

**Preston North End Community and Education Trust (PNECET)**

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**SAFEGUARDING POLICY**

**Children and Young People**

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**Document Verification**

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| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

The policy may be amended from time to time to reflect and take account of changes in legislation.

This policy will be reviewed, approved and adopted by or on behalf of the board on an annual basis.

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**Signed**:

**Position**: **Chief Executive Officer**

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# **Safeguarding Policy Statement**

Preston North End Community and Education Trust (PNECET) recognises and accepts the responsibility to safeguard all children. It is fundamental for all adults working within the Trust to safeguard and promote the welfare of children and young people and we are committed to providing a positive and safe environment for all.

The well-being of children and young people is of paramount importance. All staff, including volunteers will be made aware of PNECET safeguarding policies as part of the induction process. Where appropriate, the following guidelines will be supported by in-house training and additional guidance. This policy applies to everyone who works at, or is engaged with PNECET. This policy can be amended at any time to support new safeguarding legislation, new activities and services which involve children and young people. This policy is to be adhered to at all times. The onus is on all PNECET representatives who are in contact with children and young people to read and understand the safeguarding policy, and understand that safeguarding is everyone’s responsibility. The policy and procedures will be widely promoted and are mandatory for everyone involved with PNECET, included those at board level.

This policy is endorsed by PNECET Board of Trustees and failure to comply with the safeguarding policy may ultimately result in dismissal from PNECET. All cases will be dealt with in accordance with the disciplinary procedures set out in the Employee Handbook.

The Trust follows three principle values within this policy; **Prevention, Protection** and **Support.**

**Prevention**: PNECET ensures that all staff are fully aware of safeguarding risks and understand their individual roles and responsibilities. Measures are implemented to minimise risk whilst children and young people are in our care.

**Protection**: PNECET encourages all staff to look out for signs of abuse and staff feel safe and confident to report concerns to Designated Safeguarding Officers. Any child who reports a concern is treated with empathy and in confidence within the guidelines of child protection.

**Support**: PNECET will support a child or young person issues in an unbiased way, we listen to children or young people who may be at risk, ensuring all parties feel safe at all times. PNECET is committed to revising the Child and Young People Safeguarding policy annually, and following changes in legislation and/or guidance.

## **Aims and Key Principles**

**The aims of PNECET safeguarding policy are:**

* To safeguard all children, young people who attend PNECET activities/events/programmes;
* To promote and demonstrate best practice for the safety and wellbeing of children;
* To ensure all staff, whether full time, part time, or voluntary understand their roles and responsibilities with regards to safeguarding within PNECET;
* To ensure parents, guardians and other third party adults who may come in contact with children act as positive role models;
* To reflect the club values (excellence, passion, unity, respect, equality and integrity) with regards to safeguarding children;
* To ensure that PNECET maintains and keep up to date with the latest rules and regulations of safeguarding policies;

**The key principles supporting this policy are:**

**The safety and wellbeing of children is of the utmost importance and must be prioritised.**

Children and young people have the right to be protected from abuse or neglect, regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation. These can also be referred to as the nine protected characteristics, as sighted in the Equality Act 2010.

PNECET recognises that high self-esteem, confidence, peer support and clear lines of communication with trusted adults helps children and young people, especially those at risk of, or suffering abuse.

**Legislation and Guidance**

PNECET seeks guidance from relevant legislations, organisations and governing bodies for all safeguarding matters. The Children and Young People Safeguarding Policy is informed by the following legislation:

**Legislation**

The Children Act 1989 & 2004

Health & Safety at Work Act, 1974

Modern Slavery Act 2015

Counter Terrorism and Security Act 2015

Female Genital Mutilation Act 2003

**Guidance**

Working Together to Safeguard Children 2018

Keeping Children Safe in Education 2021 (KCSiE)

Management of Health and Safety at Work Regulations 1999

Private Fostering Regulations, 2005

General Data Protection Regulations 2018

SEN Code of Practice guidance 2015

In addition, the Football Association, (FA) and English Football League (EFL) rules, regulations and guidance. PNECET is dedicated to promote best practice throughout the club, and its counterparties and will do so in accordance with the above. PNECET also is a representative of the Football League Trust (FLT) and Premier League Charitable Fund (PLCF) and takes guidance and recommendations from both organisations.

When establishing, developing or improving a service, PNECET will include safeguarding in all planning briefs, using the most up to date policies. If the service includes a delivery partner their safeguarding measures and procedures will be checked. All delivery partners will be subject to a legally binding contractual commitment in respect of safeguarding measures.

# **Definitions of Abuse**

* **Abuse –** refers to the maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Abuse can be seen in the form of physical harm, sexual, emotional or neglect. A child can be abused by an adult or adults or by another child or children.
* **Physical Abuse** - as defined by the Children Act 1989, harm can be defined as the ill treatment or impairment of health and development. This was then developed in the Adoption and Children Act 2002 impairment suffered from seeing or hearing the ill treatment of another. As well as physical treatment, harm can also include an avoidable deterioration in physical or mental health and the impairment of physical behavioural development. Physical bullying, abuse from coaching staff, child on child physical harm all are considered here.
* **Sexual Abuse** – this is the act of actual or seeking to exploit a child for sexual gratification. Sexual abuse can be in the form inappropriate touching, suggestive language and use of cameras or recording equipment inappropriately. PNECET have strict rules on consenting to photographs, staffing ratios, and DBS checks under regular contact and discourage the situation or regular, single contact with a child.
* **Emotional Abuse** – this is the act of inflicting distressing or adverse effects on an individual either though verbal or nonverbal actions. Emotional abuse can be the presence of negativity, lack of positivity towards the individual or disproportional treatment of one over the others. Inappropriate use of social media and ‘banter’ are both considered in this section.
* **Neglect** – refers to the persistent or serve neglect of a child or failure to protect that individual from a dangerous situation or other forms of abuse. This includes, but is not considered exhaustive, weather conditions, food/diet, personal hygiene or health. PNECET activities encourage and educate parents in this section to avoid these situations.

# **Policy Definitions**

* **Activity** –refers to any sessions, coaching programmes, educational events or other related activity where there are children or vulnerable adults taking part.
* **Child/Children** –a person who has not yet reached their 18th birthday.

**Child Protection** –this refers to the activity undertaken to protect children who are suffering or likely to suffer from harm. Child protection forms part of safeguarding and welfare.

* **Confidentiality** –an assurance that limits access or places restrictions on certain information.
* **Consent** -voluntary permission with knowledge of the purpose, effects and risks involved as well as the likelihood of success and any other consequences. Consent can be given orally or in writing.
* **Duty of Care** -a legal obligation on an individual requiring adherence to a standard of reasonable care while performing any acts that could foreseeably harm others.
* **Harm** –as defined by the Children Act 1989, harm can be defined as the ill treatment or impairment of health and development. This was then developed in the Adoption and Children Act 2002 impairment suffered from seeing or hearing the ill treatment of another. As well as physical and sexual ill treatment, harm can also include an avoidable deterioration in physical or mental health and the impairment of physical, intellectual, emotional, social or behavioral development.

**Staff members with lead responsibilities**

The Senior Safeguarding Manager (SSM) with lead responsibilities for safeguarding and promoting the welfare of children and responsible for child protection issues within the PNECET is:

**Thomas Drake**

Chief Executive Officer of Preston North End Community and Education Trust

Tel: 01772 693312

Email: **Tom.drake@pne.com**

The Designated Safeguarding Officer (DSO) with responsibilities for safeguarding and child protection within the education programmes and the health project is:

**Rebecca Robertson**

Head of Community Engagement

Tel: 01772 693365

Email: **Rebecca@pne.com**

Key duties include: lead responsibility for raising awareness of issues relating to the safeguarding and welfare of young people, and the promotion of a safe environment for all those learning and taking part in activities within the Trust.

The staff member with lead responsibility receives training in safeguarding and child protection, and inter-agency working and will receive refresher training at least every two years in safeguarding. This may be in the form of legislation updates or dissemination of training information from other safeguarding officers within PNECET.

**The designated staff member with lead responsibility within the Trust is responsible for:**

* Reviewing the Trust’s policies and ensuring they are in line with current rules and regulations and promote the welfare of all young people and anyone with additional needs.
* Ensuring identified safeguarding procedures are followed and actions are agreed and implemented within the Trust.
* Providing advice and support to staff and volunteers on issues relating to safeguarding, child protection and Prevent.
* Maintaining a proper record of any referral, complaint or concern in respect of abuse or safeguarding (even when that case does not lead to a referral).
* Ensuring that all staff, volunteers and external support workers receive appropriate safeguarding training, and are aware of the related policy and procedures.
* When establishing, developing or improving a project or activity safeguarding must be within the planning of the project and discussed with lead staff member. If the project involves working with a delivery partner they must provide equivalent safeguarding measures and must be subject to a legally binding contractual commitment, this must be provided and reviewed prior to the project being delivered.

# **Data Protection**

**In line with the GDPR, we will ensure:**

* All documentation is kept in a secure location at all times;
* All documentation is only accessed by the Designated Safeguarding Managers;
* The incident register is controlled by the safeguarding manager;
* All information is accessible to the parent/guardian of the child or vulnerable adult;
* Any databases kept on PC’s are security code locked with access denied to all apart from the safeguarding managers;
* The information is not discussed with any member of staff;
* Information is not exchanged.

**The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Information can be shared without consent if to gain consent would place the child at risk.**

# **Use of Images and Videos**

**All PNECET staff should avoid;**

* using their own devices to capture images instead use only their work phone/camera
* images taken in changing rooms or where children are not fully clothed
* images of children who wish not to be in the photograph, or whose parents have not given consent

images where children are more vulnerable – upset, injury, illness

* images that are sexually suggestive or provocative; or
* the inclusion of young or vulnerable child’s full names in any captions, kit livery or reports.

**Photographs are usually taken by the media team. If the media team is unavailable lead coaches are permitted to take photos with the following considerations;**

* before taking photographs of children and young people the media team at PNECET and/or PNEFC and lead coach responsible for the relevant activity must check that the appropriate parental consent has been sought. A copy of the consent form is attached in the appendix A for reference. Parents/carers are responsible for informing the lead coach of any change of circumstances which may affect consent
* all children/ young people featured in publications will be appropriately dressed
* where appropriate, images will represent the broad range of children participating safely in activities
* children who are in the care of the Local Authority or are subject to a statutory order in relation to their residence and/or welfare will not have their images published in any form
* no images of children and young persons featured in publications will be accompanied by any personal details
* any instances of inappropriate images in any PNECET and PNEFC activities should be reported to the Safeguarding Officer or Head of Safeguarding.

# **Procedures and safety measures for on-line learning:**

PNECET expects all staff and students to adhere to the relevant policy boundaries must be maintained at all times. We have put extra measures in place to reduce the risks in relation to online learning which include;

* all contact on-line being observable and interruptible
* staff and children must wear suitable clothing as should anyone else in the household
* any computers being used should be in appropriate areas, for example not in bedrooms and the background should not be blurred
* on-line teaching will not be carried out on a one to one basis and will be done in a group setting with several players present
* another adult will be invited to be present in the room
* all communication provided will have an educational purpose
* language must be professional and appropriate, including any family members in the background
* PNECET will record online teaching/instruction sessions. Students will be informed that sessions are being recorded in advance of doing so
* all sessions provided will be via the PNECET I.T platform (for example remote desktop) or Wi-Fi (where possible).

# **On-line safety**

* It is important that internet safety and security messages are re-enforced increasing.
* It is important that both children and parents are aware of the help and support available should they be concerned about something they have seen or experienced online. These include:
* UK Safer Internet Centre <https://reportharmfulcontent.com/>
* CEOP <https://www.ceop.police.uk/safety-centre/>
* Internet Matters <https://www.internetmatters.org/>
* NetAware <https://www.net-aware.org.uk/>
* ParentInfo <https://parentinfo.org/>
* ThinkuKnow <https://www.thinkuknow.co.uk/>

# **Special Educational Needs and Disabilities (SEND)**

Children with Special Education Needs and Disabilities may face additional safeguarding challenges which can mean they are more vulnerable to abuse and/or less able to speak out if something isn’t right.

**Some children may be vulnerable because they;**

* have additional communication needs
* they do not understand that what is happening to them is abuse
* need intimate care or are isolated from others
* have health-related conditions
* are dependent on adults for care.

Staff should identify any children with additional needs through appropriate discussion with the parent/carer. Where additional needs are identified, a risk assessment relating to the activity being undertaken should be prepared. In addition, any specific additional staff training requirements will be considered and implemented prior to the activity taking place.

# **Raising Concerns**

Despite the Safeguarding Policy being in place within the Trust encouraging best practice, there may be instances when concern is raised over the maltreatment of a child or young person.

A person can describe child abuse as harm to a child, or failure with responsibility for a child to provide reasonable care, or both. Abuse, as previously defined can be seen in the following forms and signs:

# **Physical Abuse**

This is the actual or likely physical injury to a child where a person physically injures or hurts a child. This can involve hitting, shaking, squeezing, and burning, biting or any other way of intentionally causing harm to another.

* Bruises and other marks are indicators of physical harm caused by another. If bruises are noticeable in unlikely areas of the body then concern should be raised to a safeguarding officer.

# **Neglect**

This refers to the persistent or severe neglect of a child or failure to protect them from exposure to danger, including the cold or starvation, or extreme cases of lack of care resulting in the significant impairment of the child’s health, safety and welfare. Signs of neglect could include the following:

* Lack of physical growth or erratic weight gains and losses which may suggest under nourishment;
* Poor physical appearance – the child may appear cold, dirty, inadequately clothed or have mottled skin. Thinning hair or bald patches and reoccurring infections are also signs of neglect;
* The child appears fearful, wary, frozen in one position, or seems to be apathetic or dejected with lack of responsiveness.

# **Sexual Abuse including ‘sexting’**

This is the actual or likely sexual exploitation of a child or vulnerable adult when another person seeks sexual gratification. Signs of certain well – documented abuse may be as follows:

* Injuries, cuts, or soreness in the anal or genital area;
* Unusual or excessive sexual knowledge;
* Sexualised behaviour;
* Withdrawn response to the subject.

**What is ‘sexting’?**

Sexting is defined as **the production and/or sharing of sexual photos and videos of and by**

**young people who are under the age of 18**. It includes nude or nearly nude images and/or sexual acts. It is also referred to as ‘youth produced sexual imagery’.

‘Sexting does not include the sharing of sexual photos and videos of under-18 year olds with or by adults- this is a form of child abuse and must be referred to the police.

What to do if an incident involving ‘sexting’ comes to your attention.

**Report it to your Designated Safeguarding Officer immediately.**

* **Never** view, download or share the imagery yourself, or ask a child to share or download this is illegal.
* If you have already viewed the imagery by accident (e.g. if a young person has showed it to you before you could ask them not to), report this to the DSO.
* **Do not** delete the imagery or ask the young person to delete it.
* **Do not** ask the young person(s) who are involved in the incident to disclose information regarding the imagery. This is the responsibility of the DSO.
* **Do not** share information about the incident to other members pf staff, the young person(s) it involves or their, or other, parents and or/carers.
* **Do not** say or do anything to blame r shame any young people involved.
* **Do** explain to them that you need to report it and reassure them that they will receive support and help from the DSO.

If a sexting incident comes to your attention, report it to your DSO.

# **Emotional Abuse**

This refers to actual or likely severe adverse effects on the emotional and behavioural development of a child caused by persistent or severe ill treatment namely rejection. All abuse involves some emotional ill treatment; the areas of concern are;

* rejection
* lack of praise or encouragement
* lack of attachment
* lack of stimulation i.e. fun and play
* Lack of appropriate handling relative to age
* segregation
* punishment or given work tasks as a punishment.

# **Child on Child abuse (also referred to as Peer on Peer abuse)**

It should be recognised that physical, sexual and emotional abuse might be carried out on a child by another child. Physical and emotional abuse may be recognised by;

* planned abuse
* calculated selection of a victim
* persistent physical, emotional or verbal abuse
* difference in age, size, physical strength or status
* racial or other forms of discriminatory abuse.

Flare ups and spontaneous fighting should not be considered as abuse providing they do not become persistent.

# **Child Sexual Exploitation (CSE)**

A form of child sexual abuse. It occurs where an individual, or groups of people take advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity in exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may be sexually exploited even if the sexual activity appears consensual. Child sexual exploitation can also take place through the use of technology. Some of the signs that a child may be subject to sexual exploitation include;

* going missing for periods of time or regularly returning home late
* skipping school or being disruptive in class
* appearing with unexplained gifts or possessions that can’t be accounted for
* experiencing health problems that may indicate a sexually transmitted infection
* having mood swings and changes in temperament
* using drugs and/or alcohol
* displaying inappropriate sexualised behaviour, such as over-familiarity with strangers,
* dressing in a sexualised manner or sending sexualised images by mobile phone

(sexting)

* may also show signs of unexplained physical harm, such as bruising and cigarette
* burns.

**If child exploitation comes to your attention, report it to your DSO immediately**.

**Domestic Abuse**

Domestic abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 26 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

The abuse can encompass, but is not limited to; psychological; physical; sexual; financial; and emotional. All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious long lasting emotional and psychological impact on children. In some cases a child may blame themselves for the abuse or may have had to leave the family home as a result.

# **Sexual Offences Act 2003**

The Sexual Offences Act 2003 is an Act of the Parliament of the United Kingdom. It replaced

older sexual offences laws with more specific and explicit wording.

An act to make new provision about sexual offences, their prevention and the protection of

children from harm from other sexual acts, and for connected purposes.

**Sexual offences include;**

* rape
* assault by penetration
* sexual assault
* causing a person to engage in sexual activity without consent
* rape of a child under 13
* assault of a child under 13 by penetration
* sexual assault of a child under 13
* causing or inciting a child under 13 to engage in sexual activity
* sexual activity with a child
* causing or inciting a child to engage in sexual activity
* engaging in sexual activity in the presence of a child
* causing a child to watch sexual act
* child sex offences committed by children or young persons
* arranging or facilitating commission of a child sex offence
* meeting a child following sexual grooming, etc
* abuse of position of trust: sexual activity with a child
* abuse of position of trust: causing or inciting a child to engage in sexual activity
* abuse of position of trust: sexual activity in the presence of a child
* abuse of position of trust: causing a child to watch a sexual act
* abuse of position of trust: acts done in Scotland
* positions of trust.

# **Staff and volunteers’ responsibilities**

**Creating the atmosphere for someone to tell you what is wrong**

The coordinator of each activity involving children and young people at PNECET will ensure that the participants know how to get help, how they can report abuse, who to report it to, and what response they can expect.

Some people who have been abused appear able to speak to someone about it and wish action to be taken. All PNECET staff must listen to those children and young people who may be at risk and follow PNECET reporting policy and procedure.

Some children and young people may be very reluctant to talk about their experience, there may be several reasons for this:

* It may just be too painful emotionally to talk about what happened. Feelings of shame and embarrassment often inhibit people reporting concerns.
* There may not be an opportunity to see someone who is trusted, privately.
* There may be anxiety about repercussions from the perpetrator or others if the abuse is reported.
* There may be a worry about ‘where it will all end’, for example if the police are told, or perhaps a fear of going to court.
* The abused person may just be prepared to put up with it.
* Communication and language could be an inhibitor.
* The person may not recognise an experience to be abusive if their previous life experiences have been confusing.

**Mental Health**

All staff should also be aware that mental health problems can, in some cases, be an indicator that a child or adult has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals should attempt to make a diagnosis of a mental health condition. Where children and young people have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, (ACE’s) this can have a lasting impact throughout childhood, adolescence and into adulthood. If staff have a mental health concern about a child or young person that is also a safeguarding concern, immediate action should be taken following our safeguarding and child protection policy and procedures, and speaking to a Designated Safeguarding Officer.

**Dealing with a disclosure of abuse and procedures for reporting safeguarding concerns. If a child, young person, or any person is in immediate danger of being harmed call the police on 999.**

**If a child, young person tells a member of staff or volunteer about possible abuse:**

**DO**;

* stay calm and reassuring
* listen to and take what the young person says seriously
* tell the young person that he/she is right to tell someone and they are not to blame
* let him/her know that you understand how difficult it is to talk about such experiences
* arrange a place and time where you can talk privately and uninterrupted as soon as possible
* explain that you will need to involve other people, and why
* be supportive
* give realistic encouragement and allow the young person to speak
* make written records of what is said by the young person – unprompted, it needs to be clear to staff that they can ask open questions but only when necessary in order to clarify or gather further information
* follow the Trusts internal channels of communication in relation to safeguarding, child protection and Prevent and take prompt action.

**DO NOT**;

* make promises or assurances you can’t keep
* promise confidentiality
* press for details or ask leading questions which may invalidate court proceedings or impede investigation
* ask the young person to repeat the details unnecessarily
* react emotionally
* interrupt or stop a child during a disclosure
* keep this information to yourself or discuss with other colleagues outside of the safeguarding team
* forget to make time and seek support for yourself.

**Recordings**

The staff member or volunteer should make factual notes of what they are being told but in a way that does not detract from what the child or young person is saying, using the child’s own words. The notes which the staff or volunteer may keep can be used as a basis for supporting the DSO during a difficult process. The DSO should keep these notes safely and locked within their office. These notes are not admissible as evidence and should be shared with other agencies or individuals with the full agreement of the young person. At the end of the forthcoming investigation these notes should be destroyed or an agreement made for further safekeeping.

# **Good Practice and keeping records**

Accurate records are to be kept on the club’s ‘My Concern’ safeguarding reporting tool. A record should contain the date and time of the particular incident, the young person should be assigned to the record which must include the full name, date of birth and address details. Whether the child or young person has told you something, or another member of staff wishes to report an incident.

# **Disclosure and Barring Service (DBS)**

The Safeguarding and Vulnerable Groups Act 2006 (SVGA) places a legal duty on employers and personnel suppliers to refer any person who has;

* harmed or poses a risk of harm to a child or vulnerable adult;
* satisfied the harm test; or
* received a caution of conviction for a relevant offence.

A regulated activity provider is an organisation of individual that is responsible for the management or control of regulated activity, paid or unpaid and makes arrangements for people to work in that activity. This will usually be an employer or a voluntary organisation. Examples of a regulated activity provider would be:

* an NHS hospital or Health and Social Care Trust that employs people to provide care, supervision and advice to children and vulnerable adults.
* a Further Education College that provides education to children under 18 years of age.
* a specialist educational establishment that provides education to vulnerable adults.

Preston North End Community and Education Trust has a responsibility to report relevant information to the DBS and the FA under these circumstances.

# **Safeguarding Code of Conduct**

In addition to the staff code of conduct detailed in the employee handbook, the following points are to be managed by all staff with regards to safeguarding:

* The Trust’s staff are to ensure that the health, safety and protection of all persons participating in a Trust activity is a high priority;
* Staff are not, where possible, to be in a situation where they are on a one to one situation with a child or vulnerable adult whilst not in a public area;
* It is the responsibility of the staff on duty to ensure that all the relevant information set out in this document is circulated to the applicable people;
* All matters which raise concern must be reported in the correct procedure, which are detailed in the ‘Recording Allegations’ section.
* Any breech of conduct which may contravene any policy set by this document is to be reported in the incident log.

**Continual Professional Development**

PNECET recognises the importance of ongoing staff training and development to ensure staff and volunteers are aware of emerging issues and trends and this supports the ethos of keeping safeguarding a high priority. Everybody has a role to play in safeguarding children and vulnerable adults and we strive to ensure all staff and volunteers are well informed and know what to do if they have a concern, who to report a concern to, and how to record a concern.

Detailed records will be held of staff safeguarding training to ensure that no training becomes out of date. Any staff member can discuss any specific training requirements or gaps in knowledge or understanding with the SSM/DSO’s.

# **Managing Staff Allegations**

Please refer to the Managing Staff Allegations policy and Low-Level Concern policy. Please refer to the appendices at the end of this policy for further detailed information on reporting and recording allegations for different scenarios.

# **Acceptable Risk**

In all aspects of work at the PNECET, there will be situations where a degree of professionalism must be adopted with regards to safeguarding. All members of staff must be aware of the repercussions that a scenario may have, where staff professionalism is put in question. To ensure that this statement protects children, vulnerable adults and staff, there may be situations where the term ‘acceptable risk’ is to be understood. An example of this could be if a child or young person requires hospital treatment but the parent/guardian is not at the venue, it is acceptable risk to transport the child or vulnerable adult in the ambulance until the arrival of the parent/guardian.

# **Other Key Contacts within Preston North End FC and other agencies**

Club Senior Safeguarding Manger

Zoe Hall – Business Development Manager

01772 693313 (Ext 1313)

07792 149716

zoe@pne.com

Club Designated Safeguarding Officer

Carole Player

M: 07557181094

T: 01772 693316 (Ext 1316)

carole.player@pne.com

Academy Designated Safeguarding Officer

Andy Livingstone – Head of Academy Recruitment

07799692345

andylivingstone@pne.com

Match Day Designated Safeguarding Officer

Guy Nellany– Deputy Ground Safety Officer

01772 693323 (Ext 1347)

guy@pne.com

Other

NSPCC 0808 800 5000

Childline 0800 1111

Preston Police 0845 125 3545

Lancashire LADO (Local Authority Designated Officer) Tim Booth 01772 536694

OFSTED 0300 123 1231

**Resources**

**NSPCC (National Society for the Prevention of Cruelty to Children)**

https://www.nspcc.org.uk/

**Tel:** 0808 800 5000

**ChildLine**

<https://www.childline.org.uk/>

Tel: 0800 1111

**Relevant Legislation**

**The Children Act 2004**

<https://www.legislation.gov.uk/ukpga/2004/31/contents>

**The Education Act 2002**

<http://www.legislation.gov.uk/ukpga/2002/32/contents>

**Child Protection is Sport Unit**

<https://thecpsu.org.uk/>

**Keeping Children Safe in Education 2021**

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

**Protection of Freedoms Act**

<http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted>

**Counter Terrorism and Security Act 2015**

<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>

**What to do if you are worried about a child being abused 2015**

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-beingabused>

**Working Together to Safeguard Children 2018**

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

**The Football Association (The FA)**

<http://www.thefa.com/football-rules-governance/safeguarding>

<https://www.gov.uk/topic/schools-colleges-childrens-services/safeguarding-children>

**Prevent Contact Details**

**Prevent team at Preston Police Station**

**Contact numbers are 10772 209830 and 01772 209733**

Email: prevent@lancashire.pnn.police.uk

**Prevent Duty Guidance**

<https://www.gov.uk/government/publications/prevent-duty-guidance>

**PREVENT Guidance (Counter Terrorism)**

The Prevent Strategy identifies a statutory duty for some agencies including schools, colleges and education providers to support the government’s anti-terrorist agenda.  PNECET recognises our responsibility to support our partner schools and colleges in working with them to assist them in meeting this duty under the Prevent Strategy.

The Prevent Duty is not about preventing participants from having political and religious views and concerns, but about supporting young people to use those concerns or act on them in non-extremist ways.  As a football community and education trust we will be addressing our responsibilities under the strategy in commitment to keeping children and young people safe.

PNECET will work with external agencies to address the risk factors for participants in producing a procedure for referral to the local Channel Panel if any young person is identified as being a risk of radicalisation.

PNECE will, if required, work with external agencies and the Channel Panel to support any young person identified.

**Prevent Referral Pathway**

Practitioner has Prevent related concerns about a child’s welfare, behaviour or circumstances.

Yes

If necessary, Prevent lead to discuss case with Prevent Coordinator or Prevent Engagement Officers for further advice

Is the individual at immediate risk of danger or immediate risk of terrorist related activity?

Practitioner discusses concern with nominated Prevent lead for their organisation.

Phone the Police (999) and carry out necessary local authority actions in line with existing protocols

If concerns, behaviour or circumstances are still relevant after discussions

Prevent lead to make a referral to the Prevent mailbox of

prevent@lancashire.pnn.police.uk

#

# PNECET-P

# **Date and Review**

The policy may be amended from time to time to reflect and take account of changes in legislation and guidance.

This policy will be reviewed, approved and adopted by or on behalf of the board annually.



Signed: Date: 03/2022

**Tom Drake**

**Chief Executive Officer**

**Appendix 1**

**FIRST DISCLOSURE PROCESS MAP**

Child, member of staff of staff or member of public has concerns about a child’s safety and/or welfare

**Deal with immediate**

No further child protection action, although may need to ensure support provided by the Club and/or partner agencies

Feedback to referrer on next course of action

No further child protection action, although may need to ensure support provided by the Club and/or partner agencies

Discuss with the Designated Safeguarding Officer and /or senior staff members. Member of staff completes ‘My Concern’ submission

Still has concerns. Believes NO criminal offence committed

Concerns about a child’s immediate safety and/or suspected criminal offence committed

No longer has concerns

Deal with the immediate needs of the child

Deal with the immediate needs of the child.

DSO and senior staff meet to discuss and decide on course of action within one working day

See flowchart on emergency safeguarding

Action plan successful

Action plan unsuccessful

Action plan points to be discussed with relevant parties. My Concern to be completed. Progress monitored by DSO and SSM

**Appendix 2**

**EMERGENCY SAFEGUARDING PROCESS MAP**

DECISION MADE THAT URGENT OR EMERGENCY ACTION MAY BE NECESSARY TO SAFEGUARD A CHILD

Immediately report to the police to obtain advice and potentially trigger an urgent strategy discussion between the club, Children’s Social Care and any other identified agencies.

Relevant agency sees child and records outcome on respective system.

With family and other professionals agree a plan for ensuring child’s future safety and welfare. All decisions recorded on My Concern by DSO.

Urgent strategy discussion makes decisions about:

* Immediate safeguarding action plan.
* Information to be given to parents and all relevant parties involved.

All relevant documentation and information to be made available by the club to all agencies involved.

**Appendix 3**

**WHEN A CHILD HAS NOT BEEN COLLECTED**

Immediately move the child to a safe area and try to make contact with parent/carer. Remember to keep yourself and the child visible at all times – remember safer working practice.

On advice from the SSM, the child may be transported to their home under the following guidelines:

* Log made of time leaving
* Child sits in rear of car and with seat belt fitted
* Child dropped off with staff remaining with child until parent/carer acknowledges collection
* Formally note the time of hand-over

Stay with the child and immediately inform the DSO

Try to ascertain the reason for the delay and enter into the report.

Ensure a written report is submitted to the DSO. Time/incident/action taken and time collected

Contact made – stay with the child until collected

No contact made

Full written report to be submitted to the SSM within 48 hours.

Possible meeting with parents/carers to explore the reason for non-collection of their child

**Appendix 4**

**MISSING CHILD**

Reported that a child is missing from the group

At the activity venue

At the stadium

To or from an activity

Immediate suspension of the activity – conduct a local search

Immediate suspension of the activity – conduct a local search

Return to the last know positive sighting

Child located ?

YES

NO

SSM/police/local services/parents and club to be informed immediately

Thorough investigation and lessons learnt

Immediate suspension of the activity – conduct a local search

Incident report submitted at the discretion of the senior member of staff present

Thorough search conducted with the assistance of identified services

Child not found ?

Child found ?

Full investigation by SSM with a written report from all staff involved.

Parents/carers informed

Police will take control

Parents/carers informed

o

**Appendix 5**

## **SUSPECTED CHILD ON CHILD ABUSE (bullying)**

Is the child injured?

NO

YES

Separate the child to a secure and safe place

Separate the child to a secure and safe place

Inform the SSM/DSO on duty immediately and seek advice. Seek medical attention if required

Inform the SSM/DSO on duty immediately and seek advice. Seek medical attention if required. Make full written report of all conversations

Make full written report of all conversation and get both sides of the incident

Submit report to the SSM. SSM will inform parents and take further action where necessary

Inform parent/carers. Inform them of next steps

Decision made by the SSM on the ‘cooling off’ time

SSM will manage from this point

**Appendix 6**

## **REPORTING AN ACCIDENT**

Administer immediate first aid and seek further medical attention in needed

Is the child seriously injured/ill and requires hospital treatment?

YES

Call for an ambulance and accompany the child to the hospital. Parents/carers contacted immediately and seek advice. Seek medical attention if required

NO

Make a judgement if the child can resume the activity. If the child can continue to monitor and re-assess throughout the remaining activity time

Ensure the following:

* Incident logged in the accident book.
* SSM informed.
* Parents informed.

Follow up action:

1. Check with parents within 24 hours.
2. Enquire when the child can return to the activity/venue.

If the child’s condition worsens stop the activity:

1. Administer first aid if necessary.
2. Continue to monitor.
3. Inform parents on collection.
4. **Must report to the SSM and complete the accident book.**

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