

The Sulgrave Club Safeguarding Policy

Updated 24 March 2026 - Review date March 2027

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The Sulgrave Club Safeguarding Policy

1. Introduction

The policy has been developed with the involvement and support of the Club members, users, staff, and Management Committee. It is an agreed document, originally implemented in 2003, last updated, reviewed, and approved by the Management Committee of The Sulgrave Club at their bi-monthly meeting on Tuesday 24th March 2026.

This policy has been drawn up on the basis of legislation, policy, and guidance that seeks to protect children in England, including: 'The Children Act 1989', 'The Children Act 2004', 'The Children and Social Work Act 2017', 'Working Together to Safeguard Children' (DoE, 2015, updated 2023), 'What to do if you're worried a child is being abused: advice for practitioners' (DoE, 2015), and 'Keeping Children Safe in Education' (DoE 2015, updated September 2025). For more information on relevant legislation, please visit: <https://learning.nspcc.org.uk/child-protection-system>

This policy continues to be reviewed and if required updated on an annual basis. The designated person for overseeing safeguarding issues contained within this policy is Nick Sazeides, Club Manager. The deputy designated person is Piers Player, Fundraising & Development Worker. In their absence Angela Clarke, Chairman of the Management Committee, will act as a supervising deputy. Contact details can be found on page 17 of this document.

The member of the Management Committee with lead responsibility for safeguarding and child protection is the Chairman.

2. The Role of the Management Committee

The Management Committee of The Sulgrave Club is required to take steps to protect from harm everyone who comes into contact with the Club (Charity Commission for England and Wales, 2019).

This includes:

- ensuring safeguarding policies, procedures, and measures are fit for purpose and up-to-date;
- making sure everyone in the organisation is aware of their safeguarding responsibilities and knows how to respond to concerns;
- having a lead member for safeguarding and child protection;
- challenging any decisions which adversely affect anyone's wellbeing;
- managing allegations of abuse against someone involved in the organisation; and
- reporting serious incidents as necessary.

3. Policy statement

The Sulgrave Club believes:

- that all its members have the right to enjoy the Club's activities and programme in a friendly, safe, and secure environment.

The Club recognises:

- the importance of providing an environment that will help children feel safe and respected;
- the importance of enabling children to talk openly and to feel confident that they will be listened to;
- that both mental and physical health are relevant to safeguarding and the welfare of children; and
- that all permanent staff, sessional staff, volunteers, parents, and trustees, have a full and active part to play in protecting members from harm.

The Club's stated aims and objectives towards its youth membership supports the above statement.

This policy applies and relates to management, full and part time employed and sessional staff, volunteers, members, visitors, and any person using the premises.

The policy has been developed and implemented for the following reasons:

- (i) Parents and carers must be confident that Sulgrave staff are vetted, trustworthy, responsible and will keep their children safe from harm.
- (ii) To protect everyone involved in the Club, including safeguarding employed and voluntary staff from false allegations.
- (iii) Ensuring that Sulgrave continues to receive public liability insurance cover for its work with its youth membership.
- (iv) To reflect and endorse the Management Committee's Health and Safety Policy in providing a safe environment for its users.

The Sulgrave Club will implement this policy by:

- (a) Nominating a 'Designated Person' and Deputy for overseeing safeguarding issues.
- (b) Providing level 3 safeguarding training for the Designated Person at least every two years.
- (c) Providing Charity Trustee Safeguarding training to Management Committee members at least every three years
- (d) Adopting safe staff recruitment procedures.
- (e) Providing inductions and relevant training for staff and volunteers, including annual Level 1 and Level 2 Safeguarding training as appropriate.
- (f) Ensuring all staff understand and abide by the Club's "Code of Conduct" guidance.
- (g) Undertaking a review of its policy on an annual basis.
- (h) Providing its staff with clear "Reporting Procedures".

4. Staff / Safer recruitment procedures

These procedures will be applied to any adult engaged at the Sulgrave Club to work with its youth membership.

Curriculum Vitae and Full Application Forms

Regarding safer recruitment, the guidance clarifies that a curriculum vitae (CV) should only be accepted alongside a full application form. CVs on their own will not contain all the information required to support safer recruitment.

Online Searches during the Recruitment Process

The guidance now states that education settings should consider conducting online searches as part of their due diligence during the recruitment process. The stated aim of this is that it “may help identify any incidents or issues that have happened, and are publicly available online, which the school or college might want to explore with the applicant at the interview.

- (i) A written application form must be completed. CVs on their own will not contain all the information required to support safer recruitment.
- (ii) The Club Manager to conduct a one-to-one interview
- (iii) A full investigation of any applicant’s previous employment and relevant experience to be made and applicants to be questioned about their motivation for working with children.
- (iv) The Club should consider conducting online searches as part of their due diligence. It may help identify any incidents or issues that have happened which the Club Manager might want to explore with the applicant at interview. Shortlisted candidates should be informed that online searches may be done as part of pre-recruitment checks.
- (v) Two written references to be obtained and kept on file.
- (vi) All personnel to be police checked by the Disclosure & Barring Service (DBS).
- (vii) No applicant to work unsupervised with children or young people until DBS check has been received and checked by Club Manager or Chair of Management Committee.
- (viii) All newly appointed staff to receive an induction pack including copies of the Club’s Safeguarding and Health and Safety policies.
- (ix) All staff will be required to participate in annual Level 1 or Level 2 Safeguarding training (as appropriate) provided or organised by the Sulgrave Club.
- (x) All staff DBS checks will be renewed on a three-year basis.

5. General supervision

- (i) All visits by non-members and guests to be recorded.
- (ii) A minimum of three staff to be on duty within the premises at all times whilst young people are present.
- (iii) Health and Safety procedures to be adhered to and equipment checked on a regular basis.

- (iv) Written consent forms to be obtained from parents/carers for organised off-site Club activities.
- (v) All computer, internet and social media use by young people at the Club should comply with our Acceptable IT Use and Social Media Policy & Procedures.
- (vi) No photographs, video or other images of young people will be taken without the consent of parents/carers and young people.
- (vii) No photographs, video or other images of young people will be displayed or uploaded and no case studies, publicity leaflets, newspaper articles, or references to children in reports, should be produced in such a way that individuals might be identified.

6. Code of conduct

Youth workers can be vulnerable both to the possible consequences of their close relationships with young people and to malicious or misplaced allegations made by young people deliberately or innocently.

This code of conduct and the following Guidelines for Youth Workers are intended to help staff minimise the risk of being accused of improper conduct towards the young people with whom they come into contact during their work. It would be impossible and inappropriate to lay down hard and fast rules to cover all the circumstances in which youth workers/volunteers relate to young people and where opportunities for their conduct to be misconstrued might occur.

In all circumstances professional judgement will be exercised. For most youth workers/volunteers this code of conduct will serve only to confirm what has always been their practice. If youth workers have any doubts about the advice contained herein, they should consult the Club Manager.

From time to time, however, it is advisable for all youth workers/volunteers to reappraise their styles, relationships with young people, and their manner and approach to individual young people, to ensure that they give no grounds for any doubts in the minds of colleagues, young people, or parents.

7. Guidelines for youth workers

7.1 Private meetings with young people

- (a) Youth workers should be aware of the dangers which may arise from private meetings with individuals. It is recognised that there will be occasions when confidential meetings must take place, but where possible such meetings should be conducted in a room with visual access, or with the door open, or in a room or area which is likely to be frequented by other people.
- (b) Where such conditions cannot apply youth workers are advised to ensure that another adult knows that the meeting is taking place.

- (c) Where possible another young person or another adult should be present or nearby during the meeting.

7.2 Caring for young people with particular problems.

- (a) Youth workers who have to administer first aid should ensure wherever possible that other young people or another adult are present if they are in any doubt as to whether necessary physical contact could be misconstrued.
- (b) It is accepted that there will be some situations where young people will present particular problems for youth workers and the emphasis will be on what is reasonable in all the circumstances.

7.3 Reporting incidents.

- (a) Following any incident where a youth worker feels that his/her actions have been, or may be, misconstrued he/she should discuss the matter with the Worker in Charge. Where requested, the youth worker should provide a written report of the incident. It is especially important to speak with the Club Manager in cases where a youth worker had been obliged to restrain a young person physically and where a complaint has been made by a young person, parent, or other adult.

7.4 Where physical contact may be acceptable.

- (a) There may be occasions where a distressed young person needs comfort and reassurance which may include physical comforting such as a caring parent would give. Youth workers should use their discretion in such cases to ensure that what is normal and natural does not become unnecessary and unjustified contact, particularly with the same young people over time. Where a youth worker has a particular concern about the need to provide this type of care and reassurance, he/she should seek the advice of the Club Manager.
- (b) Some youth workers are likely to come into physical contact with young people from time to time in the course of their duties. Examples include showing a young person how to use a piece of apparatus or equipment, demonstrating a move or exercise during a session, and other contact activities such as Team Challenges. Youth workers should be aware of the limits within which such contact should properly take place and of the possibility of such contact being misinterpreted.
- (c) There may be occasions where it is necessary for youth workers to restrain a young person physically to prevent him/her from inflicting injury to others or self-injury. In such cases only the minimum force necessary may be used and any action taken

must only be to restrain the young person. When a youth worker has taken action to restrain a young person, he/she should discuss the matter as advised in paragraph 1.3 above.

7.5 Gratuitous physical contact with young people

- (a) Physical contact might be misconstrued by a young person, other staff, parent, or observer. Such contact can include well intentioned informal and formal gestures such as putting a hand on the shoulder or arm, which, if repeated with an individual young person, could lead to serious questions being raised. Therefore, as a general principle, youth workers must not make gratuitous physical contact with their charges, and it is unwise to attribute physical gestures such as touching to their style of work or as a way of relating to young people.
- (b) Any form of physical punishment of young people is unlawful, as is any form of physical response to misbehaviour unless it is by way of restraint. A loss of temper or personal control on the part of a youth worker whilst having, or making contact, with a young person would in law be classed as an assault, which could give rise to a civil claim for damages and is also a criminal offence. It is particularly important that staff understand this, both to protect their own position and the overall reputation of the Club.

7.6 Where conversations of a sensitive nature may be appropriate

- (a) A pastoral responsibility for young people is inherent within a youth worker's daily work and, to fulfil that role effectively, there will be occasions where conversations will cover particularly sensitive matters.

Youth workers must in these circumstances use their discretion to ensure that, for example, any probing for details could not be construed as unjustified intrusion.

7.7 Inappropriate comments and discussions with young people

- (a) As with physical contact, comments by youth workers to young people either individually or in groups can be misconstrued. As a general principle, therefore, youth workers must not make unnecessary comments to and/or about young people which could be construed to have a sexual connotation. It is also unacceptable for youth workers to introduce or to encourage debate amongst young people, which could be construed as having a sexual connotation that is unnecessary given the context of the session being undertaken, or the circumstances generally. At the same time, it is recognised that a topic raised by a young person is best addressed rather than ignored.

- (b) Use of insensitive, disparaging, or sarcastic comments is also unacceptable.

7.8 Choice and use of teaching materials

When using teaching materials of a particularly sensitive nature youth workers should be aware of the danger that their selection could be misinterpreted and may be criticised after the event. For this reason, staff should discuss the use of such materials in advance with the Club Manager.

7.9 General Relationships and Attitudes

Youth workers should be particularly careful when supervising young people in a residential setting such as Hindleap and Woodrow, and in any off-site situation. The less formal approach adopted by all staff in such activities generally can be open to misinterpretation. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of youth workers will need to be such that young people do not feel uncomfortable or threatened.

8. Child Abuse

This section also outlines the action to be taken by employees and volunteers if in the course of their employment they suspect child abuse by a person outside or inside the organisation.

It is important to recognise that child abuse may be physical, sexual, or psychological and that it has been increasingly detected and brought to the attention of the public in recent years.

Whilst many child abusers are known to the victim either as relatives or friends of the family, some meet young people in other contexts and a small minority of these may attempt to gain access to young people through organisations for young people such as youth clubs.

9. Definitions of Child Abuse

A child is defined as being between 0 and 18 years inclusive and is considered to be at risk of abuse using the following criteria:

- **Neglect:** The persistence or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, resulting in the significant

impairment of the child's health or development, including non-organic failure to thrive.

- **Physical Abuse:** Actual or likely physical injury to a child, or failure to prevent physical injury or suffering to a child, including deliberate poisoning, suffocation, or Munchausen's syndrome by proxy.
- **Sexual Abuse:** Actual or likely sexual exploitation of a child or adolescent. The child may be dependent and/or developmentally immature.
- **Emotional Abuse:** Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment. This category should be used where it is the main or sole form of abuse.
- **Children with Disabilities:** It is important that children with disabilities are afforded the same rights as all children who are subject to these protection procedures.

10. Signs of Child Abuse

It must be remembered that children of all ages can be abused irrespective of their background, and this can occur in any setting, at home as well as away from home, and so for the protection of children staff must always be vigilant to the signs of abuse and child disclosure. A list of possible signs of abuse is contained in Appendix 5 of this policy.

When undertaking any assessment, the particular vulnerability of children with disabilities needs to be recognized and taken into account. Disabled children are more likely to be isolated physically, geographically, and socially and to experience feelings of rejection because of this. They are less likely to use mainstream facilities with resources and they are most likely to have communication difficulties. Children with disabilities may suffer more severely from having little confidence and low esteem.

It is important, therefore, that extra care is taken when undertaking investigations concerning children with disabilities. Assumptions and explanations about their behaviour should not be made simply based on their disabilities. A wide range of professionals will be potentially involved with a child who has a disability, and it is important to seek their views and assistance throughout the investigation and related assessment whenever appropriate.

Knowledge of different cultural patterns of childcare is crucial to assessment.

11. Child on Child Abuse

It is important to recognise that abuse isn't always perpetrated by adults; children can abuse other children and it can happen both inside and outside of youth and

educational settings and online. This is referred to as 'child on child abuse' and can include:

- bullying, including cyberbullying, prejudice-based and discriminatory bullying;
- abuse in intimate personal relationships between children;
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; this may include an online element which facilitates, threatens and/or encourages physical abuse;
- sexual violence, such as rape, assault by penetration and sexual assault; this may include an online element which facilitates, threatens and/or encourages sexual violence;
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand alone or part of a broader pattern of abuse;
- causing someone to engage in sexual activity without consent;
- consensual and non-consensual sharing of nude and semi-nude images and or videos (also known as sexting or youth produced sexual imagery);
- 'Up skirting' which involves taking a picture under someone's clothing without them knowing; this is usually with the intention of viewing their genitals or buttocks for sexual gratification, or cause the victim humiliation, distress, or alarm. Up skirting is a criminal offence and anyone of any gender, can be a victim;
- initiation/hazing type violence and rituals.

All staff should be able to recognise the indicators and signs of child-on-child abuse and know how to identify it and respond to it in line with our Guidance on How to Respond to Disclosures of Abuse and Reporting Procedures below. Even if there are no reports of child-on-child abuse, it should be recognised that this does not mean it is not happening. It may be the case that it is just not being reported.

Staff should understand the importance of challenging inappropriate behaviours between children that are abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as "banter", "just having a laugh", "part of growing up" or "boys being boys", can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios, a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

12. Sexual Violence and Sexual Harassment Between Children

Sexual violence refers to crimes under the Sexual Offences Act 2003 and includes rape, assault by penetration and sexual assault; whilst sexual harassment incorporates a wider range of 'unwanted conduct of a sexual nature', such as: sexual comments or lewd "jokes", sexualised bullying, non-consensual taking or sharing of sexual images/videos (such as up skirting), or physical behaviour such as: deliberately brushing against someone or 'pinging' bra straps.

Sexual violence and sexual harassment can/may:

- Occur between two children of any age and sex;
- Be physical and/or verbal;
- Occur online and/or offline;
- Be perpetrated by individuals or groups, against individuals or groups;
- Be a standalone incident, or part of a wider pattern of sexualised behaviour;
- Be perpetrated against some children more than others, such as: girls, children with SEND or LGBT children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will be exacerbated if the alleged perpetrator(s) attends the same setting.

It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

13. Guidance on How to Respond to Disclosures of Abuse

All staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the designated person (or deputy) and children's social care. Staff should never promise a child that they will not tell anyone about a report of abuse, as this may ultimately not be in the best interests of the child.

Young people should not feel inhibited from reporting any abuse against them, including abuse by staff. This will include not only serious abuse but also any incident where a young person has grounds to believe that a member of staff has crossed the boundary of acceptable behaviour. The Club will do all it can to ensure an environment that encourages and supports truthful reports of inappropriate behaviour.

DO:

- Do treat any allegations extremely seriously and always act towards the child as if you believe what they are saying.
- Do tell the child they are right to tell you.
- Do reassure them that they are not to blame.
- Do be honest about your own position, who you have to tell and why.
- Do tell the child what you are doing and when and keep them up to date with what is happening.
- Do take further action – you may be the only person in a position to prevent future abuse – tell your designated person immediately.

- Do write down everything that was said and everything that was done.

DON'T:

- Don't make promises you can't keep.
- Don't forget that children are not always ready or able to talk about their experiences of abuse and/or may not always recognise that they are being abused.
- Don't interrogate the child – it is not your job to carry out an investigation – this will be up to the police and social services who have experience in this.
- Don't cast doubt on what the child has told you; don't interrupt or change the subject.
- Don't say anything that makes the child feel responsible for the abuse.
- Don't do nothing – make sure you tell your designated child protection person immediately – they will know how to follow this up and where to go for further advice.

14. Reporting Procedures

It is not the responsibility of anyone working with children in a paid or unpaid capacity to take responsibility or to decide whether child abuse has taken place. However, there is a responsibility to act on any concerns through contact with the appropriate authorities.

All staff must be aware that child abuse can be found within any setting and should report any suspicions of abuse or disclosure of abuse to the Worker in Charge. These matters must be recorded and dated using an incident report form. The Club Manager has the responsibility to inform the local social services child protection team and they in turn would be responsible for further investigation.

Staff should not assume a colleague, or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment, and allocation of appropriate service provision. If in any doubt about sharing information, staff should speak to the designated person or deputy. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

It is vitally important that any disclosure made in confidence is recorded factually as soon as possible; this is whether or not the matter is taken to another authority.

Records should include:

- 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

In any case where an allegation is made, or someone at the Sulgrave Club has concerns:

- (a) A record should be made on a Child Protection Report Form (Appendix 1), the details of which must include, as far as practical:
 - Date and time of the disclosure.
 - Name of child or young person.
 - Age and date of birth.
 - Home address.
 - Name/s and address of parent/s or person/s with parental responsibility.
 - Telephone numbers if available.
 - Is the person making the report expressing their own concerns, or passing on those of somebody else? If so, record details.
 - What has prompted the concerns? Include dates, times, and details of any specific incidents.
 - Has the child or young person been spoken to? If so, what was said?
 - Record the discussion accurately, as soon as possible after the event. Use the child's words or explanations – do not translate into your own words in case you have misconstrued what the child was trying to say.
 - Has anybody been alleged to be the abuser? If so, record details.
 - Who has this been passed on to, in order that appropriate action is taken? e.g., designated person, LBHF's Family Services, etc.
- (b) Has anyone else been consulted? If so, record details.
- (c) Report your concerns / suspicions to the designated person, or in their absence, one of the designated deputies. The designated person may then discuss the concerns / suspicions with LBHF's Family Services and / or the police.
- (d) If either the designated person or the designated deputies are not available, or it is inappropriate to approach them, the volunteer / member of staff with the concerns / suspicions should contact the NSPCC Child Protection Helpline to seek advice.
- (e) If it is thought returning home would put a child in immediate danger, advice should be sought from the NSPCC or LBHF's Family Services.
- (f) Record any discussions or actions taken within 24 hours.
- (g) Where relevant, record reasons why the concerns / suspicions are not referred to LBHF's Family Services or the police.

- (h) All records, information and confidential notes should be kept in separate files in a locked drawer or filing cabinet.
- (i) Only the designated person and designated deputies will have access to these files.

15. Whistle Blowing Procedure

The Sulgrave Club assures all staff / volunteers that it will fully support and protect anyone who in good faith reports his or her concern that a colleague is, or may be, abusing a child.

Any concerns about a member of staff or a volunteer at the Sulgrave Club should be reported to the designated person and recorded in accordance with the procedures laid out in section 11 above.

If the concerns are about the designated person, they should be reported to one of the designated deputies or in their absence, the Chair of the Management Committee.

Where a concern is raised about a member of staff it may lead to one of three types of investigation

- A disciplinary or misconduct investigation.
- A child protection investigation.
- A criminal investigation.

The results of any criminal or child protection investigation may well influence the disciplinary investigation, but not necessarily so.

- (i) Poor practice
 - (a) Allegations or concerns about bad practice by staff / volunteers, such as shouting or inappropriate punishment of children, must be taken seriously. Any such concerns must be investigated by the Senior Worker and advice sought on the appropriate course of action.
 - (b) If, following consideration, the allegation is clearly about poor practice, the issue will be dealt with as a misconduct issue.
 - (c) If the allegation is about poor practice by the Senior Worker, or if the matter has been handled inadequately and concerns remain, it should be reported to the Chair of the Management Committee who will decide how to deal with the allegation and whether to initiate disciplinary proceedings.
- (ii) Suspected abuse
 - (a) Any suspicion that either a member of staff or a volunteer has abused a child should be reported to the designated person, who will take such steps as are considered

necessary to ensure the safety of the child in question and any other child who may be at risk.

- (b) The designated person will refer the allegation to LBHF's Family Services, who may involve the police, or direct to the police. The parents or carers of the child will be contacted as soon as possible following advice from LBHF's Family Services.
 - (c) If the designated person is the subject of the suspicion/allegation, the report must be made to one of the designated deputies, or in their absence, the Chair of the Management Committee who will refer the allegation to LBHF's Family Services, who may involve the police, or direct to the police.
 - (iii) Internal enquiries and suspension
 - (a) The management committee will make an immediate decision about whether any individual accused of abuse should be suspended temporarily pending further police and LBHF's Family Services enquiries. Suspension is intended as a neutral act taken as a precautionary measure.
 - (b) Where suspension takes place, a colleague will be nominated to provide information and support to the person suspended. The person nominated as the contact will discuss with the person suspended any welfare needs he/she may have and will act as a liaison point between that person and the management committee.
 - (c) Irrespective of the findings of LBHF's Family Services or police enquiries, the management committee will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. This may be a difficult decision, particularly where there is insufficient evidence to uphold any action by the police. In such cases, the management committee must reach a decision based upon the available information, which could suggest that on a balance of probability, it is more likely than not that the allegation is true. The welfare of children should always remain paramount.
 - (iv) Confidentiality
 - (a) Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need-to-know basis only. This includes the following people:
 - The Chair of the Management Committee.
 - The parents of the person who is alleged to have been abused.
 - The person making the allegation.

- LBHF's Family Services / police.
 - The alleged abuser (and parents if the alleged abuser is a child).
- (b) LBHF's Family Services advice should be sought on who should approach an alleged abuser.
- (c) Information should be stored in a secure place with limited access to designated people, in line with the reporting procedure in section 11 above.
- (v) Support to deal with the aftermath
- (a) Consideration should be given about what support may be appropriate to children, parents, and members of staff. Use of Help Lines, support groups and open meetings will maintain an open culture and help the healing process.
- (b) The person raising the concerns should be reassured that they are a witness rather than a complainant.
- (c) Consideration should be given about what support may be appropriate to the alleged perpetrator of the abuse.
- (vi) Where there is uncertainty
- (a) Should any uncertainty about how to proceed with a whistle-blowing situation arise, immediate advice from LBHF's Family Services or the NSPCC should be sought.

16. Allegations of Previous Abuse

Allegations of abuse may be made some time after the event (e.g., by an adult who was abused as a child or by a member of staff who is still currently working with children). Where such an allegation is made, the above procedures should be followed, and the designated person should report the matter to LBHF's Family Services or the police. Anyone who has a previous criminal conviction for offences related to abuse is automatically excluded from working with children. This is reinforced by the details of the Protection of Children Act 1999.

17. Safe Environment

The Sulgrave Club is committed to providing services in a healthy and safe environment. To this end we will ensure that all premises, play equipment, play areas, transport arrangements and vehicles used comply with current Health & Safety regulations and that all services provided are run in accordance with our own Health & Safety Policy, including risk assessments for away days / trips.

The Sulgrave Club has a comprehensive insurance policy in place covering all the activities and services it provides.

18. Contact Details

Designated Person:	Nick Sazeides (Club Manager)	020 8748 3561
Deputy:	Piers Player (Development Worker)	07767 684 579
Supervising Deputy:	Angela Clarke (Chairman)	020 8748 0284

19. Consultation and Commitment to Review

The Sulgrave Club is committed to the review and updating of its policies and procedures through consulting with its employees, volunteers, and young people. Employees and volunteers will be consulted on changes to policies through staff meetings and young people through a Youth Forum.

The employees' and volunteers' representative is Nick Sazeides.

This policy was updated, reviewed, and approved by the Management Committee of The Sulgrave Club at their bi-monthly meeting on Tuesday 24th March 2026.



Club Chairman



Club Manager

Review date: March 2027

Appendices

- Appendix 1:** Safeguarding Incident Reporting Form
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(from LBH&F website – 15 January 2025)
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- Appendix 4:** Other Safeguarding Issues

THE SULGRAVE CLUB	
SAFEGUARDING INCIDENT RECORD FORM	
Your Name:	
Your Position:	
Child's Name:	Membership No:
Child's Address:	
Child's Date of Birth:	
Date and Time of any Incident:	
Your Observations:	
Exactly What The Child Said and What You Said:	
Action Taken So Far:	
Details of Advice Received:	
Signature:	
Print Name:	
Date:	
Remember to maintain confidentiality on a <i>need to know</i> basis – only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.	

Appendix 2

Child safeguarding contacts

(LBHF website 11 March 2026)

Initial Consultation and Advice Team (ICAT)

- Anyone can contact us if they are worried that a child may be at risk.
- ICAT can be contacted by professionals and the public regarding any child safeguarding concerns for children living in Hammersmith & Fulham.
- ICAT can provide advice and can also direct you to support services in the borough.
- If you have a concern about a child or young person, you can contact us:
- Should you wish to make a referral to Children's and Young People Service please complete our online referral form. (<https://hflscp.co.uk/>)
- For general enquiries, call: 020 8753 6600
- For anonymous consultations/advice, call: 020 8753 6610
- Email: familyservices@lbhf.gov.uk
- Out of hours service: 020 8748 8588
- If you have an immediate concern for the wellbeing of a child or young person, call the police on 999

Multi Agency Safeguarding Hub (MASH)

MASH is made up of representatives from children's social care co-located with professionals from the Met Police and the NHS. The MASH also has virtual links with other partner agencies such as education, housing, probation, the youth offending team and the UK Border Agency. If there are any other agencies working with a family, for example domestic violence services, alcohol and drug services, or another relevant agency the MASH may contact these agencies for information.

The purpose of MASH is to improve the quality of information that is shared between professionals in order to make timely and informed decisions about risk based on accurate and up to date information. The MASH sits separate but alongside the front door services in each respective local authority. The "front door" refers to the separate teams that each local authority has to receive referrals when there are worries about a child. The MASH is able to provide a brief risk assessment and recommendation to the front door services in Hammersmith and Fulham, Kensington and Chelsea, and Westminster. This is to assist in improving the quality of safeguarding decisions for children and their families in order to provide them with the most appropriate support and services as soon as possible.

The MASH Service can be contacted via ICAT (contact details above).

Local Authority Designated Officer (LADO)

A designated officer from the Local Authority (LADO Service) can intervene when allegations are made within any role for professionals or volunteers involved in working with children, ages from 0 to 18.

The allegations usually occur within education, social care, health and sporting and leisure areas, but are also relevant to professionals employed in the voluntary sector who may not be attached to any organisation.

Safer Organisations (LADO) and Safeguarding in Education Manager:
Kembra Healy; kembra.healy@lbhf.gov.uk; Duty Admin: 020 8753 5125

To make a referral: Please email LADO Referrals: LADO@lbhf.gov.uk
(monitored Mon to Fri, 9am to 5pm)

Speak CAMHS Helpline: 0800 328 4444

Information on a new service for children and young people under 18 and who live in Hammersmith and Fulham, Ealing or Hounslow and are in need help and support. The aim is to offer telephone support via a helpline number, which includes basic counselling and problem-solving to young people and their families. The helpline is run by healthcare professionals who are familiar with local services and have a range of specialist knowledge, to help support and advise young people and their families.

NSPCC

For children and young people

Childline offers free, confidential advice and support whatever your worry, whenever you need help. You can contact Childline at www.nspcc.org.uk or on 0800 1111.

For parents and professionals

If you are worried about a child, even if you are unsure, you can call the NSPCC helpline on 0808 800 5000 or email help@nspcc.org.uk

Barnardo's

Barnardo's helps to support some of the most vulnerable children in the UK and their parents and carers. If you would like to find out more about the work Barnardo's does or how to get involved, please check out their website: Believe in children | Children's charity (www.barnardos.org.uk)

If you have an immediate concern for the wellbeing of a child or young person, call the police on 999.

Policing in Hammersmith & Fulham

If you are concerned about a young person being involved in knife crime or other criminal activities, please see:

Community Safety Unit
020 8753 2816
csu@lbhf.gov.uk

Anti-social Behaviour Unit
020 8753 2693
asbu@lbhf.gov.uk

Appendix 3

Examples of Child Abuse

Neglect

Some signs may be children who are:

- Not receiving adequate food consistent with their potential growth.
- Exposed through lack of supervision to injuries, including ingestion of drugs or toxic substances.
- Exposed to an inadequate, dirty and/or cold environment.
- Left in circumstances without appropriate adult supervision that are likely to endanger them. This includes children who are abandoned or left "home alone".
- Whose parents/carers are failing or refusing to seek medical advice or treatment.

Neglect and medical treatment

Where parent / carers or others refuse, withdraw or actively withhold commonly available foods or fluids or fail to co-operate with appropriate medical treatment, such that a child suffers or is likely of suffer significant harm or die, this is neglect.

Physical abuse

Some signs, which may be due to physical abuse, are:

- Delay in reporting accidents
- Discrepancy between the history and the physical signs
- History of previous injuries to child or sibling
- Abnormal parental attitudes and behaviour
- Indications of social stress
- Signs of poor care, e.g., failure to thrive, severe nappy rash
- Bruising/abrasions/bite marks
- Injuries to mouth
- Bums (mainly cigarette bums)
- Retinal haemorrhages
- Bulging fontanelles
- Unexplained convulsions
- Fractures - particularly multiple, spiral, "metaphysical"
- Exposure to dangerous situations (e.g., "accidental" poisoning)
- Repeated visits to the GP, Infant Welfare Clinic or Hospital with a list of trivial complaints.

Sexual abuse

Child Sexual Abuse may be defined as:

"The involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles"

Kempe, 1978.

Child Sexual Abuse is the exploitation of a child for the sexual gratification of an adult. It should not be confused with affectionate or playful contact between an adult and a child.

NB: Sexual abuse is found in all socio-economic categories

Some potential characteristics of / risk factors for sexual abuse are:

- Secrecy
- Misuse of power, e.g., children may take adult roles and responsibilities within the family. Parents/Carers may be extremely dominant, rigid, authoritarian and over-protective.
- Adults who were sexually abused as children.
- Prolonged habitual absence of one parent or carer due to work commitments, marital separation, etc.
- Multiple family problems including heavy use of or addition to drugs/alcohol, psychiatric, sexual or relationship problems.
- Adults may have poor self-esteem, low impulse control and unmet emotional needs.

Behavioural indicators:

- Lack of trust in adults.
- Fear of a particular individual.
- Withdrawal and introversion.
- Running away from home.
- Child takes over the parenting role.
- Sudden school problems, truanting and falling standards.
- Low self-esteem and low expectations of others.
- Stealing.
- Drug, alcohol or solvent abuse.
- Display of sexual knowledge beyond the child's years, e.g., sexualised behaviour.
- Sexual drawing.
- Prostitution.
- Vulnerability to sexual and emotional exploitation.
- Revulsion towards sex.
- Fear of school medical examinations.
- Sleeplessness, nightmares, and fear of dark.
- Depression/suicide attempts.
- Anorexia Nervosa.
- Eating disorders or change in eating habits.

Physical symptoms and signs of sexual abuse:

- Itchiness or soreness in the genital area.
- Signs of acute or chronic injury in the genital or anal areas or to other 'sexual' areas such as the breasts and lips.

- Teenage pregnancy, particularly with reluctance to name the father
- Venereal Disease, or any other sexually transmitted diseases

Child sexual abuse should always be considered in children with:

- Recurrent vaginal discharge
- Recurrent urinary tract infection
- Vague aches and pains

Sexual abuse is profoundly damaging to the child in terms of psychological and emotional development and may leave him or her emotionally damaged in adulthood.

Emotional abuse

Emotional abuse occurs when a child's need for love, security, praise and recognition is unmet. Such abuse can exist in the absence of physical ill treatment. Children who grow up in an emotionally abusive or rejecting environment finds their needs are met with indifference, hostility or perhaps an inconsistent and unpredictable manner. Parents may be verbally hostile, and their attitudes encompass ridicule, sarcasm, shaming, belittling, frightening, threatening, tantalizing, etc. The results can cause damage to a child's self-esteem with serious implications for any subsequent relationship made by the child. Children suffering from emotional abuse may show:

- Abnormally passive, lethargic or attention seeking behaviour
- Specific habit disorders, e.g., soiling with faecal smearing, excessive drinking,
- Inappropriate appetite, i.e., persistent eating of inedible substances, self-mutilation.
- Severely delayed social development, poor language and speech development attributable to actions/inactions of parent/carer.
- Weight and height which is disproportionately low that cannot be explained by medical reasons.
- Nervous behaviour e.g., excessive self-criticism

All staff and volunteers should be aware of the above diagnostic clues and are expected to discuss any observations with the Senior Worker and / or Designated Person.

Appendix 4

Other Safeguarding Issues

All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking and or alcohol misuse, deliberately missing education, and consensual and non-consensual sharing of nude and semi-nude images and/or videos can be signs that children are at risk. Other safeguarding issues all staff should be aware of include:

Organised Abuse

This is sexual abuse where there is more than a single abuser and the adults concerned appear to act in agreement to abuse children and/or where an adult uses an institutional framework or position of authority to recruit children for sexual abuse.

Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation.

Child Criminal Exploitation (CCE)

Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting, or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

Child Sexual Exploitation (CSE)

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g., through others sharing videos or images of them on social media. CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16- and 17-year-olds who can legally consent to have sex. Some children may not realise they are being exploited e.g., they believe they are in a genuine romantic relationship

In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Female genital mutilation (FGM)

FGM is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. The age at which FGM is carried out varies. It may be carried out when a child is new-born, during childhood or adolescence, just before marriage or during pregnancy (Home Office et al, 2016).

FGM is child abuse. There are no medical reasons to carry out FGM. It is dangerous and a criminal offence.

Spotting the signs of female genital mutilation

A child at risk of FGM may not know what's going to happen. But they might talk about, or you may become aware of:

- a long holiday abroad or going 'home' to visit family;
- relative or cutter visiting from abroad;
- a special occasion or ceremony to 'become a woman' or get ready for marriage;
- a female relative being cut – a sister, cousin or an older female relative such as a mother or aunt;
- missing school repeatedly or running away from home.

A child who has had FGM may:

- have difficulty walking, standing or sitting;
- spend longer in the bathroom or toilet;
- appear withdrawn, anxious or depressed;
- have unusual behaviour after an absence from school or college;
- be particularly reluctant to undergo normal medical examinations;

- ask for help, but may not be explicit about the problem due to embarrassment or fear.

Reporting requirements

Known cases of FGM in under-18s must be reported to the police (Home Office, 2016).

Domestic Abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial, or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

Mental Health

All staff should be aware that mental health problems can, in some cases, be an indicator that a child 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 problem. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following the child protection policy, and speaking to the designated safeguarding lead or a deputy.

Serious violence

All staff should be aware of the indicators, which may signal children are at risk from, or are involved with, serious violent crime. These may include increased absence from school or college, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation.