) on 01522 554674.

2.24 What is Magna Vitae's role in working with LADO

- To clarify facts of the allegation (not investigate) before contacting the LADO;
- To work in partnership with the LADO;
- To provide necessary information as requested;
- To operate a thorough disciplinary process when / where deemed appropriate & permitted;
- To keep the LADO updated on the process and outcomes; and
- To ensure a properly managed conclusion to the safeguarding process.

2.25 Sharing your concerns with parent(s) / guardian(s)

Staff should always consider the possibility that there is a reasonable explanation to account for observations. Concerns may wish to be shared with parents or guardians, unless this would put the child at further risk, in which case a great deal of sensitivity will be required. If a child is displaying aggressive, withdrawn or over-compliant behaviour, the parent may be able to suggest reasons such as conflict at home or a family bereavement. Likewise, if the child has bruises or injuries, there may be a logical explanation.

At this point it is important to note that there is a differentiation between a child in need and a child in need of protection. In the first instance, it is more appropriate to share concerns with parents or guardians. In the second, in some instances, alerting the parent or guardian of concern may hinder any future investigation. If in doubt, consult Lincolnshire County Council, Customer Service Centre on:

- Child issue (office hours 08.00 – 18.00hrs) Tel: 01522 782111
- Out of hours (18.00 – 08.00hrs) Tel: 01522 782333 (Emergency Duty Team)

If you have any concerns about approaching a parent or guardian, seek advice from the Lead Safeguarding Officer. Any information relating to such an observation should be recorded on Safeguarding Incident Report Form.

2.26 Employment - Recruitment

Magna Vitae is committed to ensuring that all children in its care are not exposed to unsuitable personnel. Applying a rigorous selection and recruitment procedure can prevent this. Whether the appointment is for part time, full time, casual or voluntary staff all procedures must be adhered to.



It is important that all advertisements, job descriptions and pre-employment information, relating to posts that have access to children, depict safeguarding as a high priority for Magna Vitae. This will discourage any potential abusers from pursuing an application. Therefore:

Job Descriptions for posts that require a Disclosure will stipulate that the post is exempt from the Rehabilitation of Offenders Act (1974).

Job Advertisements for positions where the employee will require a Disclosure will stipulate that the post is exempt from the Rehabilitation of Offenders Act (1974).

Job Application Forms will stipulate that the applicant must refer to the job description to ascertain whether the post is exempt from the Rehabilitation of Offenders Act (1974) and then to complete the relevant Equal Opportunities form accordingly.

Equal Opportunities Form requires the applicant to complete in confidence whether they have any convictions (spent or otherwise) under the Rehabilitation of Offenders Act (1974).

It is important that all applicants, whether permanent, casual or voluntary should complete the Equal Opportunities Form along with their Employment Application form. This gives the applicant the opportunity to offer information in confidence on any past convictions. This information will only be disclosed to the relevant member of the MV Management Team if it is deemed that it may potentially breach the Magna Vitae Safeguarding Children Policy.

MV HR Support will file and update a register of posts that require a DBS check to be completed. A DBS form obtained via the HR department should be completed for all appointments to posts listed on the aforementioned register. For further information refer to the current Magna Vitae DBS Policy document.

2.27 How to obtain a Disclosure on a member of staff

A Disclosure application form may be requested from HR and completed by the applicant and the relevant member of the MV Management Team (Safeguarding Manager). This is then resubmitted to HR for forwarding to the designated body. This process will be recorded by the relevant Manager. If you are in any doubt about the suitability of the applicant, seek advice from the relevant member of the MV Management Team, HR or the Designated Safeguarding Lead.

If local sports clubs or other organisations are working with children within Magna Vitae facilities they must appropriately apply and submit a DBS form via an official governing body. Evidence of satisfactory DBS authorisation & completion must also be supplied to the site at which the activity is taking place and this will be recorded on the relevant booking file by a responsible site manager.

2.28 Safeguarding “Code of Conduct” for staff & volunteers

This Code of Conduct details how staff and volunteers should behave in relation to children to protect children and also protect the member of staff / volunteer against any misunderstandings or allegations.

Breaches of this Code of Conduct may result in disciplinary proceedings being taken against the member of staff concerned and in extreme cases could result in possible referral to an external investigatory body such as the LADO, DBS and the Police.

It is especially important that young employees and volunteers are made aware of this Code as their age and experience may make them more vulnerable (for example a 17 years old Sports Coach volunteer who may be having a relationship with someone in their group).

The Magna Vitae Safeguarding “Code of Conduct” for staff and volunteers include:

- ▶ Avoid spending time with children unobserved, move into the view of others or leave the door open;
- ▶ Always have another person present; Where a private conversation is absolutely necessary inform another member of staff of your whereabouts and how long you expect to be with the individual;
- ▶ Watch out for each other. Consider if colleagues are being drawn into situations that could be misinterpreted;
- ▶ Physical contact should be kept to a minimum. If contact is necessary, be aware of your actions and they may be interpreted. Where necessary, for example when there has been an accident, ensure that you are treating the injury in the presence of others (preferably a parent, carer or another member of staff);
- ▶ In a group, when coaching for example, do not have, or appear to have, favourites;
- ▶ Do not give lifts to children in your car;
- ▶ Do not take or invite children to your home;
- ▶ Do not use physical punishments or any actions that involve restraining a child;
- ▶ Do not arrange meetings with children outside of working hours. If you come into contact with a child from work in a social setting, be polite but try to move away. If this is not possible try to maintain a professional distance;
- ▶ Do not buy gifts or equipment for any children in your care;
- ▶ Do not give a child your personal contact information and do not ask them for theirs unless it is needed for business purposes (i.e. registers); and
- ▶ Avoid contact using social media sites.

It is to be recognised that a number of Magna Vitae staff and volunteers are classified as children (minors) as far as safeguarding is concerned. Therefore, it may be necessary for consideration to be given (especially by line managers but also by other work colleagues) to exceptions for a number of areas above such as members of staff giving each other lifts in to or home from work; or staff who are friends using social media to keep in contact. **However, in these circumstances, care must always be taken by all staff concerned, in relation to possible safeguarding situations or allegations that could prevail in association with workplace activity.**

2.29 Staff Induction

It is vitally important that all members of staff are made aware of Magna Vitae's commitment to safeguarding. The Magna Vitae Safeguarding Code of Conduct for employees & volunteers should be issued to all staff upon induction.

2.30 Staff Training

It is important that staff receive the necessary training to be able to make informed decisions about what they perceive to be abuse. Training should include the following elements:

- How to recognise abuse;
- How to deal with a disclosure and referral - emotional and practice advice;
- Reporting procedures;
- Recruitment;
- Support mechanisms, such as counselling;
- Information on who is the Designated Safeguarding Lead and what is their role; and
- Information on who are the Safeguarding Managers and what is their role.



As a minimum all staff should receive written documentation relating to the issues of abuse in the workplace. Learning & development is tailored to the needs of the different operational levels within the organisation.

Those working for Magna Vitae must recognise that they are in a position of trust and must act in an appropriate manner at all times. As a result, for those in Magna Vitae employment, paid or otherwise, must always consider how an action or activity may be different from the way it is intended to the way it is actually perceived. For further detail and information reference (2.26) MV "Code of Conduct". **Nb: The layout of rooms in venues allows for constant supervision. No child is left alone with staff or volunteers in a one to one situation without being visible to others.**

2.31 Photographic & Video Images

Most mobile telephones and digital cameras now have the ability to transmit images onto the Internet via the World Wide Web. To protect our staff and supporters using our facilities, the following applies when using images of children for promotional activities. The Risks:

- Images could be used to identify children, especially when they are accompanied by personal information, such as *"this is X who lives at X and is a member of the X gymnastics club, she likes Westlife"*. This information could be used to groom an individual for abuse;
- The content of the photograph could be used or adapted for inappropriate use.

In order to protect our organisation, our staff, the press and contractors from being accused of inappropriate use and transmission of photographic & video images while engaged in business on behalf of Magna Vitae, the following guidelines are to be followed:



Reduce or control the risk - Consider using models or illustrations where appropriate.

Information - Avoid using the first name and surname of an individual in a photograph. If you use the individual's photograph, avoid using their name and vice versa.

Parental Consent - Specific parental permission is sort by the use of a registration form. Parents are asked to give permission for their child's photograph to be used to advertise activities. Agree to photographic / video images of their child appearing on the Magna Vitae website. Before any photo goes on the website or on any other publicity material then consent will be double checked with a parent or guardian.

Content of image - Images of individuals are only used in appropriate dress.

2.32 Policy on Photographic & Video Images

Magna Vitae endeavour to protect, as far as is reasonably practicable, all children using their facilities from being exposed to potential abuse via the inappropriate taking and transmission of photographic images.

Magna Vitae restrict the use of all cameras and other equipment with the capacity and capability to take photographic images in their Centres or grounds, by implementing a robust system of control.

Magna Vitae stipulate on all appropriate booking forms the necessity to obtain permission from management to use photographic equipment on our premises. Specific detail is defined in Photographic & Video Permission Policy.

Magna Vitae has in place CCTV within a number of its sites / service areas. Magna Vitae will ensure that the usage of these cameras is for the prevention of criminal damage and theft, and to ensure all supporters are safe from harm. Where sites have these cameras there will be a set process in place to protect the images collected by these cameras.

2.33 Support Mechanisms - For Employees

If an individual is involved with a suspected abuse case and need to discuss their concerns, there are a number of options to pursue.

- Talk to their immediate line manager;
- Contact a Safeguarding Manager;
- Contact the Designated Safeguarding Lead or deputy(s); and
- Contact a member of the Senior Leadership Team (SLT).
- MV can arrange access to employee welfare arrangements. If requested these will be made available to the member of staff as soon as reasonably possible.

Dealing with a suspected case of child abuse or being accused of such an act, can be a very emotional and disturbing time for all concerned. It is important that staff are aware of support services within the organisation. Confidentiality is the key element to ensure that what is offered is effective and therefore, both internal and independent external assistance is required.

2.34 Monitoring

All completed safeguarding / monitoring forms should be copied promptly to the relevant site / service area Safeguarding Manager for monitoring purposes.

2.35 Personnel

All completed forms should be submitted to the Designated Safeguarding Lead (DSL) promptly. It is the responsibility of the DSL to monitor trends relating to the alleged accused. Any identified trends, such as reoccurring names, should be formally shared with Senior Leadership Team.

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It is then the responsibility of the MV Management Team (Safeguarding Manager) to inform relevant staff, of the potential problems, where it is alleged, and of any convictions once confirmed. It should be noted that in the case of an alleged abuse case, the information is highly sensitive and should be dealt with accordingly.

2.36 Reporting Procedures - Who is responsible?

All staff are responsible for the welfare of children in the care of Magna Vitae. It therefore, follows that all staff are responsible for reporting incidents of suspected abuse.

2.37 Reporting Procedures - How do you report your suspicions?

All MV site(s) / service areas must utilise the following:

- 2.37.1** A Safeguarding Incident Report Form is to be used to record discussions and observations that do not result in a referral to LCC. In addition, if a member of staff finds themselves in a situation that could be misinterpreted at a later date, details of the situation should be discussed and also recorded on a Staff Record & Safeguarding Incident Report Form;
- 2.37.2** A Safeguarding Incident Report Form is to be used to document referrals to LCC and the Police. In both instances recorded information should be treated in the strictest confidence. It is vitally important that the recording of information concentrates on facts and not opinion. Inaccurate information can seriously hinder any future investigation.
- 2.37.3** MV Staff to be aware that Safeguarding Incident Report Forms are an extremely important part of "picture building". E.g. Staff may notice bruising one week; soiled clothing two weeks later; a very hungry child in the third week. None of these issues in isolation would result in a cause for concern, but, when taken together they build a very different picture.

2.38 Methods of Reporting

The method of reporting suspected abuse is as follows:

- 2.38.1** Informal discussions with the line manager;
- 2.38.2** All concerns should be discussed with the Designated Safeguarding Lead and recorded on a Safeguarding Incident Report Form.
- 2.38.3** Telephone LCC and report a child protection issue. Always record your action(s) on a Safeguarding Incident Report Form;
- 2.38.4** A formal Referral;

A formal referral should be made promptly by the Designated Safeguarding Lead or stated Deputy to LCC. This should be done by telephone and then followed up by forwarding the Safeguarding Incident Report Form to LCC and other internal distribution points as described previously.

In some cases it may be necessary to inform police, particularly when individuals are in immediate danger. The Safeguarding Incident Report Form must be completed. **Reference Appendix 1 – Incident Response Flow Chart** for further operational detail.

2.39 Escalation

If a MV staff member, involved in a safeguarding matter, is not satisfied with a decision made by a Safeguarding Manager the staff member is permitted to directly escalate the matter to the MV Designated Safeguarding Lead (DSL). Likewise, should a Safeguarding Manager be dissatisfied with the decision made by the DSL they too can escalate the matter to another MV Executive Director.

The ownership of a child's safeguarding rests with all MV staff members. It is always best to try and resolve any issue through the escalation process noted above, but where a member of staff strongly believes that the wrong call has been made (even if the matter has been escalated to an Executive Director) then they are within their rights to make / progress the referral themselves.

Should Magna Vitae, as a corporate body, disagree with any action(s) / decision(s) taken by LCC in a safeguarding matter then the MV Designated Safeguarding Lead should refer the matter to the Local Authority Lead Safeguarding Officer (ELDC in this instance).

2.40 Privacy and Confidentiality

**PRIVATE &
CONFIDENTIAL**

Every effort is made to ensure that the reporting and recording of information relating to suspected child abuse should be conducted in a place where privacy and confidentiality can be assured. Not only is the information sensitive, but the individuals involved may need some initial counselling.

Information should be kept restricted to those who have a need to know in order to suitably protect children, facilitate enquiries or manage a disciplinary process. The Police should not provide identifying information to the press or media, unless or until a person is charged, except in

exceptional circumstances e.g. an appeal to trace a suspect. In such cases the reasons should be documented and Magna Vitae consulted.

2.41 Making a Referral to LCC - Initial Contact

It is the responsibility of the Designated Safeguarding Lead or their nominated Deputy(s) to make a referral to Lincolnshire County Council. Ensure the Safeguarding Incident Report Form is completed when making the referral by telephone so that as much information as possible can be given. This form must be completed clearly and with as much information as possible. This will form the basis of written information that could be included in an investigation.

Call LCC Customer Services Centre on 01522 782111 or 01522 782333. When connected make a note of the name of the officer you are dealing with. Do not leave messages with switchboard or Receptionists.

It is not necessary to make contact with the police unless there is an immediate risk of an offence being committed or it is a clear case of assault. LCC will contact the Police if deemed necessary. Where emergency medical help is required arrangements should be made for the child to be taken to hospital. A referral must then be made to LCC immediately.

2.42 Investigation

If the situation is serious or potentially life threatening, a social worker may visit the referral source and the child immediately. However, it is more likely that the investigation team will make other enquiries to help them build up a full picture. This may involve speaking to the individual who made the referral, the child's school, health visitor or doctor, parents or carers.

If someone calls the MV site / service area asking for information in connection with a child protection investigation and they are not known, ask for their name and telephone number and inform them that the Designated Lead will call them back. This way a check can be made as to who they are. This ensures that information is not given out inappropriately.

2.43 Assessment and Case Conference

When the investigation team have made their assessment, they will decide what action is necessary. There may be a case conference, to which a Magna Vitae representative may be asked to attend. The case conference is a forum for exchange of information and discussion about the alleged or suspected abuse.

The outcome of the conference will decide if the child should be placed on the child protection register, what support is needed for child and family, and what further assessment or review is needed.

3.0 Check

3.1 Monitoring

Reviewing documentation in light of operational performance and legal requirements and monitoring patterns of behaviour across the business

3.2 Records

- Registration and other associated records should be kept for one year in line with the current MV records retention policy (MV Data Protection Policy);
- Safeguarding Incident report & Safeguarding Referral report forms should be kept for a maximum period of six (6) years and marked '**Strictly Confidential**' along with all other associated documentation;
- Exception to the aforementioned 6-year period will occur when records:
 - (a) Need to be retained if information is relevant to any known ongoing legal action case;
 - (b) Are required by law to be retained for longer.
- **STAFF....**Where allegations have been made against a staff member, documents and information should be retained at least until that person reaches normal retirement age, or ten (10) years, whichever is the longer. ****This includes people who leave Magna Vitae.**** The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where future DBS disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction. It will also prevent unnecessary re-investigation if, as may happen, allegations resurface after a period of time.
- Where records are being kept for more than the 6-year period, relevant files need to be clearly marked and the reasons for the extension period clearly identified.
- Information should be kept in a secure facility and access to information should be strictly limited; all such documentation should be marked "**Strictly Confidential**".
- Electronically stored information must be password protected, to which only limited staff



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have access;

- Data protection is of paramount importance & must be a prime consideration at all times.
- Records must be deleted (destroyed / shredded) in line with the current MV Data Protection Policy reference Document Destruction Log.
- DBS records should only account for the date the individual record was actually checked and the reference number of the disclosure certificate. DBS certificates themselves should **not** be retained on record.

Reference: <https://thecpsu.org.uk/resource-library/2013/guidance-on-child-protection-records-retention-and-storage/>

3.3 Feedback to Magna Vitae

Generally, there is no formal feedback beyond the initial recommendations made at the referral stage. However, if this happens then feedback should be documented on the relevant Safeguarding Incident Report Form.

4.0 Act

This policy has been implemented to assist in safeguarding children in order to reduce the risk and assist staff in the reporting of potential referrals.

Action Required:

- ✓ Safeguarding is the responsibility of everyone who comes into contact with children.
- ✓ Concerns may wish to be shared with parents or guardians, unless this would put the child at further risk.
- ✓ As a minimum all staff should receive written documentation outlining the arrangements relating to child abuse in the workplace i.e. Safeguarding “Code of Conduct” for staff & volunteers.
- ✓ It is the responsibility of the Designated Safeguarding Lead or nominated deputy(s) to ensure that a referral is made to LCC.
- ✓ Ensure that staff are trained in this procedure as part of the Health and Safety induction training for all new employees and a refresher training programme is in place; the training must be recorded on the member of staff ***Individual Training Record***.

Associated Forms:

- Safeguarding – Incident Report form
- Safeguarding - Referral form
- Safeguarding – DBS Disclosure application control sheet
- DBS form
- Equal opportunities form
- Employment application form
- Photographic - Register of persons using photographic equipment
- Photographic - Individual consent for photographic images to be taken form

Associated Work Instructions:

- Safeguarding – “Code of Conduct”
- MV DBS Policy
- RD-Doc Safeguarding Summary (Issue 2)
- RD-Doc Types of Abuse (Issue 1)
- RD-Doc Modern Slavery & Trafficking (Issue 1)
- RD-Doc DBS Suitable Identification Guide (Issue 2)

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- RD-Doc DBS – Types of Checks (Issue 1)
- RD-Doc Pool Lifeguards & DBS Eligibility (Issue 2)
- MV Whistleblowing policy
- MV Employee Handbook
- MV Social Media & Marketing policy
- Photographic & Video Permissions Policy

Associated Risk Assessments:

- Young Person at Work risk assessment
- Work Experience risk assessment
- Swimming Lessons risk assessment
- Children's Holiday Activities risk assessment
- Safeguarding (Child Protection) risk assessment

Associated Guidance and Legislation:

- National Coaching Foundation's Code of Ethics for Sports Coaches
- Guidance to Employees on completing a Disclosure and Barring Service (DBS) Application Form
- Protection of Freedoms Act (September 2012)
- Working Together to Safeguard Children (July 2018)
- Children's Act (1989)
- Care Act (2014)
- Lincolnshire Safeguarding Children Board associated guidelines
- "Safeguarding Children" A Joint Chief Inspectors Report (2002)
- Rehabilitation of Offender's Act (1974)
- NSPCC, Child Protection in Sport Unit (CPSU)
- Disclosure & Barring Service (DBS) DBS Checks in Sport – Working with Children (Version 1 November 2018).
- PAS520:2017 Safeguarding 0-to-4 year-old children within the teaching of swimming, including any associated professional photography – Code of Practice.
- Cimpsa Positions of Trust Guidance and Frequently asked Questions
- Whyte Review June 2022

Useful Contact Numbers:

MV Designated Safeguarding Lead – Aeneas Richardson – 01507 681893 or 07920 799253.

MV Deputy Safeguarding Lead – James Turner –07880 780380.

MV Deputy Safeguarding Lead – Naomi Wilkinson-Baker – 01507 681807 or 07795452513

MV Deputy Safeguarding Lead – Nick Marshall – 07568063513

MV Deputy Safeguarding Lead – Danielle Deakin 01507 681863 or 07725462268

LCC Customer Service Centre – Children related matters – 01522 782111.

LCC Customer Service Centre – Any safeguarding matter (Out of Hours) – 01522 782333.

Police EMERGENCY – 999.

Or Central Referral Unit (Safeguarding) 01522 947590 or (Out of Hours) – 0300 111 0300.

Data & Barring Service (DBS) – 01325 953795 or reference a Disclosure contact 03000 200 190.

Date of Next Update:

This procedure is reviewed once a year or updated as and when necessary. The next review is due on 25th January 2024.

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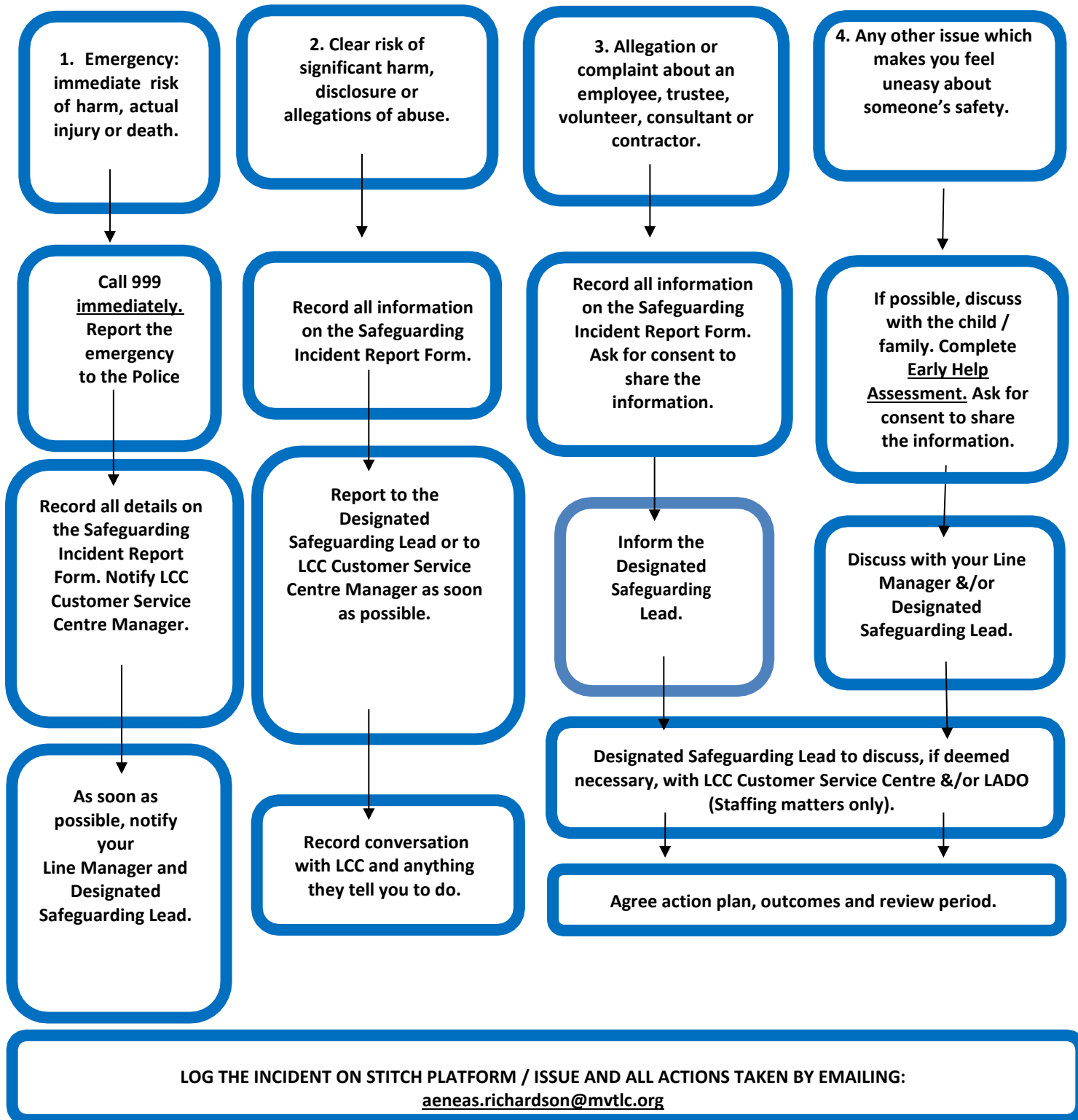
Updates of procedure:

Issue No.	Description of Revision.	Date:	Action By:
1	None - First Issue	14 th January 2016	Train designated staff & incorporate into IMS.
2	Annual Review main revisions relate to para 2.21 allegations made against a MV staff member. Also amendments made to para 2.23, 2.26 & 2.27.	12 th January 2017	Train designated staff & incorporate into IMS.
3	Annual Review. Minor amendments made throughout policy as references to “adults at risk” were removed. Separate Safeguarding Adults Policy to be drafted as H&S Manual document 2.34b.	18 th January 2018	Train designated staff & incorporate into IMS.
4	Annual Review. Minor amendments made to 1.7, 1.8, 1.11 & 1.13. Paragraph 3.2 full review following MV Data Protection Policy update.	17 th January 2019	Train designated staff & incorporate into IMS.
5	Annual Review. Minor amendments made to 1.13 Lincolnshire Safeguarding Children Partnership (LSCP), 2.13 Upskirting criminal offence added, RD-DOCS added to Associated Work Instructions.	23 rd January 2020	Train designated staff & incorporate into IMS.
6	Annual Review. Minor amendments made, job title changes etc.	28 th January 2021	Train designated staff & incorporate into IMS.
7	Annual review. Minor amendments made. Deputy Safeguarding Lead.	27 th January 2022	Train designated staff & incorporate into IMS.
8	Annual Review Deputy Safeguarding leads updated Guidance documents added Minor wording amendments STITCH reporting added to flow chart for clarity Removal of he/she replaced with them/they	25 th January 2023	Train designated staff & incorporate into IMS.

Training on this procedure is required for the following Staff:

- All Staff

APPENDIX 1 – INCIDENT RESPONSE FLOW CHART



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