



Children's Sailing Trust

Safeguarding Children, Young People and Adults at Risk Policy & Procedures

Policy Owner: Children's Sailing Trust

Approved By: Board of Trustees

Approval Date: June 2026

Review Frequency: Annually or following a change in legislation, guidance or organisational requirements

Next Review Due: March 2027

PART I: Policy

1. Introduction

This document sets out Children's Sailing Trust's (CST) Safeguarding Policy. It will be kept under annual review. The RYA Safeguarding Children, Young People and Adults at Risk: Policy and Guidelines' (last revision: May 2023) has been used as a point of reference in the revision of this Policy.

In the context of this document, '**child, children or young people/persons**' refers to **any young person under the age of 18**. The Policy also covers 'Adults at Risk', who are defined as a person aged 18 years or over who may be unable to take care of themselves, protect themselves from harm, or prevent themselves from being exploited. An adult may be at risk because they:

- Have a physical disability
- Have learning difficulties
- Have mental health problems or impairments
- Are sometimes unable to take care of themselves or protect themselves without help

In the context of this document, '**staff**' refers to **all Employees, Contractors, Volunteers and Trustees** who work with children or adults at risk in the course of their CST duties.

All staff should be made aware of this Policy which will form part of the CST Staff Induction Pack. All staff are expected to sign that they have read, understood and will adhere to this. Any member of staff failing to comply with this Policy may be subject to investigation by CST, or English Law, as appropriate. All staff are encouraged to seek further advice and guidance if required from the CEO in relation to this Policy and set procedures found within it if/as required.

Safeguarding is everyone's responsibility and for the purpose of this Policy safeguarding is defined as:

- Protecting children, young people and adults at risk from maltreatment
- Preventing impairment of children's, young people's or adults at risk' mental or physical health, ensuring that children, young people or adults at risk enjoy CST's activities in a safe and effective environment
- Identifying a child, young person or adults at risk unable to safeguard their own wellbeing

2. Children's Sailing Trust Safeguarding Children and Adults at Risk Policy Statement

"It is the Policy of the Children's Sailing Trust (CST) to safeguard children, young people and adults at risk ('participants') taking part in activities at CST from physical abuse, neglect, sexual abuse or emotional abuse. CST will take all reasonable steps to ensure that, through appropriate procedures and training, children, young people and adults at risk participating in CST activities do so in a safe environment. We recognise that the safety and welfare of the participant is paramount and that all participants, irrespective of gender, age, gender reassignment, ability, culture, race, religion or belief, sexual orientation or social status, have a right to protection from discrimination or abuse."

As part of CST's Safeguarding Policy CST will:

- Promote and prioritise the safety and wellbeing of children, young people and adults at risk by creating a safe and welcoming environment, both on and off the water, where they can have fun whilst developing their skills and confidence.
- Value, listen to and respect children, young people and adults at risk.
- Ensure robust safeguarding arrangements and procedures are in operation.
- Be prepared to review the way of working to incorporate best practice.
- Regularly review safeguarding procedures and practices in the light of experience, training or to take account of legislative, social or technological changes.
- Ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children, young people and adults at risk.
- Provide effective management for staff through supervision, support, training and quality assurance measures so that all staff know about CST's policies, procedures and behaviour codes and follow them confidently and competently.
- Ensure appropriate action is taken in the event of incidents or concerns of abuse and provide support to the individual(s) who raise or disclose the concern.
- Ensure to communicate immediately with the appropriate statutory agencies if there are safeguarding concerns regarding a child/young person/adult at risk or require advice and guidance in relation to a safeguarding issue.
- Ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored.
- Prevent the employment or deployment of unsuitable individuals by carefully recruiting and selecting staff, ensuring all necessary checks are made, adhering at all times to the CST Safer Recruitment Policy.
- Appoint a nominated safeguarding lead, a deputy and a lead Trustee for safeguarding.
- Develop and implement an effective online safety policy and related procedures.
- Share information about safeguarding and good practice via leaflets, posters, group work and one-to-one discussions.
- Communicate changes and share good practice with training centres, clubs/schools and associations.
- Make sure that children, young people and their parents know where to go for help if they have a concern.
- Respond swiftly and appropriately to all complaints and concerns both directly within and outside of CST about poor practice and suspected abuse. This may involve liaison with the Local Authority Designated Officer (LADO).
- Provide signposting and guidance for anyone who needs it.
- Undertake appropriate risk assessments involving activities and where necessary with individual children, young people and adults at risk.

3. Governance of Safeguarding

CST has identified a Safeguarding Trustee who works closely with the CEO to secure on-going governance in the implementation of safeguarding policies, protocols and procedures. As such, Trustees can demonstrate the reasonable steps taken to protect all people who benefit from the services the charity offers, including staff in adopting the appropriate legal measures required to secure safer recruitment. However, all Trustees recognise that safeguarding is a responsibility and consideration for them all.

4. Monitoring

This Policy will be reviewed annually, or in the following circumstances:

- changes in legislation and/or government guidance
- as required by the local safeguarding partnership
- as a result of any other significant change or event

PART II: Procedures

1. Designated Safeguarding Officer

Although everyone has a role to play in ensuring that children, young people and adults at risk are safe, it is best practice that a designated individual has specific responsibility for implementing the Policy.

CST Designated Safeguarding Officer (DSO)

Jakie Jewell

CST CEO

jakie@childrenssailingtrust.org.uk | 07387 949244



CST Deputy Designated Safeguarding Officer (DDSO)

Rupert Whelan

CST Activities Manager

rupert@childrenssailingtrust.org.uk | 07379 184728



CST Designated Safeguarding Officer (DDSO)

Abi Blondell

CST Chief Instructor, Helford River

abigail@childrenssailingtrust.org.uk | 07393 548761



In their absence the first point of contact is the Safety Officer or a senior member of the CST Team who will then escalate accordingly.

Everyone has responsibility to ensure the safety of children, young people and adults at risk. Anyone is able to make a referral to Cornwall Council Multi-Agency Referral Unit (MARU): 0300 1231 116 For urgent referrals after 17:15 or at weekends call the out of hours service: 01208 251300

2. Responsibilities of the Designated Safeguarding Officer/Deputy Designated Safeguarding Officer

It is the responsibility of the DSO:

- To be the first point of contact for any concerns or allegations from children, young people or adults at risk, ensuring that confidentiality is maintained in all cases.
- Decide on the appropriate action to be taken, in line with the organisation's procedures and in conjunction with the Safeguarding Trustee.
- Maintain up-to-date policies and procedures, compatible with the Trustees guidelines publishing such policies on CST websites.
- Ensuring that relevant staff are aware of and follow the procedures, including implementing safe recruitment procedures.
- Ensure that all relevant staff receive appropriate and timely training including any updates in safeguarding practices and procedures.
- Ensure CST maintains an up-to-date safeguarding training chronology for all staff.
- Ensure the DSO and DDSO are in receipt of up-to-date training to consistently implement current guidance and meet the training needs of the staff including any/all updates to it.
- Advise the Senior Management Team on child protection issues if there is a concern.

- Provide Trustees with a safeguarding information report summary at each scheduled meeting.
- Be the single point of contact regarding safeguarding for any external agency/setting wishing to share or receive relevant safeguarding information.

The Designated Safeguarding Officer and Deputy (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate people to advise on the response to safeguarding concerns. CST will follow the procedures set out in the South West Child Protection Procedures (<https://www.proceduresonline.com/swcpp/>) and the Cornwall and Isles of Scilly Safeguarding Adults procedures (<https://ciossafeguarding.org.uk/sab>). In addition, they will consider relevant local and national guidance.

The DSO/DDSO is responsible for:

- Investigating and referring cases to MARU within 24 hours of a child protection or safeguarding referral being presented to them. They will provide all information as requested and in connection with the child, young person or adult at risk in order that MARU can provide advice and guidance on next steps.
- Ensure all records are kept accurately and that guidance is followed on what should be kept. This includes a clear and comprehensive summary of the concern, details of how the concern was followed up and resolved, a note of any action taken, decisions reached and the outcome.
- Referral of all cases of suspected abuse to LADO including those that involve a member of staff.
- Referral to the DBS if the threshold criteria is met.
- Liaison with the Safeguarding Trustee and the HR Trustee if involving a member of staff or volunteer.
- Attend every 2 years to maintain training on Safeguarding and Child Protection and knowledge of new legislation and best practice as it becomes available.
- Ensuring all members of staff have the appropriate level of training.
- Ensure policies are known and used appropriately throughout CST.
- Ensure the Safeguarding Children, Young People and Adults at Risk Policy & Procedures document is reviewed annually.
- Ensure the Safeguarding Children, Young People and Adults at Risk Policy & Procedures document is available on the CST website.
- Ensure that the Safeguarding and Child Protection and Adults at Risk log is kept up-to-date and provided at the Trustee Board Meetings each quarter for review.

3. Safer Recruitment and Training

CST is committed to safeguarding and promoting the welfare of children, young people and adults at risk in its care; as an employer, CST expects all staff to share this commitment.

The safe recruitment of staff in CST is recognised as the fundamental first step to safeguarding and promoting the welfare of children, young people and adults at risk in its charge and to ensure compliance with all relevant legislation, recommendations and guidance including any statutory guidance published.

The aims of the Safer Recruitment Policy are to help deter, reject or identify people who might abuse children/young people/adults at risk or are otherwise unsuited to working with them by having appropriate procedures for appointing staff who are governed by legislation. CST will therefore follow the guidance published in relation to Regulated Activities to determine the level of staff DBS checks which must be undertaken. It is the role of the CEO to ensure all relevant employment checks are made and held on a central database, Single Central Record (SCR), and within confidential staff personnel files which can be monitored by Trustees.

CST staff involved in the recruitment and selection of staff are responsible for familiarising themselves with and complying with the provisions outlined within this Policy which can be found on the CST website.

4. CST Code of Conduct

CST considers the safeguarding of vulnerable groups to be the highest of priorities and, as such, is dedicated to ensuring that the CST culture has safeguarding at its heart by incorporating policies, procedures, training, the use of best practice and acting in accordance with CST values to ensure that the most vulnerable groups are always protected. CST is committed to embedding safeguarding in everything it does, not only protecting vulnerable groups but also protecting its staff, volunteers, contractors and Trustees from putting themselves in potentially risky situations.

CST operates an open culture whereby concerns regarding a member of staff can be raised and addressed in the most appropriate way to allow all children, young people and adults at risk to be safeguarded whilst undertaking activities with CST. The CEO is available for all staff to raise any concerns regarding the behaviour of others or those who are not following the standards of behaviour expected of CST staff. Any concern raised will be reviewed in accordance with CST policies and the concern will be recorded and support, training or advice provided to the member of staff. The Code of Conduct provides the standards that are expected by CST.

Examples of such behaviour:

- Being overly friendly with the children, young people or adults at risk
- Having favourites
- Taking photographs of children, young people or adults at risk on their mobile phone
- Enticing a child, young person or adult at risk into a one-on-one situation out of general view of others
- Use of inappropriate language – sexualised, intimidating or offensive

For more detailed information, please refer to APPENDIX A – What is Abuse?

If the concern relates to the CEO, it should be reported directly to the Safeguarding Trustee or, if necessary, the Chair of Trustees. Any concerns raised will be managed in accordance with CST's safeguarding policies, ensuring an independent and thorough review of the matter.

If a staff member is unhappy with how any safeguarding concern has been handled, whether it relates to a colleague or the CEO, they should escalate the matter through the CST Whistleblowing Policy.

5. Responsibilities of Staff

- to follow good practice guidelines as detailed in the CST Code of Conduct.
- be aware of the guidance on '*what is abuse?*' and '*recognising abuse*' (Appendix A).
- report all concerns no matter how small as soon as possible to the DSO.

6. Good Practice Guidelines

The following guidelines outline, but are not limited to, the essential points of good practice when working with children, young people and adults at risk:

CST recognises that there may be occasions where staff or volunteers are required to work on a one-to-one basis with a child, young person or adult at risk. However, unnecessary one-to-one working should be avoided wherever possible.

One-to-one sessions must only take place where:

- They are a planned and authorised activity, and prior agreement has been obtained from parents/carers and/or the referring school or organisation.
- Appropriate Risk Assessments and Standard Operating Procedures (SOPs) are in place.
- Another responsible adult is aware of where the session is taking place, the activity being undertaken and its expected duration.
- Staff and volunteers remain within radio contact, telephone contact or calling distance of colleagues wherever reasonably possible.
- The activity does not take place in a completely isolated environment unless this is unavoidable and has been appropriately risk assessed.
- Staff and volunteers conduct themselves in a professional, open and transparent manner at all times.
- Appropriate professional boundaries are maintained.
- Any safeguarding concerns, incidents or disclosures are recorded and reported in line with organisational safeguarding procedures.
- Children, young people and adults at risk are not transported alone in a vehicle by a member of staff or volunteer, regardless of the length of the journey.
- Children, young people and adults at risk are not taken to a staff member's or volunteer's home as part of any organisational activity.
- Activities and training programmes are appropriate to the individual's age, ability, experience and needs.
- Any assistance with wetsuits, buoyancy aids or other equipment is kept to a minimum and undertaken in accordance with safeguarding guidance.
- Where entry into changing facilities is necessary, this is undertaken with another member of staff present wherever possible.
- Any physical assistance provided to a child, young person or adult at risk takes place in full view of others and, wherever practicable, in the presence of another responsible adult.
- Direct communications with children, young people and adults at risk are restricted to organisational matters, welfare issues and safety-related instructions.
- Additional advice, support or guidance is sought from senior staff whenever there is uncertainty regarding any aspect of the activity or situation.
- National Governing Body guidance relating to safe handling and safeguarding is followed at all times.
- Staff and volunteers seek support from the Designated Safeguarding Officer (DSO) or Deputy Designated Safeguarding Officer (DDSO) if they feel vulnerable or uncomfortable in any aspect of the activity.
- There is zero tolerance of discriminatory, abusive or derogatory language or behaviour from staff, volunteers, participants or visitors.
- Staff and volunteers model kind, respectful and inclusive behaviour at all times and act as positive role models for children, young people and adults at risk.

Members of staff and volunteers should not:

- Engage in rough, physical or sexually provocative games
- Allow or engage in inappropriate touching of any form
- Allow children, young people or adults at risk to use inappropriate language unchallenged, or use such language yourself when with children, young people or adults at risk
- Make sexually suggestive comments to a child, young person or adult at risk even in fun
- Fail to respond to an allegation made by a child, young person or adult at risk; always act

- Do things of a personal nature that children, young people or adults at risk can do for themselves

It may sometimes be necessary to do things of a personal nature for children, young people or adults at risk, particularly if they are very young or have an impairment. These tasks should only be carried out with the full understanding and consent of both the child, young person or adult at risk (where possible) and their parents/carers. In a situation where this was not possible, a senior member of staff should be informed, with parents informed as soon as practically possible by a senior member of the team. In such situations it is important to ensure that any adult present is sensitive to the child, young person or adult at risk and undertakes personal care tasks with the utmost discretion.

If the child, young person or adult at risk is attending as part of a setting/group then responsibility for any personal care should be with a 'responsible adult' who is part of the setting/group.

7. Dealing with a Disclosure and Information Sharing

A disclosure, complaint, concern or allegation may come from a number of sources. The child/young person/adult at risk themselves, their parents/carer, a member of staff, a visitor or someone else within CST. It may involve the behaviour of one of the staff, or be something that has happened to the child, young person or adult at risk outside CST, perhaps at home or at school. They may confide in adults or other young people they trust, in a place where they feel at ease, for example on the water with CST instructors; any concerns raised MUST be referred to the DSO.

Being the recipient of a safeguarding disclosure can be incredibly difficult, especially if the recipient is not a safeguarding lead. However, choosing not to respond to a disclosure must never happen, regardless of how uncomfortable the recipient is. The referral flowchart at the end of this Policy acts as a guide to the physical steps that can be taken if a referral or disclosure is received. Below is a list of do's and don'ts to support someone in the moment that they receive a disclosure.

Do

- Keep calm and remain receptive and approachable
- Assess the situation, has a crime been committed? Do you need to contact the emergency services?
- Listen carefully and patiently without interrupting if possible and let the victim recount the details in their own time
- Use the victim's own words if you need to seek clarification
- If you need more information, use TED: Tell me... Explain to me... Describe to me...
- Acknowledge how difficult it must have been to disclose
- Reassure them that they have done the right thing in telling you and they are not to blame
- Let them know that you will do everything you can to help them
- Advise the victim what will happen next
- Make a written record as soon as you can - keep it clear and factual. Use the child/young person/adult at risk's exact words – record any visible potential injuries
- Report the disclosure to the Designated Safeguarding Officer. They will share with the relevant people
- Adults at Risk: gain consent from the victim to share the information - if you feel that the adult does not have sufficient capacity to make a decision about sharing information, you should consider if breaking confidentiality is in the best interests of the victim - see Appendix C Assessing Capacity - a flow chart created by the NHS
- Children or young people: Gain consent from the parent/carer to share the information – only speak with the parents/carers of the victim if this does not pose a risk to the child/young person
- Follow the Safeguarding Children, Young People and Adults at Risk Policy & Procedures immediately referring to the DSO

Don'ts

- Don't make promises to keep secrets
- Don't ask leading questions or put words in the mouth of the victim
- Don't repeatedly ask the victim to repeat their disclosure
- Don't discuss the referral with anyone who does not need to know
- Don't be judgmental
- Don't ignore what you have been told or pass it on
- Don't confront or contact the subject of concern
- Don't remove or contaminate any evidence that may be present
- Don't dismiss your concerns – even a gut feeling is worth reporting
- Don't take any photos

Members of staff may be upset following a disclosure or may feel worried about the consequences of their actions. In this instance, they should discuss this with the DSO.

8. Confidentiality

Children/Young People/Adults at Risk

The sharing of personal information within an organisation is not prevented by law. While appropriate confidentiality should be maintained, it is important to make sure the right people within the organisation are informed if the circumstances require this. If you are the recipient of a safeguarding disclosure, contact the DSO/DDSO who will advise on the next steps, which may or may not include sharing that information with external agencies.

Adults at Risk

Individuals may not give their consent to the sharing of safeguarding information for several reasons. For example, they may be frightened of reprisals, they may fear losing control, they may not trust key agencies e.g. police/social care, or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support along with gentle persuasion may help to change their view on whether it is best to share information. If a person refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, their wishes should be respected. However, there are several circumstances where the practitioner can reasonably override such a decision. See Appendix C Assessing Capacity – a flow chart created by the NHS.

In all cases liaise with the DSO/DDSO for further advice. They should refer to the RYA Safeguarding Policy and contact the Adults Safeguarding Professional helpline: 01872 326433

Don't think "what if I have got this wrong", think "what if I have got this right".

9. Photography

At times photographs or video footage of children, young people or adults at risk may be taken, under the direction and agreement of a senior member of staff, strictly for the purposes of coaching, recording events or for general promotional interest on and off the water. Parent/guardian/carer consent to such images being taken and published in any CST promotional material is obtained within the 'Health & Water Confidence Declaration' Form. No identifying information, other than first names, will be included in the publication of such images.

All promotional videos and images are used in line with the 'CST Image Use Policy' (found on the CST website) with the option for parents to withdraw their consent at any time.

As our activities take place in areas that are open to the public, it is not possible to control all photography, but any concerns about inappropriate or intrusive photography, or about the inappropriate use of images, should be reported to the CEO and treated in the same way as any other child protection concern. Parents, guardians, carers and visitors should be prepared to identify themselves if requested and state their purpose for photography/filming.

The use of cameras or camera phones by anyone in changing areas is not permitted in any circumstances. Such use will result in a safeguarding investigation and may result in disciplinary or legal action. This applies to staff and other facility users.

10. Handling Concerns, Reports or Allegations

Anyone who is concerned about a child, young person's or adult at risk's welfare, either outside the sport or within the operations, should inform the DSO as soon as possible.

In the event that the DSO is unavailable, or is potentially implicated in the concern, then the DDSO should be contacted.

Or

If the DSO or DDSO are not available and advice is required urgently contact MARU (Multi Agency Referral Unit): 0300 1231 116. For urgent referrals after 17:15 or at weekends call the out of hours service: 01208 251300

There is an equivalent service for Adults at Risk. Adults Safeguarding Professional Helpline: 01872 326433. For urgent referrals after 17:15 or at weekends call the out of hours service: 01208 251300
The DSO (or person acting in their position) will follow the procedures outlined in Part III Appendix B '*Reporting and Investigating Procedures*'.

For any child, young person or adult at risk visiting as part of a school group/organisation the DSO/DSO will also inform the DSL (Designated Safeguarding Lead) for that school/organisation.

Additionally, if there is uncertainty the NSPCC 24-hour free helpline: 0808 800 5000 can be contacted for advice on any aspect of a child's/young person's/adult at risk's welfare.

If there is an occurrence at CST which attracts media interest, or if a member of staff is contacted by the media with an allegation concerning a student, they should not give any response but seek advice from the DSO or DDSO immediately.

11. Safeguarding Concerns About a Member of Staff

If an allegation is made against a member of staff these have to be carefully considered and investigated. This ensures any possible concerns are addressed relating to the safety of children, young people or adults at risk but also ensures that an open and transparent process is followed involving the person subject of the allegation.

Any concern regarding a member of staff must be treated with strict confidentiality and should be reported to the CEO directly who will be responsible for contacting the Safeguarding Trustee.

The CEO and the Safeguarding Trustee will contact LADO (Local Authority Designated Officer) for advice and guidance and will discuss the necessary formal or employment procedure. If the concern is considered to be 'low level' then this can be addressed internally within CST.

CST has a duty of care to members of staff and volunteers and will provide effective support for anyone facing an allegation and will provide them with a named CST Trustee contact if they are suspended. Any complaint or allegation will be dealt with quickly, in a fair and consistent way that provides effective protection for the child, young person or adult at risk and supports the person who is the subject of the allegation.

The procedure below should be followed if there is an allegation regarding a CST member of staff that has either behaved in a way that has harmed a child, young person or adult at risk, or may have harmed and/or possibly committed a criminal offence against or related to a child, young person or adult at risk.

1. The member of staff or volunteer receiving the allegation should immediately inform the CEO who is also the DSO, or the Safeguarding Trustee if the allegation relates to the CEO.
2. The DSO will inform the Local Authority Designated Officer (LADO) – 01872 326536 – within one working day. In cases of serious harm or if there has been a crime suspected or been committed the police should immediately be informed on 999.
3. No internal investigation where there is a possibility of a criminal investigation should start without first seeking the advice of the LADO.
4. Whomever contacts the LADO, should discuss the allegation in order for appropriate action to be taken.
5. The CEO/DSO will ensure that the child/young person/adult at risk is not in contact with the alleged perpetrator.

The LADO will provide advice when a member of staff is alleged to have been involved in a child protection or safeguarding matter and will co-ordinate an investigation if initiated, subject to an allegation that proceeds to a formal investigation. They will also advise when an investigation is not required but appropriate measures are put in place as a consequence of the allegation being raised.

The CEO will also:

1. Contact the parents/guardians/carers if advised to do so by the LADO.
2. Consider the rights of the member of staff to ensure that the duty of care is followed, including consideration of a suspension from duties and/or compliance with the disciplinary process whilst the investigation outcome is determined.
3. Ensure a referral to the DBS is completed if the DBS referral criteria is met and the member of staff has been removed from regulated activity.
4. Report to RYA as necessary.

Where the initial discussion with LADO leads to no further action the CEO and LADO will record the decision and justification for it and agree on what information should be put in writing to the member of staff concerned and by whom.

If any member of staff having passed on their concerns is not happy with the actions of the CEO/Safeguarding Trustee they can activate the Whistleblowing procedure or contact the LADO directly: 01872 326536.

Additional Points to Note:

Note that an incident with a member of staff that occurs outside of CST which did not involve children could still have an impact on a member of staff's suitability to work with children e.g. domestic abuse. CST would need to consider 'Transferable Risk' and would seek guidance from the LADO.

If CST is contacted by the Police or Children's Services concerning information received or a complaint made by or about a member of staff, the DSO or DDSO must co-operate fully with official requests for factual information but should not express any personal opinions on the person's conduct.

If a child protection or safeguarding concern is raised that relates to incidents that took place some time ago, the same procedures should be followed as if they are reporting at the current day – even if the alleged is no longer active within CST. If the concern appears to relate to a criminal offence, the Police should be contacted by the individual raising the concern.

12. Reporting Procedures

Whistleblowing

All members of staff and volunteers have a duty to report all safeguarding concerns and it is critical that they do so. In the first instance, safeguarding concerns should be raised in line with this Policy. However, if an individual is not satisfied with the way in which their concern is being dealt with, it should be escalated via the CST Whistleblowing Policy.

Part III: Appendices

APPENDIX A – What is abuse?

(Based on the statutory guidance ‘Working Together to Safeguard Children’ 2023)

Children

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly offline, or technology may be used to facilitate online abuse. Children may be abused by an adult or adults, or another child or children.

Neglect: Neglect is not meeting a child’s basic physical or psychological needs. It can have a long-lasting impact on a child’s health or development. In sport, examples of neglect could include an instructor repeatedly failing to:

- ensure children are safe
- exposing children to undue cold, heat or extreme weather conditions without ensuring adequate clothing or hydration
- exposing children to unnecessary risk of injury by ignoring safe practice guidelines or failing to ensure the use of safety equipment
- requiring children to participate when injured or unwell

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

- if the nature and intensity of the session exceeds the capacity of the child’s immature growing body
- if children are required to participate when injured

Sexual Abuse: Sexual abuse is when a child is forced or persuaded to take part in sexual activities. This may involve physical contact or non-contact activities and can happen online or offline. Children and young people may not always understand that they are being sexually abused. In sport, coaching techniques which involve physical contact with children can create situations where sexual abuse can be disguised. An abusive situation can also develop if a person in a position of authority, such as an instructor, was to misuse their power.

Contacts made within sport and pursued through other routes, such as social media, have been used to groom children for abuse. Sexual abusers can also groom protected adults and organisations in order to create opportunities for abuse to take place.

Child sexual exploitation (CSE) is a type of sexual abuse. When a child or young person is exploited, they are given things like gifts, drugs, money, status and affection, in exchange for performing sexual activities. Children are often tricked into believing they are in a loving and consensual relationship. This is called grooming. They may trust their abuser and not understand that they are being abused.

Emotional Abuse: Emotional abuse is the emotional maltreatment of a child, which has a severe and persistent negative effect on the child’s emotional development. In sport, emotional abuse may occur if:

- children are subjected to repeated criticism, sarcasm, name-calling or racism
- a child is ignored or excluded
- children feel pressure to perform to unrealistically high expectations
- children are made to feel like their value or worth is dependent on how good they are on the water

Bullying: Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable. It can involve people of any age and can happen anywhere, including at home, school, sports clubs or online. Bullying encompasses a range of behaviours which are often combined. It might include physical, verbal or emotional abuse, or online cyberbullying. In sport, bullying can occur based on a child's sporting ability, body size or shape. It might include name-calling, offensive hand gestures, physical assault or exclusion from team activities.

The acronym **STOP** – Several Times On Purpose - can help you to identify bullying behaviour.

CST has a specific 'Anti-Bullying Policy' that outlines how CST feels about bullying behaviour, what will be done to tackle it and how CST will support children who experience or display bullying behaviour. The 'Anti-Bullying Policy' can be found on the CST website.

Extremism/radicalisation goes beyond terrorism and includes people who target the vulnerable - including the young - by seeking to: sow division between communities on the basis of race, faith or denomination; justify discrimination e.g. towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

There are other forms of abuse which include the consensual and non-consensual sharing of nude and semi-nude images, domestic abuse, county lines, honor-based abuse and forced marriages.

Adults at Risk

Protecting adults at risk' rights to live in safety, free from abuse, neglect and exploitation. The aims of adult safeguarding are to:

Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs, stop abuse or neglect wherever possible.

The Care Act recognises 10 categories of abuse that may be experienced by adults. Self-neglect, Modern Slavery, Domestic Abuse, Discriminatory Abuse, Organisational Abuse, Physical Abuse, Sexual Abuse, Financial or Material Abuse, Neglect and Acts of Omission, Emotional or Psychological Abuse.

Recognising Abuse

It is not always easy, even for the most experienced individuals, to spot when a child or adult at risk has been abused. However, some of the more typical symptoms which should trigger suspicions would include:

- unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries
- sexually explicit language or actions
- a sudden change in behaviour (eg. becoming very quiet, withdrawn or displaying sudden outbursts of temper)
- the child or adult at risk describes what appears to be an abusive act involving him/her

- a change observed over a long period of time (e.g. the child/adult at risk losing weight or becoming increasingly dirty or unkempt)
- a general distrust and avoidance of adults, especially those with whom a close relationship would be expected
- an unexpected reaction to normal physical contact
- difficulty in making friends or abnormal restrictions on socialising with others

It is important to note that a child or adult at risk could be displaying some or all of these signs, or behaving in a way which is worrying, without this necessarily meaning that the child or adult at risk is being abused. Similarly, there may not be any signs, but you may just feel that something is wrong. If you have noticed a change in the child's or adult at risk's behaviour, first talk to the parents, guardians or carers. It may be that something has happened, such as a bereavement, which has caused the child to be unhappy.

If there are concerns about sexual abuse or violence in the home, talking to the parents, guardians or carers might put the child or adult at risk at greater risk. If you cannot talk to the parents/guardians/carers, consult CST's DSO or DDSO. It is their responsibility to make the decision to contact Children's Social Care Services or the Police. It is NOT their responsibility to decide if abuse is taking place, BUT it is their responsibility to act immediately on any concerns.

Best Practice Guidelines

Working together to Safeguard Children Updated December 2023:

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

The RYA Safeguarding Children, Young People and Adults at Risk Policy and Guidelines:

<https://www.rya.org.uk/about-us/policies/policy> The following are taken from RYA policy:

Changing Rooms: <https://thecpsu.org.uk/media/445544/safe-use-of-changing-facilities-lg-july-2020.pdf>

Media and Communications: <https://thecpsu.org.uk/help-advice/topics/online-safety/>

<https://thecpsu.org.uk/help-advice/topics/online-safety/#heading-top>

<https://www.anncrafttrust.org/resources/photography-guidance-for-adults/>

Challenging Behaviour: <https://thecpsu.org.uk/resource-library/best-practice/managing-challenging-behaviour-in-sport-and-physical-activities/>

Information Sharing: <https://thecpsu.org.uk/help-advice/topics/information-sharing>

Online Safety: <https://thecpsu.org.uk/help-advice/topics/online-safety>

Events held in public parks and spaces – additional safeguarding considerations:

<https://thecpsu.org.uk/resource-library/best-practice/events-held-in-public-parks-and-spaces/>

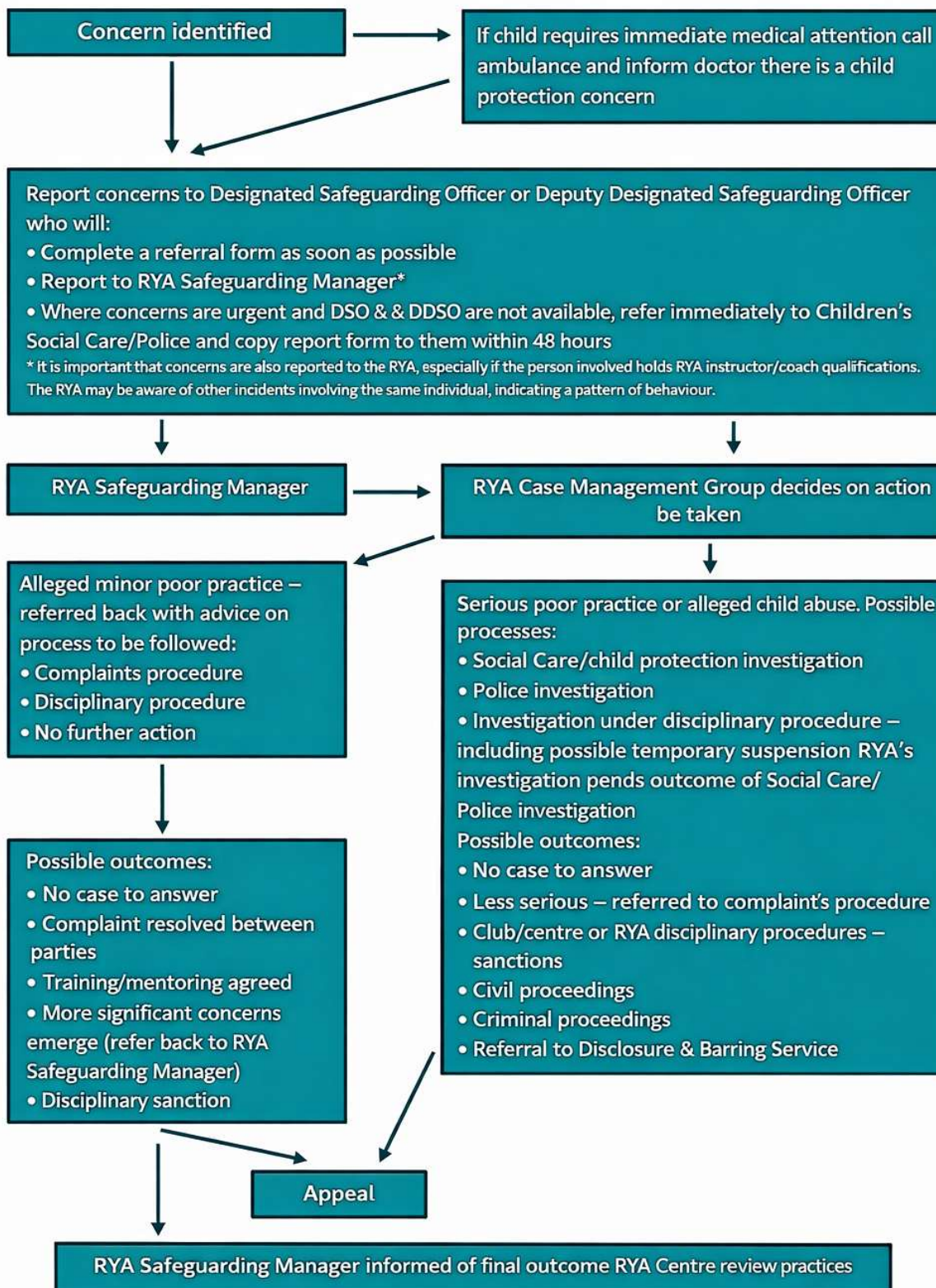
Event Staff – Your Roles and Responsibilities: <https://thecpsu.org.uk/resource-library/best-practice/event-staff-your-roles-and-responsibilities/>

APPENDIX B – Reporting and Investigating Procedures

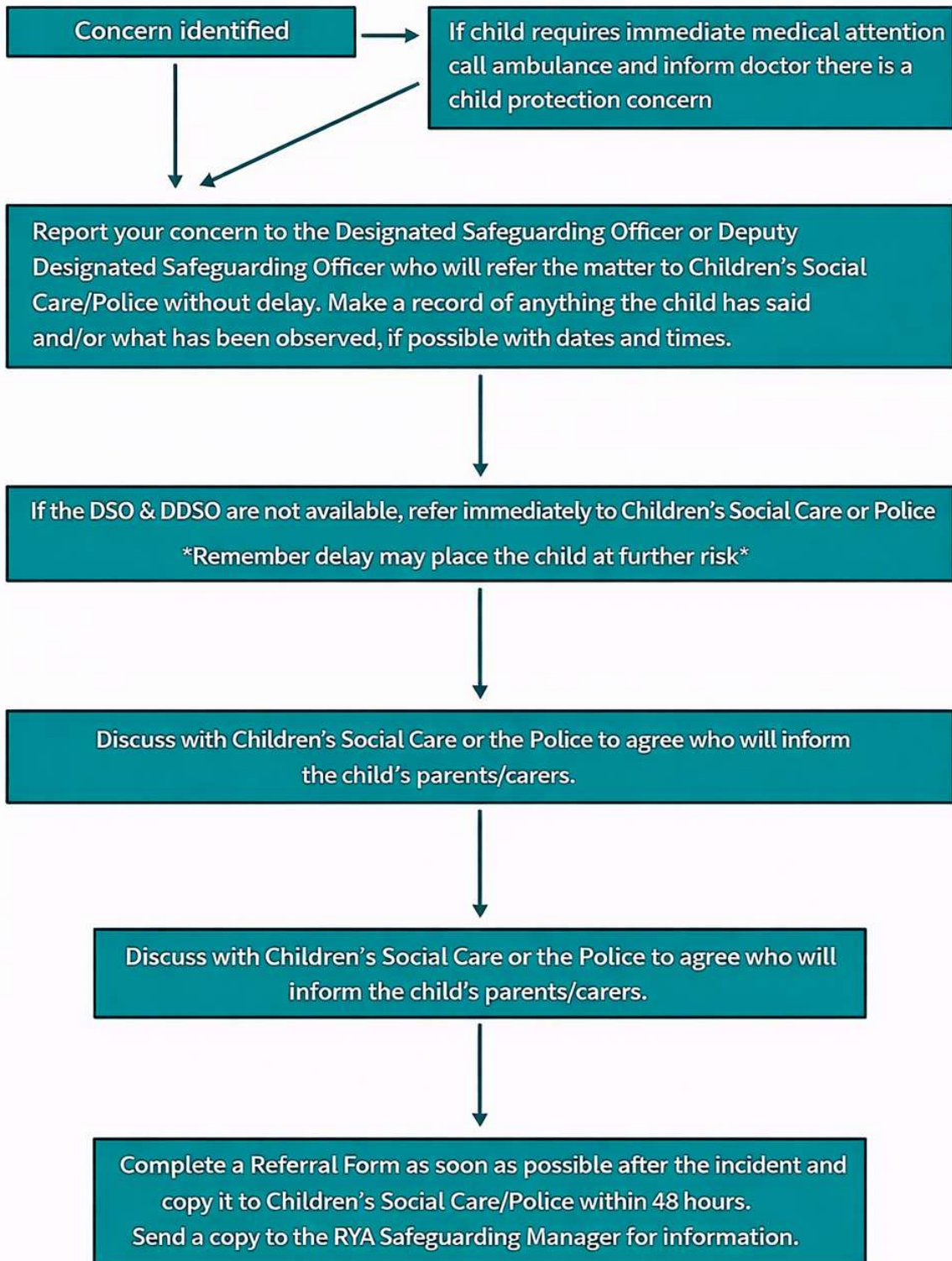
Reporting Procedures

CST follows the RYA process for dealing with safeguarding and child protection concerns. The flowchart below outlines the steps that will be followed.

Concern about the behaviour of someone at a RYA Centre:



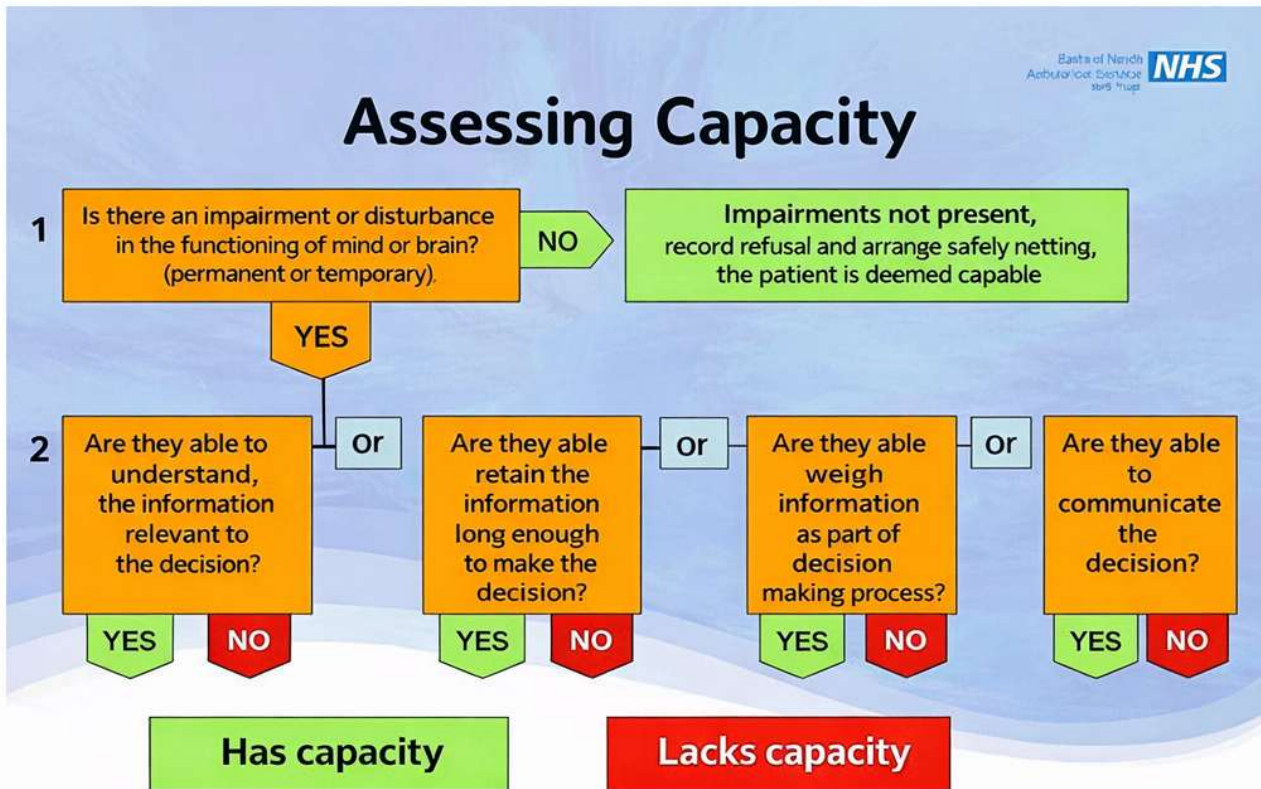
Concern about a child outside the sport environment:



* Remember delay may place the child at further risk.

APPENDIX C – Assessing Capacity – Mental Capacity Act 2005

Assessing Capacity flow chart created by the NHS



If the answer to 1. Is YES and the answer to any of 2. Is NO, then the person lacks capacity under the Mental Capacity Act 2005.

If the victim is not able to consent or refuse treatment, there is a duty to make a best interest decision about whether to treat the patient.

You must:

- Involve the person who lacks capacity to the fullest extent possible
- Have regard for past and present wishes and feelings, especially written statements
- Consult with others who are involved in the person's care
- Not be discriminatory
- Choose or decide on the least restrictive option
- Take into consideration the benefits and burdens to the person

If the answer to 1. Is YES and the answer to any of 2. Is NO, then the person lacks capacity under the Mental Capacity Act 2005.

If the victim is not able to consent or refuse treatment, there is a duty to make a best interest decision about whether to treat the patient.

Safeguarding Children, Young People and Adults at Risk Referral Form (example)

Date and time of incident	
Name and position of person about whom report, complaint or allegation is made	
Name and age of person involved	
Name of club, organisation, group or school (if relevant)	
Nature of incident, complaint, or allegation (continue on separate page if necessary. <i>Remember: Be clear Be factual – what you saw/what you heard in the child/young person’s/adult at risk’s own words. Ensure it is written in a way that you would remember this incident/concern in 6 months time</i>	
Action taken by organisation (continue on separate page if necessary) Including speaking to parents/carers/DSO Who did you speak to? What was agreed?	
If Police or Children’s Social Care Services contacted, name, position and telephone number of person handling case	
Name, organisation and position of person completing form	
Contact telephone number and e-mail address	
Signature of person completing form	
Date and time form completed	
Name and position of organisation’s Designated Safeguarding Officer or person in charge (if different from above)	
Contact telephone number and e-mail address	

This form should be copied, marked ‘Private and Confidential’, to the CST DSO or DDSO in their absence and to the statutory authorities (if they have been informed of the incident) within 24 hours of the incident.

Part IV: Useful Contacts

- **CST Designated Safeguarding Officer & CEO**
Jakie Jewell
Tel: 01326 702326 / 07387 949244
Email: jakie@childrenssailingtrust.org.uk
- **CST Designated Safeguarding Officer (Deputy)**
Rupert Whelan
Tel: 01326 702326 / 07379 184728
Email: rupert@childrenssailingtrust.org.uk
- **CST Designated Safeguarding Officer (Deputy)**
Abi Blondell
Tel: 01326 702326 / 07393 548761
Email: abigail@childrenssailingtrust.org.uk
- **CST Safeguarding Trustee**
Robert Ackland
Tel: 07836 743743
Email: robert@childrenssailingtrust.org.uk
- **CST Chair of Trustees**
Coralie Green
Tel: 07836 743743
Email: c.green@childrenssailingtrust.org.uk
- **CST HR Trustee**
Hannah Tripp
Tel: 07949 086308
Email: hannah@childrenssailingtrust.org.uk
- In an emergency or if you believe a child or adult at risk is in immediate danger: **999**
- Police for non-urgent matters: **101**
- If you have immediate concerns or are worried about a child or young person's safety, contact the Multi-Agency Referral Unit (MARU): **0300 123 1116**
- If you have immediate concerns or are worried about an adult at risk, contact Cornwall Council Adult Safeguarding: **0300 1234 131**
Out of hours contact number: **01208 251300**
- Social Care Services – Cornwall
0300 1234 101 (Mon-Thu 0845-1715, Fri 0845-1645)
Emergency contact number: **01208 251300**
Website: <https://www.cornwall.gov.uk/health-and-social-care/childrens-services/>

Other Contacts:

NSPCC 24 hour free helpline

For advice on any aspect of children's welfare **0808 800 5000**

E-mail: help@nspcc.org.uk

Website: www.nspcc.org.uk

Childline 24 hour free helpline

Tel: 0800 1111

Website: www.childline.org.uk

Royal Yachting Association

Safeguarding and Equality Manager, RYA House, Ensign Way, Hamble, Southampton SO31 4YA

Tel: 02380 604297

E-mail: safeguarding@rya.org.uk

Website: <https://www.rya.org.uk/racing/british-sailing/safeguarding/>

MIND – mental health charity

Tel: 0300 123 3393

Text: 86463

E-mail: info@mind.org.uk

Website: www.mind.org.uk

Child Protection in Sport Unit (CPSU)

Tel: 0116 366 5626

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

UK Coaching – provide Safeguarding and Protecting Children training

Website: www.ukcoaching.org

Disclosure and Barring Service (DBS)

Tel: 0870 90 90 811

Website: <https://www.gov.uk/government/organisations/disclosure-and-barring-service>