



Transplant Sport Child & Vulnerable Adult Protection Policy

Principles upon which the Policy is based:

- the welfare of a child or young person or vulnerable adult will always be paramount
- the welfare of families will be promoted
- the rights, wishes and feelings of children, young people, vulnerable adults and their families will be respected and listened to
- those people in positions of responsibility within the organisation will work in accordance with the interests of children and young people and vulnerable adults and follow the policy outlined below.
- those people in positions of responsibility within the organisation will ensure that the same opportunities are available to everyone and that all differences between individuals will be treated with respect

CHILD & VULNERABLE ADULT PROTECTION POLICY

1. Immediate Action to Ensure Safety

Immediate action may be necessary at any stage in involvement with children and vulnerable adults and families.

IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE CHILD OR ADULT i.e

- If emergency medical attention is required this can be secured by calling an ambulance (dial 999) or taking a person to the nearest Accident and Emergency Department.
- If a person is in immediate danger the police should be contacted (dial 999) as they alone have the power to remove a child or vulnerable adult immediately if protection is necessary, via Police Protection Order.

2. Recognition of Abuse or Neglect

Abuse or neglect of a child or vulnerable adult is caused by inflicting harm, or by failing to act to prevent harm. Children and vulnerable adults may be abused in a family or in an institutional or community setting; by those known to them or more rarely by a stranger.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm. Physical harm may also be caused when a parent or family member or carer feigns the symptoms, of, or deliberately causes ill health to a person whom they are looking after. This situation is commonly described using terms such as, fabricated illness by proxy or Munchausen Syndrome by proxy.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child or vulnerable adult such as to cause severe and persistent adverse effects. It may involve conveying to children or adults that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children or vulnerable adults frequently to feel frightened or in danger, or the exploitation or corruption of children or vulnerable adults. Some level of emotional abuse is involved in all types of ill treatment of a child or vulnerable adult though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person or vulnerable adult to take part in sexual activities, whether or not they are aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children or vulnerable adults in looking at, or in the production of, pornographic material, or watching sexual activities, or encouraging them to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child or vulnerable adult's basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. It may

involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a person's basic emotional needs.

TS employees, volunteers and members need to be alert to the potential abuse of children and vulnerable adults both within their families and also from other sources including abuse by TS employees, volunteers or members.

TS employees and volunteers working with children and vulnerable adults should know how to recognise and act upon indicators of abuse or potential abuse. There is an expected responsibility for all TS employees, volunteers and members to respond to any suspected or actual abuse in accordance with these procedures.

It is good practice to be as open and honest as possible with parents/carers about any concerns. However, you must not discuss your concerns with parents/carers where contacting parents/carers would put the child or vulnerable adult, others or yourself at risk. This could be, but is not limited to the following -

- where sexual abuse is suspected
- where organised or multiple abuse is suspected
- where fictitious illness by proxy (also known as Munchausen Syndrome by proxy) is suspected

What to do if a child or vulnerable adult talks to you about abuse or neglect

A child or vulnerable adult may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations you must:

- listen carefully. DO NOT ask leading questions.
- give the child or vulnerable adult time and attention.
- allow them to give a spontaneous account; do not stop a child or vulnerable adult who is freely recalling significant events.
- make an accurate record of the information you have been given taking care to record the timing, setting and people present, the child or adult's presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- use the child or vulnerable adult's own words where possible.
- explain that you cannot promise not to speak to others about the information they have shared.
- reassure that:
 - you are glad they have told you

- they have not done anything wrong.
- explain what you are going to do next.
- explain that you will need to get help to keep the child safe.
- do NOT ask them to repeat his or her account of events to anyone

3. Consulting about your concern

The purpose of consultation is to discuss your concerns in relation to a child or vulnerable adult and decide what action is necessary.

You may become concerned about a child or vulnerable adult who has not spoken to you, because of your observations of, or information about them.

It is good practice to ask why they are upset or how a cut or bruise was caused, or respond to them wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

If you are concerned about a child or vulnerable adult you must share your concerns. Initially you should talk to the TS Designated Person. This person is **INSERT NAME & CONTACT INFORMATION**. If this person is implicated in the concerns you should discuss your concerns directly with the Chairman of the Trustees or Social Services.

The TS Designated Person will follow the TS Child Protection Policy – Reporting Procedure for Incidents and Disclosure Process annexed to this Policy.

4. Making a referral to Social Services or the Police

You should contact the local Children and Young Persons Service or the Local Adult Safeguarding or Protection Service in the following circumstances:

- when you remain unsure after internal consultation as to whether protection concerns exist
- when there is disagreement as to whether protection concerns exist
- when you are unable to consult promptly or at all with the TS Designated Person
- when the concerns relate to a TS Trustee.

A referral involves giving

- the Children and Young Persons Service or
- the Local Adult Safeguarding or Protection Service or
- the Police

information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

Parents/carers should be informed if a referral is being made except in the circumstances outlined on p 3. However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Social Services about how and when the parents should be approached and by whom.

IF YOUR CONCERN IS ABOUT ABUSE OR RISK OF ABUSE FROM SOMEONE NOT KNOWN TO THE PERSON OR PERSON'S FAMILY, YOU SHOULD MAKE A TELEPHONE REFERRAL DIRECTLY TO THE POLICE AND CONSULT WITH THE PARENT/CARERS.

If your concern is about abuse or risk of abuse from a family member or someone known to the person, you should make a telephone referral to your local Social Services Office.

Information required:

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). You do not need every item on the list before you contact Social Services, e.g. if you are unaware of who the child's GP is, this does not stop you contacting Social Services.

- Your name, telephone number, position and request the same of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child or vulnerable adult and siblings
- Gender, ethnicity, first language, any special needs.
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals' known to be involved with the person/family eg: GP, Health Visitor, School
- The nature of the concern; and foundation for them
- An opinion on whether the child or vulnerable adult may need urgent action to make them safe
- Your view of what appears to be the needs of the child or vulnerable adult and family / carer
- Whether the consent of a parent with parental responsibility or a carer has been given to the referral being made.

Action to be taken following the referral:

- Ensure that you keep an accurate record of your concern(s) made at the time
- Put your concerns in writing to Social Services following the referral (within 48 hours)

- Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

5. Confidentiality

TS will ensure that any records made in relation to a referral will be kept confidentially and in a secure place. Information in relation to child protection concerns should be shared on a need to know basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child's need for protection.

If in doubt, consult.

Annex 1

Transplant Sport Child & Vulnerable Adult Protection Policy – Reporting Procedure for Incidents and Disclosure Process.

Annex 2

Transplant Sport Child & Vulnerable Adult Protection Policy - Process For Checking And Training Staff And Volunteers

Original document dated – 15th February 2015

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11th November 2017

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