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## Section 1 Introduction

Jersey Sport will ensure the safety and protection of all children, young people and adults at risk in its care through this Safeguarding Policy. A child is anyone under the age of 18.

Children and young people have a right to be safe, and adults have a responsibility to protect them. Working Together to Safeguard Children 2018 sets out how organisations should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004. The Children (Jersey) Law 2002 provides the legislative framework for protecting children in Jersey. It is built on the foundations of the Children Act 1989 (England and Wales) and subsequent amendments and guidance. Procedures for responding to abuse of adults at risk in Jersey are not underpinned by a specific legislative framework. Nevertheless, a range of legal remedies and policies exists which are relevant to the protection of adults at risk from abuse and harm. The Jersey Safeguarding Adult Partnership Board Procedures provide specific details.

Jersey Sport is fully committed to safeguarding the welfare of adults, recognising its responsibility to take all reasonable steps to promote safe practice and to protect adults at risk from harm, abuse and exploitation. Jersey Sport will protect and promote individual human rights, the capacity for independence and improved wellbeing of adults. Jersey Sport staff will deliver programmes and services which encourage the development of an ethos embracing difference, diversity and respects the rights of children, young people and adults.

All staff and volunteers must have a clear understanding of their own role and responsibilities with regard to safeguarding children, young people and adults at risk but also the role of others in the organisation. All staff and volunteers need to be clear on the recording and reporting of safeguarding concerns, how these concerns will be taken forward within a clear sharing information framework and the role of other agencies.

It is important to remember that everyone has a duty of care and all staff and volunteers who either work directly or come into contact with children, young people and adults at risk have a part to play in helping to keep them safe and to promote their welfare.

Jersey Sport acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse, ensuring staff know how to recognise signs of abuse and neglect and, where they do occur, that there is an appropriate response to protect those affected from further harm.

The central purposes of the Organisation's Safeguarding Policy and internal procedures is to ensure that staff / volunteers know how to recognise signs of abuse and neglect, where they occur, how to conduct an appropriate response to protect those affected from further harm and in essence, embed safeguarding in all areas of programme design and delivery.

Jersey Sport has a duty of care and is committed to safeguard all children, young people and adults at risk involved in its activities by providing:

- Clear safeguarding procedures, accountability and appropriate training for all staff and volunteers
- Robust safer recruitment procedures to ensure there are no known reasons or information available that would prevent staff from working with adults and children
- An induction programme and probationary period for all new employees, including the dissemination of the safeguarding policy.
- A procedure for the reporting of safeguarding concerns.
- Ongoing support for staff through regular training.
- A process for dealing with allegations of abuse against members of staff

- Ensure that all staff understand their legal and moral responsibility to protect adults from harm, abuse and exploitation

## **Section 2 Training**

In addition to safer recruitment as outlined in our safer recruitment policy (Appendix A), the safeguarding process includes training after recruitment to help staff and volunteers in line with our training policy (Appendix B):

- recognise their responsibilities and report any concerns about suspected poor practice or possible abuse
- respond to safeguarding concerns
- work safely and effectively with children and young people
- ensure their practice is not likely to result in allegations being made

## **Section 3 Code of Conduct for Staff & Volunteers**

It is possible to reduce situations in which abuse can occur and help protect staff and volunteers by promoting good practice. There is a need to be responsive to a child and young person's reactions. If a child or young person is dependent on staff or volunteers, the staff or volunteer should talk with them about what they are doing and give choices where possible. This is particularly the case if it involves any dressing or undressing of outer clothing or where there is physical contact, lifting or assisting a child or young person to carry out particular activities. Staff and volunteers should avoid taking on the responsibility for tasks for which they are not appropriately trained.

Jersey Sport's Code of Conduct (Appendix C) for Staff and Volunteers gives further guidance to help you ensure that:

- the welfare of children, young people and adults at risk for whom you have a duty of care is safeguarded
- you avoid compromising situations or opportunities for misunderstandings or allegations

## **Section 4 Definition of Abuse (Appendix D & E)**

Abuse is a form of maltreatment of a child, young person and adults at risk. Somebody may abuse children, young people and adults at risk by inflicting harm, or by failing to act to prevent harm. Children, young people and adults at risk may be abused in a family, institutional or community setting, by those known to them or by a stranger. They may be abused by an adult(s) or children or young people.

## **Section 5 Identifying possible signs and indicators of Abuse (Appendix F)**

There are many different indicators of abuse including behavioural, emotional and physical. The key indicators are listed in Appendix C. This list is not exhaustive and the presence of one or more of these indicators is not proof that abuse is actually taking place. It is important to consider the impact of difference and diversity as these issues can make it harder to identify if a children and young people is being abused. It can also be difficult to identify abuse amongst certain high-risk groups.

It is not the responsibility of those working or volunteering for Jersey Sport to decide if abuse of children, young people and adults at risk is occurring, but it is their responsibility to act on concerns and notify the appropriate person or organisation.

Remember:

- ALL signs of potential abuse or harm are important

- There may be reasons other than abuse which could explain a person's behaviours / demeanour
- Always consider the age, stage of development and your knowledge of the person as an individual
- Attitudes of parents and carers are crucial; think about how they behave towards the children and young people
- Consider the whole context of a person's life. Are they being bullied? What is happening at home? Domestic abuse, alcohol or drug abuse, parental mental illness, bereavement or family crisis?
- Adults who are classified as being in a 'vulnerable' demographic, such as those with additional needs may be at greater risk of abuse or exploitation.
- Children and adults with disabilities are especially vulnerable and signs in them may be difficult to detect
- Different cultural, class or individual attitudes must not cloud our judgement about whether children, young people or adults at risk are being abused and the decisions we take

## **Section 6 Child Sexual Exploitation**

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third person/s) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing and/or another or others performing on them, sexual activities.

Child Sexual Exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post images on the internet/mobile phones without immediate payment or gain.

In all cases, those exploiting the child/young person have power over them by virtue of their age/gender/intellect/physical strength/economic situation 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 as a result of their social, economic or emotional vulnerability. Perpetrators of child sexual exploitation come from all ages and backgrounds and both sexes, although the majority are men. Children may be sexually exploited by an individual, or by a group of people connected through formal networks (ie through trade, business or other community networks) or more informal friendship groups. Children are also sexually exploited by gangs with criminal associations. In these cases, the gang may benefit financially from the sexual exploitation.

Spotting the signs of Child Sexual Exploitation:

- the child may become especially secretive and stop engaging with usual friends
- they may be associating with, or develop a sexual relationship with older men and/or women (although bear in mind that the perpetrators could approach the child through a peer from school who is already being exploited, or through the youngest member of the grooming network)
- they may go missing from home – and be defensive about their location and activities, often returning home late or staying out all night
- they may receive odd calls and messages on their mobiles or social media pages from unknown, possibly much older associates from outside their normal social network
- they may be in possession of new, expensive items which they couldn't normally afford, such as mobile phones or jewellery

The child may also:

- exhibit a sudden change in dressing patterns or musical taste



- look tired and/or unwell, and sleep at unusual hours
- have marks or scars on their body which they try to conceal
- adopt new 'street language' or respond to a new street name

If you are worried about a child exhibiting any of these signs, talk through your concerns using the same process for any safeguarding issue.

## **Section 7 Adults at risk of harm**

Adults have a legal right to make their own decisions, even if they are unwise, as long as they have the capacity to make that decision and are free from coercion or undue influence. Living a life that is free from harm or abuse is a fundamental human right for every person and an essential requirement for health and well-being.

In the UK, the Care Act 2014 created a single law for adult care and support, this requires local authorities to make enquiries, or to ask others to make enquiries where they reasonably suspect that an adult in their area with care and support needs is at risk of abuse or neglect. The purpose of the enquiry is to establish what, if any, action is required in relation to the case.

In Jersey the SPB Safeguarding Adults Procedure applies to any adult aged 18 or over who:

- has needs for care and support (irrespective of whether such needs are being met)
- is experiencing or is at risk of, abuse or neglect
- is unable to protect themselves because of their care and support needs

The procedure applies equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks capacity or not, and regardless of setting.

Many factors may increase the risk of abuse or make a person less able to protect himself or herself:

- Not having the mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions.
- Communication difficulties
- Physical dependency - being dependent on other people for personal care and daily life activities/being cared for in a care setting
- Previous experience of abuse as an adult or in childhood and low self esteem
- Not receiving the right amount or kind of care
- Stigma and discrimination
- Isolation and social exclusion
- Lack of access to information and support
- Being the focus of anti-social behaviour

An adult at risk may therefore be a person who is elderly and physically disabled due to ill health or cognitive impairment, has a learning disability; has a physical disability and / or a sensory impairment; has mental health needs including dementia or a personality disorder; has a long-term illness / condition; misuses substances or alcohol; is unable to demonstrate the capacity to make a decision and is in need of care and support; this list is not exhaustive.

Jersey Sport recognises that society is made up of people from differing backgrounds therefore individuals will be supported according to their ability to meet requirements, without regard to factors such as race, religion, colour, ethnic or national origin, sexuality, age, disability, gender or status.

## **Section 8 Bullying**

It is important to recognise that in some cases of abuse, it is not always an adult abusing a children or young person. It can occur that the abuser may be a young person, for example in the case of bullying. Bullying can be defined as: "Persistent, offensive or intimidating behaviour arising from the deliberate intent to cause physical or psychological distress to others".

Bullying can include:

- physical abuse (e.g. pushing, hitting, kicking, pinching,)
- verbal abuse (e.g. name-calling, spreading rumours, constant teasing and sarcasm)
- emotional abuse (e.g. tormenting, ridiculing, text messaging, humiliating and ignoring)
- racist abuse (e.g. taunts, graffiti and gestures)
- sexual abuse (e.g. unwanted physical contact or abusive comments).

There are several signs that may indicate that a child or young person is being bullied:

- behavioural changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful, emotional
- a decline in level of performance
- physical signs such as stomach aches, headaches, scratching and bruising, damaged clothes and bingeing on food
- a shortage of money or frequent loss of possessions

### **Dealing with suspected bullying towards a child or young person**

All signs of bullying should be treated seriously. If circumstances lead staff or volunteers to suspect that a child or young person is being bullied, the following action should be taken:

- reassure the victim that you can be trusted and will help, but you cannot promise to tell no one else
- keep records of what happened, what was said by whom and when
- report concerns to the Designated Safeguarding Lead

### **Dealing with suspected bullying by a child or young person**

If circumstances lead a staff or volunteer to suspect that a children and young people is bullying another person, the following action should be taken:

- provide support for victims of bullying
- impose appropriate sanctions if necessary
- encourage and support the alleged bully to change behaviour
- keep a written record of action taken
- report concerns to the Designated Safeguarding Lead

## **Section 9 Responding to disclosure, suspicions and allegations of abuse**

It is not the responsibility of staff or volunteers to decide whether abuse is taking place but it is their responsibility to act on concerns and notify the appropriate person or organisation. If a child, young person or adult at risk say or indicates that they are being abused or information is obtained which gives concern that a child, young person or adult at risk maybe being abused, immediate action should be taken. There is a responsibility to protect children, young people and adults at risk in order that appropriate agencies can make enquiries and take any necessary action to protect them.

Abuse may be suspected when:

- an allegation or disclosure is made by a child or adult
- staff or volunteers observe a change in a child, young person's or adults' behaviour
- staff or volunteers notice physical injury to a child, young person or adult at risk

The person receiving information concerning disclosure should:

- react calmly so as not to frighten the child, young person or adult at risk
- take what the child, young person or adult at risk says seriously, recognising the difficulties inherent in interpreting what is said by a person who has a speech disability and/or difference in language
- say little but give the child, young person or adult at risk time to talk
- keep questions to the absolute minimum and ensure that no leading questions are asked
- not make negative comments about the possible abuser or make assumptions
- not make promises or agree to keep secrets
- make a full record of what had been said, heard and/or seen as soon as possible, using the Safeguarding Reporting Form (Appendix G)
- pass the information on to the relevant person, as per the Reporting Concerns Flowchart (Appendix H)

Jersey Sport will store these Safeguarding Reporting Forms securely as a record in line with our retention policy (Appendix I) and these will only be shared with the relevant investigating agencies such as the Children and Families Hub or SPOR.

## **Section 10 Referral Procedures**

Internal issues should be reported immediately to the appropriate Designated Safeguarding Lead (Appendix S) and reported in writing within 24 hours. Do not keep a copy of the reporting form for yourself, and do not discuss the matter or show the form to anyone else unless named above. Make sure the form is placed in a sealed envelope marked Confidential. In the event of the DSL not being available contact the Deputy DSL or Board Safeguarding Lead as outlined in the Reporting Concerns Flowchart (Appendix H).

If you are initially uncertain what to do, the DSL will offer advice and support and will discuss concerns with you. You may seek advice from the Children and Families Hub or SPOR. This should not delay a referral being made in the event of potential abuse. If you are concerned about anything relating to the welfare of a child, young person or adult at risk, it is your duty to report it.

Safeguarding matters will not be investigated by Jersey Sport staff or volunteers.

### **Consent (adult at risk)**

Wherever possible, consent should be sought to disclose information to other agencies.

The circumstances when we need to share information without the consent include those where:

- it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk.
- you believe they or someone else is at risk, including children
- you believe the adult is being coerced or is under duress, it is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed.
- the adult does not have mental capacity to consent to information being shared about them.
- the person causing harm has care and support needs

When information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them.

If you are in doubt as to whether to share information seek advice e.g. seek legal advice and/or contact the SPOR team and explain the situation without giving personal details about the person at risk or the person causing harm.

## **Capacity and Self Determination**

Capacity is the concept which refers to an individual having the ability to make a specific decision at the time it needs to be made.

The five core principles of the Capacity and Self-Determination Law (CSDL) (SofJ 2018) are:

1. All Adults (16 +) are assumed to have capacity unless it is established that they lack capacity. A person aged 16 + is assumed capable of making their own decisions
2. A person is not to be treated as unable to make a decision unless all practicable steps to support them to do so have been taken without success
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision
4. An act done, or decision made, under the Law for or on behalf of a person who lacks capacity must be done, or made, in their best interests
5. Before an act is done, or a decision made which is restrictive of a person's rights and freedom of action, regard must be had to whether the purpose for which it is needed can be achieved as effectively in a less restrictive way.

## **Section 11 Allegations concerning Jersey Sport Staff or Volunteers**

The following circumstances may lead staff, volunteers or service users to suspect that a member of staff or volunteer is abusing or bullying a child or young person:

- an allegation is made by a child or adult
- an allegation is made by or against a member of staff or volunteer
- a member of staff or volunteer notices inappropriate behaviour or an allegation of abuse is made by another member of staff or volunteer

All allegations of actual or suspected abuse or poor practice should be reported to the DSL. The Safeguarding Partnership Board's Managing Allegations Framework will be used for all allegations that a member of staff or volunteer has:

- behaved in a way that has harmed, or may have harmed, a child or young person
- possibly committed a criminal offence against, or related to, a child or young person
- behaved in a way that indicates they may pose a risk of harm to child or young person

All incidents including allegations of poor practice will be recorded and kept on file in a secure location. Access to these files is controlled. Information should be shared in an appropriate manner and recorded because it may be one of a series of instances that cause concern, thus contributing to a possible pattern of abuse.

It is acknowledged that the feelings generated by the allegation that a member of staff or volunteer is, or may be, abusing or bullying a child, young person or adult at risk will raise concerns amongst other staff or volunteers. This includes the inherent difficulties in reporting such matters.

Jersey Sport assures all staff and volunteers that it will fully support and protect anyone, confidentially, who (without malicious intent), reports his or her concerns about a colleague's practice or the possibility that a child, young person or adult at risk may be being abused or bullied.

## **Section 12 Designated Safeguarding Lead**

Jersey Sport has appointed a Safeguarding Board Sponsor, Designated and Deputy Safeguarding Leads to deal with safeguarding issues. The full responsibilities of these roles can be seen in Appendices L, M and N.

The Designated Safeguarding Lead (or in their absence the nominated deputy) must be informed of situations where they are unsure if the allegation is one of abuse or not. If they are unclear, they will discuss with the Children and Families Hub or SPOR.

The Designated / Deputy Safeguarding Leads will be required to:

- be familiar with safeguarding procedures
- ensure there are effective internal procedures to handle concerns
- ensure that systems are in place for effective record keeping
- be the link with the Safeguarding Partnership Board on concerns that have been raised
- attend local training as appropriate

Full role descriptions are available in Appendix L, M and N.

## **Section 13 Confidentiality**

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. It must be shared with appropriate agencies to ensure that a child, young person or adult at risk is not left unprotected. Decisions as to who needs to be informed should be taken after consultation with the DSL, the Children and Families Hub or SPOR.

There are seven golden rules for information sharing:

- remember that the Data Protection Act is not a barrier to sharing information
- be open and honest
- seek advice
- share with consent where appropriate
- consider safety and well being
- be proportionate, relevant, necessary, accurate, timely and secure
- keep a record

Permission will always be sought first before taking any photographs for promotional purposes.

Jersey Sport will not disclose the personal details or names of any child, young person or adult at risk in a photographic image without prior written permission.

Information will be stored in a secure place with limited access to designated people in line with Data Protection laws.



# Safer Recruitment Policy



## Section 1 Statement of Intent

Jersey Sport is committed to safeguarding and promoting the welfare of children, young people, and adults at risk. As part of this commitment, we have developed a Safer Recruitment Policy to help deter, reject, or identify people who might abuse or pose a risk to service users.

This policy applies to all roles involving contact with children, young people, or adults at risk, including contracted, fixed term or zero hours employees and volunteers.

## Section 2 Recruitment & Selection Principles

At Jersey Sport we will:

- Ensure all recruitment is conducted in a fair, open, and transparent manner.
- Only appoint individuals who are suitable to work with vulnerable groups.
- Follow legislation, guidance, and best practice in relation to safer recruitment

## Section 3 Key Safer Recruitment Practices

### Job Descriptions and Person Specifications

- Clearly outline the safeguarding responsibilities of the role.
- Include essential qualifications, experience, and behaviours relevant to working safely with vulnerable individuals.

### Advertising

We state our commitment to safeguarding and safer recruitment.

Jersey Sport is committed to safeguarding and promoting the welfare of children and adults at risk and expects all staff and volunteers to share this commitment. An enhanced DBS check (or equivalent) will be required.”

### Application Forms

- Require a full employment history with explanations for any gaps.
- Request disclosure of any criminal convictions spent or unspent, in line with relevant legislation.

### Shortlisting

- Use a consistent, criteria-based process.
- Seek clarification on gaps in employment and discrepancies.

### References

- We request at least two professional references, one of which must be from the current or most recent employer.
- We ask specific questions regarding the applicant’s suitability to work with children, young people and adults at risk.
- We do not accept open or generic references.

### Interviews

- We use structured interviews with safeguarding-related questions.

- We probe into any gaps in employment or unclear issues on the application.

### **Pre-Appointment Checks**

- Verify identity, right to work, and qualifications.
- Conduct enhanced DBS (Disclosure and Barring Service) or other criminal background checks appropriate to the role.
- Check professional registration or barring from regulatory bodies where applicable.

### **Induction and Training**

- Provide a safeguarding induction in relation our policy to all new starters.
- Ensure regular safeguarding training is completed and refreshed.

## **Section 4 Ongoing Employment Practices**

- We will monitor staff / volunteer conduct and performance.
- We encourage reporting of concerns or inappropriate behaviour.
- We conduct regular DBS re-checks (all staff are subscribed to the update service) and annual safeguarding training.

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<b>Presented to</b>	<b>Approved By</b>	<b>Date</b>
CEO	CEO	May 2024

# Safeguarding Training Policy



## **Section 1 Statement of Intent**

This policy outlines the commitment of Jersey Sport to ensure all contracted, fixed term or zero hours employees and volunteers are equipped with the knowledge, skills, and confidence to safeguard children, young people and adults at risk effectively.

Jersey Sport is committed to providing a safe environment for all service users, particularly children, young people and adults at risk. We recognise that training is essential to ensuring all staff understand their safeguarding responsibilities and can respond appropriately to concerns.

## **Section 2 Safeguarding Training Standards**

### **Induction Training**

- All new staff must complete safeguarding induction training within their first two weeks of employment.
- This will include:
  - Basic awareness of safeguarding principles
  - Reporting procedures and designated safeguarding lead / Deputies (DSL) contact
  - Code of conduct and professional boundaries

### **Mandatory Safeguarding Training**

- All staff must complete a Level 1 Safeguarding for Everyone (via Virtual College) within one month of starting.
- Staff working directly with children, young people and adults at risk must complete further face to face training depending on their role and responsibilities.
- Refresher training must be undertaken every 2 years, or sooner if required by changes in legislation or internal policy.

### **Specialist Training**

- Designated Safeguarding Leads (DSLs) and Deputies must complete specialist safeguarding training within 3 months of appointment and update this training every 2 years.
- Specialist roles may require additional training on safer recruitment and responding to allegations.

## **Section 3 Responsibilities**

### **Management**

- Ensure compliance with this policy and maintain training records.
- Monitor completion and effectiveness of safeguarding training.
- Support staff in accessing appropriate learning opportunities.

### **Staff and Volunteers**

- Attend and engage with all required safeguarding training.
- Maintain awareness of updates to safeguarding procedures.
- Report concerns in line with the organisation's safeguarding policy.

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CEO	CEO	May 2024

# Code of Conduct Staff & Volunteers



## Introduction

Jersey Sport takes its work with children, young people and adults at risk very seriously. Their well-being is paramount in all decisions taken by us. All children, young people and adults at risk we meet have the same protection regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity.

We act in accordance with legislation, statutory guidance and our policies and procedures and any associated guidance and we work collaboratively with other organisations in relation to concerns about the safeguarding of children and young people using the multi-agency safeguarding procedures at [www.safeguarding.je](http://www.safeguarding.je).

## Who this Code of Conduct applies to

This Code of Conduct applies to all staff and volunteers, as safeguarding is everyone's responsibility. It therefore applies to and must be signed by all contracted, fixed term or zero hours employees, volunteers and board members (collectively referred to as staff in this Code of Conduct).

## Staff obligations

It is our expectation that all who sign this Code of Conduct will always act in the best interests of children, young people and adults at risk and in accordance with the organisation's safeguarding policy and procedures. The welfare of children, young people and adults at risk must always be paramount.

This includes an expectation that staff and volunteers will:

- Undertake safeguarding education or training required by the organisation.
- Read and comply with the organisation's safeguarding policies and our safeguarding procedures for children, young people and adults at risk.
- Obtain and maintain an in-date DBS Check using the annual update service.
- Always act in an appropriate way when in contact with children, young people and adults at risk whether face to face, via social media, phone or other electronic communications and in line with the organisations Social Media & Online Safety Policy
- Recognise the importance of confidentiality when working with children, young people and adults at risk, their families and their data.
- Promptly report any concerns about safeguarding or the protection of children, young people and adults at risk to the Designated Safeguarding Lead, Deputy Safeguarding Leads or the Board Safeguarding Sponsor.
- Be familiar with and use the whistleblowing policy if you suspect or believe that safeguarding concerns have not been appropriately addressed by the organisation.
- Accept that, by taking this role, the organisation may deem you to be in a position of trust with children, young people and adults at risk with whom you may come in contact with through your role. You should be aware of and understand the responsibility that this entails, by undertaking the relevant safeguarding training, as we deem appropriate.
- Always act with integrity.



- Seek advice from the Designated Safeguarding Lead / Deputies if you are unsure about any of the above or if you are unsure how to act in any given situation.

### **Further information**

if you have any queries or concerns regarding the Code of Conduct or safeguarding generally, please speak to one of the Designated Safeguarding Leads or the Board Safeguarding Sponsor in the first instance.

Please sign and return a duplicate copy of this Code of Conduct to acknowledge you have read and understand the Code of Conduct and you agree to comply with it. You should then keep the other copy safe for your records. Breaches of the Code of Conduct are taken seriously and may lead to disciplinary action. In certain cases, we may also make a referral to the Jersey Designated Officer and/or Adult Workforce Designated Officer.

***I have read, understood and agree to comply with this Safeguarding Code of Conduct - Staff and Volunteers.***

<b>Print name</b>	<b>Role</b>
<b>Signature</b>	<b>Date</b>

# Definitions of Abuse - Children



## **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms or deliberately induces illness in a child.

## **Emotional Abuse**

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill treatment of another, including domestic violence or serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

## **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution whether or not the child is aware of what is happening.

The activities may involve physical contact, include penetrative (e.g. rape or oral sex) or non-penetrative acts. They may include non-contact activities such as involving children in looking at, or in the production of sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

## **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment

## **Definitions of Abuse – Adults**



### **Physical Abuse**

The non-accidental infliction of physical force that results (or could result in) bodily pain, injury or impairment. Examples of physical abuse are hitting, shaking, scalding, misusing medication

### **Emotional Abuse**

This includes threats of harm or abandonment, deprivation of contact, humiliation, coercion, harassment, verbal abuse and withdrawal from supportive networks. Emotional abuse is behaviour that has a harmful effect on the adult at risk's emotional health and development.

### **Sexual Abuse**

The direct or indirect involvement in sexual activity without consent. Sexual abuse includes rape and indecent assault and indecent exposure. This also includes the involvement of an adult at risk in sexual activity or relationships, which they cannot understand, or have been coerced into because the other person is in a position of trust, power or authority.

### **Neglect**

Neglect is the failure of any person who has responsibility for the care of an adult at risk to provide the amount and type of care that a reasonable person would be expected to provide. Behaviours that can lead to neglect include ignoring medical or physical needs, failure to allow access to appropriate health and withholding the necessities of life such as medication, adequate nutrition and heating. This form of abuse may arise in cases where the carer is also an adult at risk. It is then important to respond in such a way to ensure that the carer's needs are also addressed.

### **Discriminatory Abuse**

Discriminatory Abuse exists when values, beliefs, or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult at risk, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, and 'race' or ethnic origin.

### **Institutional Abuse**

Institutional abuse is the mistreatment, abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate a person's dignity, resulting in lack of respect for their human rights. Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.

### **Self-Neglect**

Self-neglect covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings including a refusal or inability to cater for basic needs, including personal hygiene and appropriate clothing, neglecting to seek assistance for medical issues, not attending to living conditions (e.g. letting rubbish accumulate in the garden, or dirt to accumulate in the house) and hoarding items or animals.

### **Domestic Abuse**

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. Domestic abuse can take many forms: physical; emotional; sexual; financial; honour-based violence; forced marriage; stalking and harassment

### **Female Genital Mutilation**

FGM is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences.

### **Modern Slavery**

Modern slavery refers to the offences of human trafficking, slavery, servitude, and forced or compulsory labour. Both adults and children can be trafficked for the purposes of exploitation, with sexual exploitation, labour exploitation or criminal exploitation being the most common types reported in the UK. Other types also exist, including domestic servitude. Organ harvesting has also been reported, although no confirmed cases have occurred in the UK.

### **Hate and Mate Crime**

Hate and mate crime involves acts of violence or hostility directed at people because of who they are, or who someone thinks they are. Hate crimes happen because of prejudice or hostility based on a person's disability, race, religion, sexual orientation or transgender identity. Mate crime is a form of crime in which a perpetrator befriends a child or young person with the intention of exploiting them financially, physically or sexually.

# Possible Signs & Indicators of Abuse



<b>Physical Indicators of Physical Abuse (Child &amp; Adult)</b>	<b>Behavioural Indicators of Physical Abuse (Child &amp; Adult)</b>
<p><b>Unexplained</b></p> <ul style="list-style-type: none"> <li>• Bruises, welts, lacerations, abrasions</li> </ul> <p><b>Location</b></p> <ul style="list-style-type: none"> <li>• Face, lips, gums, mouth, eyes.</li> <li>• Torso, back, buttocks, back of legs</li> <li>• Neck, back of arms, wrists</li> </ul> <p><b>Shape</b></p> <ul style="list-style-type: none"> <li>• Clustered, forming regular patterns, teeth marks, hand prints</li> <li>• Same as article used to inflict injury e.g. belt, buckle, flex, stick</li> </ul> <p><b>Unexplained burns</b></p> <ul style="list-style-type: none"> <li>• Same as article used to inflict injury e.g. belt, buckle, flex, stick</li> <li>• Small circular burns, particularly on the soles of the feet, palms of hand, back of buttocks</li> <li>• Immersion burns, clear line of demarcation</li> <li>• Rope burn on arms, legs, neck or torso</li> <li>• Patterned burns indication a hot object e.g. electric fire or iron</li> </ul> <p><b>Unexplained fractures/dislocations</b></p> <ul style="list-style-type: none"> <li>• Skull, facial bones, spine</li> <li>• Spiral fractures</li> <li>• Dislocations, particularly shoulders or hips</li> <li>• Multiple fractures in various stages of healing</li> </ul>	<ul style="list-style-type: none"> <li>• Running away</li> <li>• Wary of other adults</li> <li>• Adult believes she/he is bad and deserves punishment</li> <li>• Behaviour extremes, aggressive or withdrawn</li> <li>• Afraid to go home</li> <li>• Reluctant to undress</li> <li>• Inappropriately dressed to hide marks</li> <li>• Fear of physical contact</li> <li>• Speaks of being severely punished</li> </ul>
<b>Physical Indicators of Neglect (Child &amp; Adult)</b>	<b>Behavioural Indicators of Neglect (Child &amp; Adult)</b>
<ul style="list-style-type: none"> <li>• Underweight, poor growth pattern, constant hunger</li> <li>• Obese with a history of eating an unhealthy diet</li> <li>• Poor physical hygiene, skin rashes, dirty, thin hair, thickened nails, body odour</li> <li>• Unattended needs e.g. for glasses, dental care, untreated injuries</li> <li>• Fatigue, listlessness, lethargy</li> <li>• Recurrent and persistent minor infections</li> <li>• Frequent attendance at A &amp; E Department</li> <li>• Alcohol/drug/substance abuse</li> <li>• Inappropriate clothing for the weather</li> <li>• Dental problems/squinting</li> <li>• Poor physical presentation- dirty clothing etc</li> </ul>	<ul style="list-style-type: none"> <li>• Tired/lethargic</li> <li>• Begging for or stealing food</li> <li>• Arriving for appointments very early, too late or not turning up at all</li> <li>• Socially challenging behaviour</li> <li>• Anger/Aggression towards others</li> <li>• Self-harm</li> </ul>
<b>Physical Indicators of Sexual Abuse (Child &amp; Adult)</b>	<b>Behavioural Indicators of Sexual Abuse (Child &amp; Adult)</b>
<ul style="list-style-type: none"> <li>• Difficulty walking or sitting</li> <li>• Pain, swelling, itching in genital area</li> </ul>	<p>Reactions similar to those following any other severe stress including:</p>



<ul style="list-style-type: none"> <li>• Love bites or bite marks</li> <li>• Pain during urination</li> <li>• Pregnancy</li> <li>• Vaginal/penile discharge</li> <li>• Sexually transmitted infection</li> <li>• Recurrent urinary/vaginal infections</li> <li>• Constant sore throats of unknown origin</li> <li>• Torn, blood-stained clothing</li> <li>• Eating disorders</li> <li>• Bruises, scratches especially to breasts, buttocks, lower abdomen, thighs</li> <li>• Recurrent abdominal pain/headaches</li> </ul>	<ul style="list-style-type: none"> <li>• Bed wetting</li> <li>• Fears, nightmares, phobias e.g. of the dark or particular places</li> <li>• Running away</li> <li>• Drug/alcohol abuse</li> <li>• Mood swings/personality changes</li> <li>• Depression, anger aggression</li> <li>• Suicidal thoughts</li> <li>• Self-mutilation</li> </ul> <p><b>Reactions directly related to sexual abuse including:</b></p> <ul style="list-style-type: none"> <li>• Sophisticated or unusual sexual knowledge or behaviour</li> <li>• Overtly seductive behaviour or aversion to intimacy</li> <li>• Withdrawal from peers</li> <li>• Prostitution</li> <li>• Extreme mistrust</li> <li>• States he/she is being sexually assaulted</li> <li>• May feel it is his/her fault</li> <li>• Confusion about sexual identity</li> <li>• Sexually abusive behaviour to others</li> </ul>
<p><b>Physical Indicators of Emotional Abuse (Child &amp; Adult)</b></p>	<p><b>Behavioural Indicators of Emotional Abuse (Child &amp; Adult)</b></p>
<ul style="list-style-type: none"> <li>• Failure to thrive (no organic cause)</li> <li>• Sleep disorders</li> <li>• Psychosomatic complaints e.g. headache, nausea, abdominal pains</li> <li>• Involuntary twitching of muscles especially on the face</li> <li>• Speech disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Hyperactive/disruptive behaviours</li> <li>• Behaviour extremes e.g. withdrawn/aggressive/demanding</li> <li>• Over – adaptive behaviour e.g. too well mannered</li> <li>• Unusually fearful of consequences of actions, often leading to lying</li> <li>• Threatening or attempted suicide</li> <li>• Compulsively clean and neat</li> <li>• Anorexic/bulimic</li> <li>• Low self esteem</li> <li>• Poor peer relationships</li> </ul>
<p><b>Physical Indicators of Institutional Abuse (Adult)</b></p>	<p><b>Behavioural Indicators of Institutional Abuse (Adult)</b></p>
<ul style="list-style-type: none"> <li>• Bed sores/Pressure sores</li> <li>• Inappropriate restraint (e.g being kept in chair for his/her safety)</li> <li>• Exclusion of adult from excursions/activities etc</li> <li>• Adult denied visitors/social contact</li> <li>• Forced isolation</li> <li>• Force feeding</li> </ul>	<ul style="list-style-type: none"> <li>• Running away from home/carer</li> <li>• Wary/fearful of staff /carers</li> <li>• Disruptive behaviours such as aggressive/demanding</li> <li>• Increasingly withdrawn</li> <li>• Unusually fearful of consequences of actions/punishment</li> <li>• Tearful/Anxious</li> </ul>
<p><b>Physical Indicators of Financial Abuse (Adult)</b></p>	<p><b>Behavioural Indicators of Financial Abuse (Adult)</b></p>
<ul style="list-style-type: none"> <li>• Problems sleeping</li> <li>• Anxiety/Depression</li> <li>• Not having enough money for necessities such as new clothes, toiletries</li> <li>• Confusion regarding financial affairs</li> <li>• Inability to pay bills or unexplained shortage of money</li> </ul>	<ul style="list-style-type: none"> <li>• Anxious and/or depressed</li> <li>• Worried about the future- where he/she will live etc</li> <li>• Change in personality</li> <li>• Stealing/taking things (such as food/ toiletries) from others</li> <li>• Hiding valuables/possessions from others</li> </ul>

<ul style="list-style-type: none"> <li>Disappearance of valuables</li> </ul>	<ul style="list-style-type: none"> <li>Secretive</li> </ul>
<b>Physical Indicators of Discriminatory Abuse (Adult)</b>	<b>Behavioural Indicators of Discriminatory Abuse (Adult)</b>
<ul style="list-style-type: none"> <li>Lack of religious observance</li> <li>Being left out of activities/opportunities because of age/gender/faith/ethnicity</li> <li>Lack of privacy/respect</li> <li>Staff /carers expressing homophobic/ageist/sexist views</li> </ul>	<ul style="list-style-type: none"> <li>Fearful of carers</li> <li>Over-adaptive behaviour e.g. too well-mannered to avoid punishment/exclusion</li> <li>Threatening or attempted suicide</li> <li>Depression</li> <li>Low self esteem</li> <li>Poor peer relationships (following isolation from others)</li> </ul>
<b>Physical Indicators of Self Neglect (Adult)</b>	<b>Behavioural Indicators of Self Neglect (Adult)</b>
<ul style="list-style-type: none"> <li>Untreated illness or disease/condition</li> <li>Neglect of personal hygiene</li> <li>Poor diet and nutrition, e.g. little or no fresh food or mouldy food in the fridge</li> <li>Poor healing of sores</li> <li>Failure to provide self-care in such a way that health or physical wellbeing may decline swiftly</li> <li>Inadequate clothing</li> <li>Lack of necessary medical aids like glasses, hearing aids, dentures</li> <li>Not exercising</li> <li>Not eating food or overeating</li> </ul>	<ul style="list-style-type: none"> <li>Living in very unclean circumstances, e.g. not disposing of rubbish</li> <li>Animal/insect infestation and/or animal collecting/hoarding with potential insanitary conditions and neglect of animals' needs</li> <li>Neglecting household maintenance, improper wiring, no plumbing/heating/running water/functioning toilet</li> <li>Inability or unwillingness to take medication or treat illness or injury</li> <li>Declining medication and/or support from health or care services</li> <li>Refusing to allow access to other organisations, eg utility companies</li> <li>Extreme hoarding creating potential mobility and fire hazards</li> <li>Social isolation</li> <li>Failure to manage finances</li> <li>Substance use</li> <li>Mental health issues</li> </ul>
<b>Physical Indicators of Domestic Abuse (Adult)</b>	<b>Behavioural Indicators of Domestic Abuse (Adult)</b>
<ul style="list-style-type: none"> <li>Unexplained chronic gastrointestinal symptoms and/or unexplained gynaecological symptoms including pelvic pain and sexual dysfunction</li> <li>Multiple unintended pregnancies or terminations</li> <li>Delayed pregnancy care, miscarriage, premature labour and stillbirth or concealed pregnancy</li> <li>Genitourinary symptoms including frequent bladder or kidney infections</li> <li>Vaginal bleeding or sexually transmitted infections</li> <li>Chronic unexplained pain</li> <li>Traumatic injury, particularly if repeated and with vague or implausible explanations</li> <li>Problems with the central nervous system – headaches, cognitive problems, hearing loss</li> <li>Repeated health consultations with no clear diagnoses, may describe themselves as 'accident prone' or 'silly'</li> </ul>	<ul style="list-style-type: none"> <li>Feeling afraid</li> <li>Depression, anxiety, PTSD, sleep disorders</li> <li>Alcohol or other substance misuse</li> <li>Intrusive 'other person' in appointments including partner or spouse, parent, grandparent or an adult child (for elder abuse)</li> <li>Isolation from family and friends</li> <li>Restricted access to choice of clothes, reading material, outings</li> <li>Prevented from gaining employment or having access to shared money</li> <li>Making victim account for everything spent or taking out loans and</li> <li>running up debts in victim's name</li> <li>Abuse of pets by perpetrator</li> </ul>

<ul style="list-style-type: none"> <li>• Broken/smashed furniture/possessions</li> </ul>	
<b>Physical Indicators of Female Genital Mutilation (Adult)</b>	<b>Behavioural Indicators of Female Genital Mutilation (Adult)</b>
<ul style="list-style-type: none"> <li>• Immediate consequences include: severe pain, haemorrhage, swelling, fever, infections, urinary problems, wound healing problems, shock, death</li> <li>• Longer term consequences include: genital scarring, genital cysts and keloid scar formation, recurrent urinary tract infections and difficulties in passing urine, possible increased risk of blood infections such as hepatitis B and HIV, pain during sex, lack of pleasurable sensation and impaired sexual function, difficulties with menstruation, complications in pregnancy or childbirth (including prolonged labour, bleeding or tears during childbirth, increased risk of caesarean section), increased risk of stillbirth and death of child during or just after birth.</li> <li>• Difficulty walking, sitting or standing or looking uncomfortable</li> <li>• Finding it hard to sit still for long periods of time, and this was not a problem previously</li> <li>• Spending longer than normal in the bathroom or toilet due to difficulties urinating</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Psychological concerns such as anxiety, flashbacks and PTSD</li> <li>• Changes in behaviour</li> <li>• Being taken abroad (often to the family's country of origin) at the start of school holidays, particularly summer</li> <li>• Family indicate strong levels of influence held by elders and/or elders involved in bringing up female children</li> <li>• Belief that FGM is integral to cultural or religious identity</li> <li>• Limited integration within UK community</li> <li>• Confiding to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'</li> <li>• Family not engaging with professionals (health, education or other)</li> <li>• Reluctance to undergo medical examinations</li> </ul>
<b>Physical Indicators of Modern Slavery (Adult)</b>	<b>Behavioural Indicators of Modern Slavery (Adult)</b>
<ul style="list-style-type: none"> <li>• Physical injuries unclear explanations, untreated/partially treated, unusual scars or healed fractures</li> <li>• Work related injuries, often through inadequate PPE or poor health and safety</li> <li>• Physical consequences of captivity, neglect, poor environmental conditions, eg TB, chest or skin infections, malnutrition, vitamin deficiencies or anemia</li> <li>• Neurological problems, dental problems, deterioration of pre-existing chronic medical conditions</li> <li>• Chronic pain, fatigue, weight loss, fainting</li> <li>• Disfigurements</li> <li>• Medically unexplained problems, can be non-specific such as headaches, dizziness, back pain, or related to a trauma to a particular part of the body, eg abdominal pain in rape victims</li> </ul>	<ul style="list-style-type: none"> <li>• Poor language skills</li> <li>• No passport/ID, pay slips, bank account, health records</li> <li>• Restrictions on movement, excessive overtime, debt bondage, abusive/unsafe working conditions</li> <li>• Dependent on others</li> <li>• Poor accommodation</li> <li>• Limited social contact</li> <li>• Money deducted from salary for food or accommodation</li> <li>• Forced criminality</li> <li>• Self-harm, depression, attachment and identity issues</li> <li>• Anger, aggression</li> <li>• Difficulties with relationships – including lack of trust or too trusting</li> <li>• Low self-esteem</li> <li>• Substance use and addiction</li> <li>•</li> </ul>
<b>Physical Indicators of Hate &amp; Mate Crime (Adult)</b>	<b>Behavioural Indicators of Hate &amp; Mate (Adult)</b>
<ul style="list-style-type: none"> <li>• Unexplained injuries</li> <li>• Weight loss</li> </ul>	<ul style="list-style-type: none"> <li>• Bills not being paid, a sudden lack of money, losing possessions, changing their Will</li> <li>• Changes in routine, behaviour, appearance, finances or household (new people visiting or staying over, lots of new 'friends', increased noise, neighbourhood complaints or rubbish than normal, signs of drug use or paraphernalia)</li> </ul>

	<ul style="list-style-type: none"><li>• Cutting themselves off from established networks of friends/family and support, missing weekly activities</li><li>• Secretive internet or mobile phone use</li><li>• Increased refusal of visitors to the person in need of support at the premises, eg health supports</li></ul>
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# Safeguarding Reporting Form



This form should be used to record all safeguarding concerns. It must be:

- completed as soon as possible after the event (within 24 hours at the latest)
- written in plain language in a style suitable for sharing
- factual and accurate (where opinions are given, these must be stated as opinion and must be evidence-based)
- non-discriminatory
- passed to the Designated Safeguarding Lead for review

**Details of staff / volunteer reporting concern**

<b>Name</b>	
<b>Role</b>	
<b>Email</b>	
<b>Phone No</b>	

<b>Signature</b>		<b>Date</b>	
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**Child / Young Person / Adult at Risk details**

<b>Surname</b>		<b>First Names</b>	
<b>DOB</b>		<b>Gender</b>	
<b>Name of parent / carer</b>			
<b>Contact number for parent / carer if different to the person at risk:</b>			
<b>Address</b>			
<b>Telephone</b>			
<b>School if applicable</b>			
<b>GP</b>			
<b>Any other existing professional/care/support services is the person receiving (if any)?</b>			

**Details of concern:**

**(A) Describe what the concern is including what has happened, when and where.**

**(B) What are the person(s) at risk's views about this incident**

**(C) Describe the risks or any injuries or harm experienced by the person at risk**

<b>Date</b>		<b>Time</b>	
<b>Witness Details</b>			
<b>Details of the concern / incident:</b>			



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<b>What does the person at risk want to happen now? (ADULTS/CHILDREN)</b>	
<b>What are the desired outcomes of the person at risk? (That is, what do they wish to achieve from the support they might receive, such as feeling safe at home or having no contact with certain individuals)</b>	
<b>Has the person at risk given consent for these concerns to be raised?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the person have capacity to give consent?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Can you justify why consent was not ascertained</b>	

<b>Actions already taken in relation to the safeguarding concerns.</b>		
<b>Have the police been informed?</b>	<input type="checkbox"/> <input type="checkbox"/> Yes / No	Crime Ref. Number:
<b>Has medical intervention been sought?</b>	<input type="checkbox"/> <input type="checkbox"/> Yes / No	From where/whom?

<b>Any other relevant information</b>	
<b>Include any safety or confidentiality issues that may impact on how the concern is acted upon and why consent needs to be overridden</b>	

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<b>Designated Lead for the Safeguarding Concern</b>	
<b>Full Name</b>	
<b>Role</b>	
<b>telephone</b>	
<b>Email</b>	
<b>Discussed with DSL</b>	
<b>Date passed to DSL</b>	
<b>Time passed to DSL</b>	

<b>DSL Signature</b>		<b>Date / Time</b>	
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<b>Designated Lead Report</b>	
<b>Full Name</b>	
<b>Role</b>	
<b>Outcome</b>	
<b>Is a review of the situation required</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date of review (if required)</b>	

<b>Signature</b>		<b>Date / Time</b>	
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Data Protection Law (Jersey) 2018 - The information recorded on this safeguarding reporting form is required by Jersey Sport Limited for the purpose of compliance with the section's safeguarding procedures. Information supplied may be disclosed to the Multi-Agency Safeguarding Hub, Single Point of Referral and other safeguarding professionals. Reports will be securely disposed of after 10 years for adults, 25 years for children or upon settlement of legal action.

ALL INFORMATION CONTAINED WITHIN THIS DOCUMENT IS STRICTLY CONFIDENTIAL. IT SHOULD NOT BE USED FOR ANY PURPOSE OTHER THAN THE SAFEGUARDING OF CARE OF THE INDIVIDUAL(S) CONCERNED

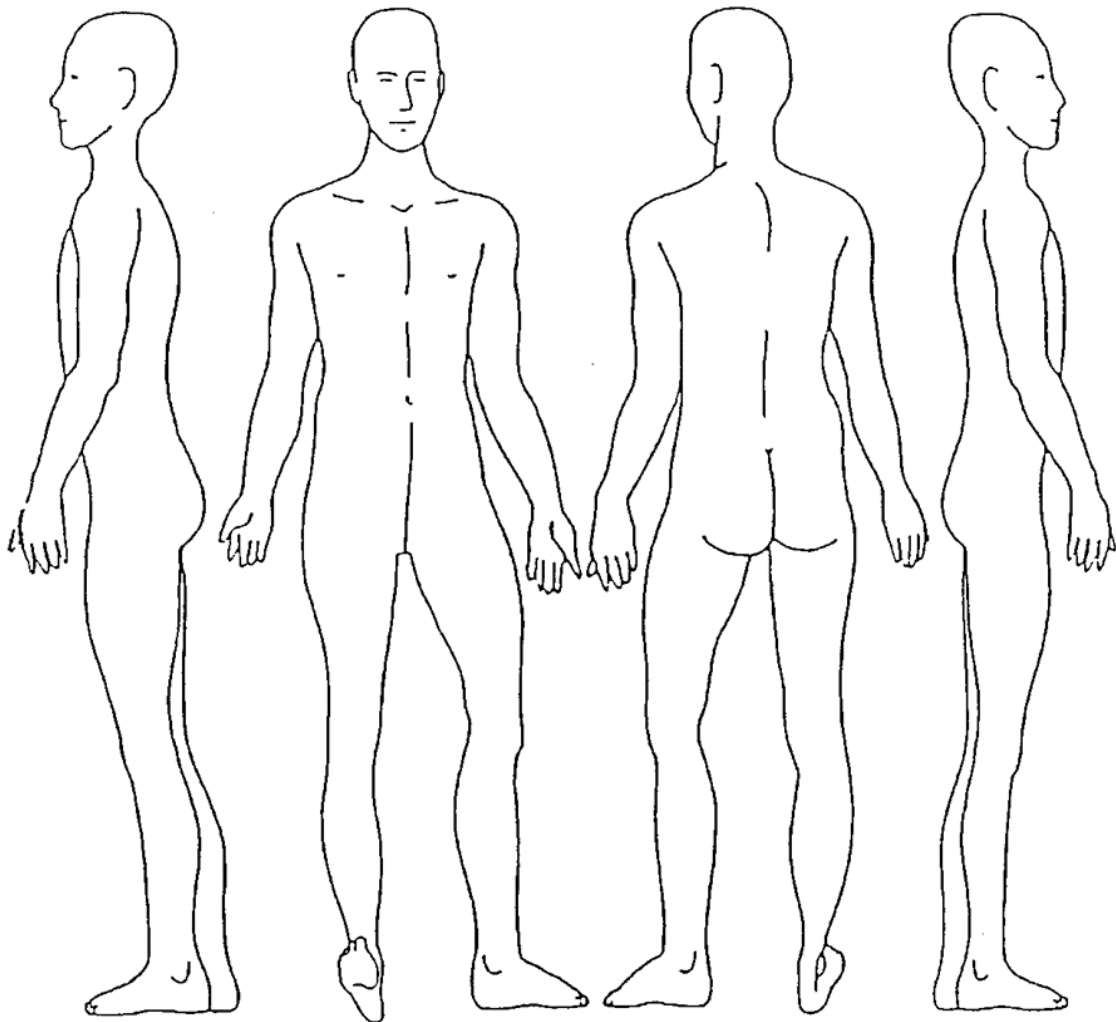
# Safeguarding Body Map

Where appropriate use this form to provide further information to support a safeguarding concern.

<b>Date when the injury happened (if known)</b>	
<b>Date injury below was first observed (if this is different) to the original date</b>	

Record the area/site of any injury, marks, bruising, etc. Please also indicate the rough size in centimetres or use a comparison, for example, the same size as a 10p coin. Record details such as the colour of bruising, etc.

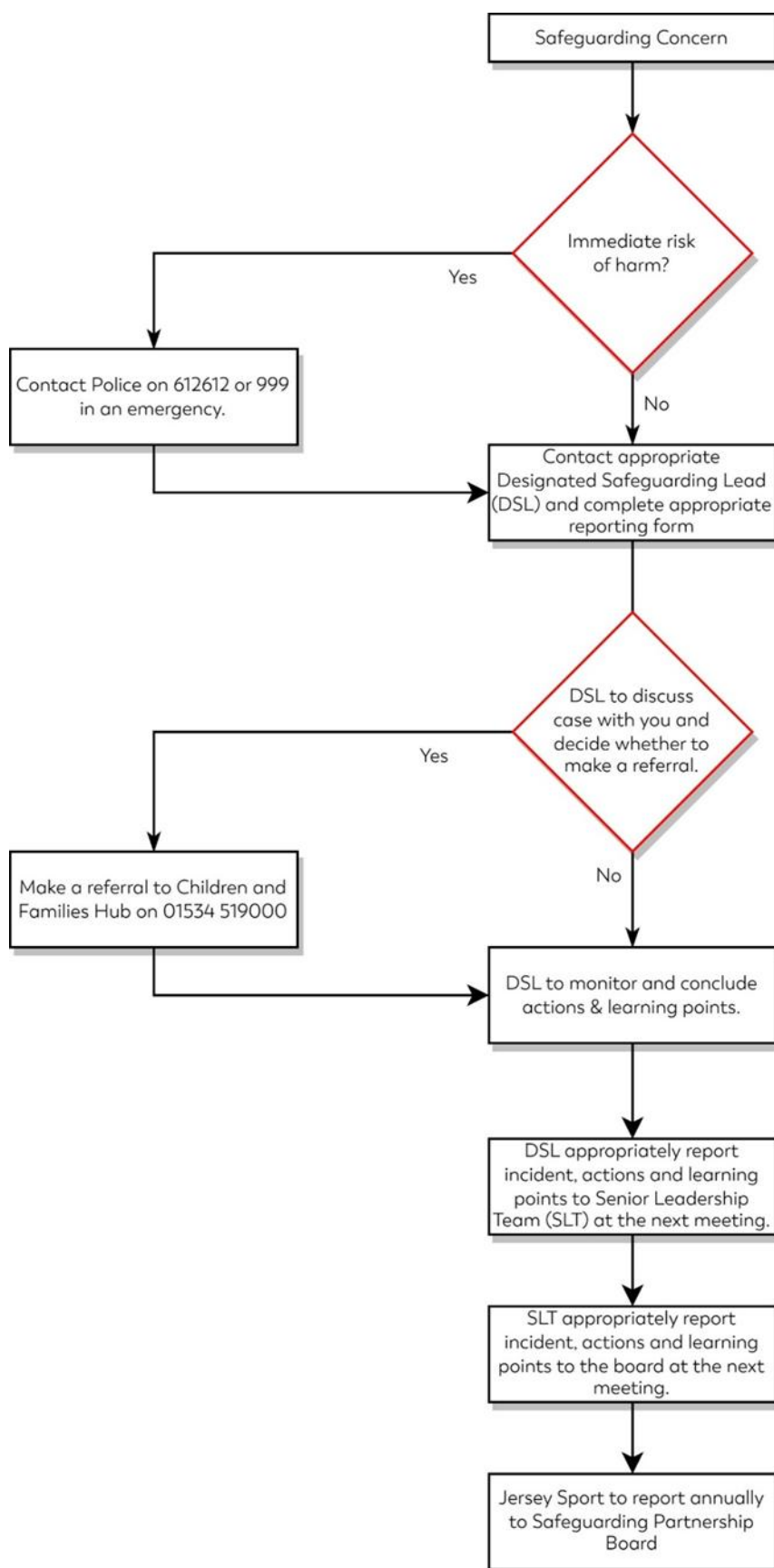
- A – pressure trauma      B – skin excoriation/grazing/reddening      C – burns  
D – bruising      E – wounds



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# Reporting Concerns Flowchart



# **Safeguarding Retention Policy**



## **Section 1 Statement of Intent**

This policy outlines how safeguarding records are retained, stored, and disposed of in accordance with legal, regulatory, and best practice requirements. It ensures the confidentiality, security, and appropriate handling of sensitive information relating to children, young people and adults at risk.

This policy applies to:

- All safeguarding records, including child protection files, referrals, meeting minutes, supervision notes, and allegations against staff.
- All staff, volunteers, and contractors involved in handling safeguarding records.
- Both digital and paper-based records.

## **Section 2 Retention Schedules**

<b>Type of Safeguarding Record</b>	<b>Minimum Retention Period</b>
Child protection records	Until the individual's 25th birthday
Records of allegations against staff (founded or unfounded)	10 years after the allegation or until normal retirement age (whichever is longer)
Adult safeguarding records	6 years after last contact or case closure
Safeguarding training records	6 years
Safeguarding supervision records	6 years
DBS check records (date and reference only – no certificate copies)	6 years after employment ends

Note: These retention schedules have been informed by CYPES and Jersey Archives. In serious cases (e.g., where harm has occurred), retention beyond the standard period may be justified.

## **Section 3 Storage & Disposal**

### **Storage**

- Paper records must be stored in a locked filing cabinet in a secure, access-controlled room.
- Digital records must be stored on encrypted, password-protected systems with limited access.
- Only designated safeguarding personnel and senior managers may access full safeguarding records.
- Access logs and permissions must be reviewed regularly.

### **Disposal**

- Paper records must be shredded using a cross-cut shredder or disposed of via a secure document destruction service.
- Digital records must be deleted in accordance with IT security protocols, including permanent removal from all backup systems.
- A log of all disposed safeguarding records should be maintained, including date, method, and authorizing person.

## Section 4 Responsibilities

### Designated Safeguarding Lead (DSL) / Deputies

- Maintain a register of safeguarding records and their retention dates
- Ensure secure storage and appropriate access
- Authorize retention beyond standard periods if required

### Data Protection Lead (DPL)

- Ensure compliance with data protection legislation
- Provide guidance on retention periods and lawful processing

### All Staff / Volunteers

- Understand the importance of confidentiality and secure handling of safeguarding records
- Report any concerns about data breaches or improper record handling immediately

## Section 5 Breaches and Non-Compliance

Any unauthorised access, disclosure, or loss of safeguarding records must be reported as a data breach and investigated under the organisation's Data Protection Policy. Disciplinary action may be taken in cases of negligence or misconduct.

<b>Issued By</b>	Jersey Sport
<b>Author</b>	Business Support Manager
<b>Date</b>	June 2025

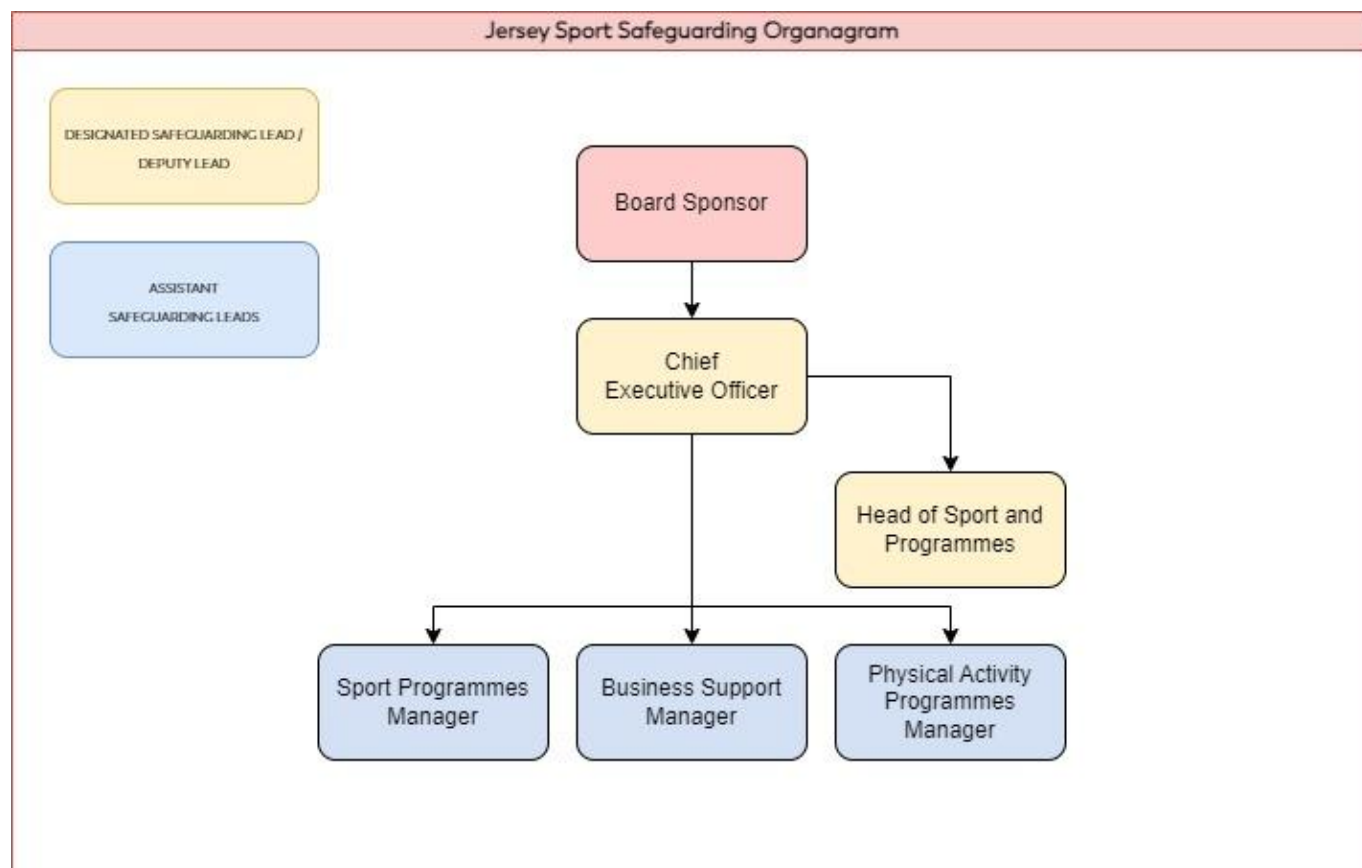
### Change History

Version	Date Issued	Issued By	Reason for Change

### Approval

Presented to	Approved By	Date
CEO	CEO	June 2024

# Safeguarding Organogram







# Managing Allegations Framework



To ensure that our process remains current we do not have our own Managing Allegations Framework. We use the framework from the Safeguarding Partnership Board.

Please see the links below.

Children	Adults
 <b>Safeguarding Partnership Board Children</b>  <b>MANAGING ALLEGATIONS FRAMEWORK</b> Multi-agency arrangements for managing allegations against people who work with children or those who are in a position of trust	 <b>Safeguarding Partnership Board Adults</b>  <b>Multi-agency Framework for Managing Allegations in respect of People working with Adults in a Position of Trust</b>
<a href="#">Microsoft Word - JDO 2022 Final Operational</a>	<a href="#">Multi-agency-framework-for-managing-allegation-in-respect-of-people-working-with-adults-in-a-position-of-trust-FINAL-OPERATIONAL-JULY-2023.docx</a>

[You searched for Managing Allegations framework | Jersey Safeguarding Partnership Board](#)

# **Role Description**

## **Board Safeguarding Lead**



### **Role Purpose**

- To ensure the Board acts in accordance with legislation, statutory guidance and the organisation's safeguarding policies and procedures and any associated guidance including the Safeguarding Partnership Board's Multi-Agency procedures.
- To be an active Board member championing the safeguarding of children, young people and adults at risk in all activities.
- To recognise and champion that all children, young people and adults at risk are entitled to the same protection regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity.

### **Key skills & experience required (essential)**

- To recognise and champion that all children, young people and adults at risk are entitled to the same protection regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity. A child-centered and rights-based belief system and behaviours
- A Making Safeguarding Personal (MSP) approach
- Experience of demonstrable and effective governance – and overseeing a strategic approach
- Experience of safeguarding or child protection
- Experience of working in adult safeguarding
- Awareness and understanding of the organisation's safeguarding policy and procedures
- Ability to listen effectively
- Ability to ask probing questions (check and challenge)
- Communication skills
- Presentation skills
- Experience of problem-solving
- Basic IT skills, including Word and email

### **Key skills & experience required (desirable)**

- Experience of organisational assessments, audits, or inspections
- Experience of being a member of committees or boards

### **Key Responsibilities**

- To ensure the organisation always acts in keeping with legislation, statutory guidance and the organisation's safeguarding policies and procedures
- To ensure the organisation's safeguarding responsibilities and accountabilities are embedded in the Strategy, Business Plan, Budget, Risk Register and Operational Plan
- To ensure the organisation enables and provides relevant safeguarding training for the Board, staff, and volunteers
- To ensure all staff role profiles have safeguarding responsibilities embedded in them
- To ensure the Board receives and scrutinises information on progress against key areas of work, including the independent assessment reports, risks, and challenges
- To ensure all volunteers are aware of and comply with code of conduct
- To check and challenge to ensure that the interests of children, young people and adults at risk are paramount in all activities
- To use the whistle-blowing policy if any concerns are not fully addressed by the organisation or the board

# **Role Description**

## **Designated Safeguarding Lead**



### **Role Purpose**

- Raise the profile of safeguarding and lead the development of safeguarding policy and procedures
- Role model child-centred practice in accordance with the rights of the child
- Act as a source of support, advice and expertise within the charity when deciding whether to make a referral by liaising with relevant agencies
- Ensure all staff have induction training covering child safeguarding (as appropriate) and are able to recognise and report any concerns immediately as they arise
- Ensure each member of staff has access to and understands the establishment's child protection policy especially new or part time staff
- Ensure parents have access to the child protection policy and safeguarding adults at risk policy
- Ensure that detailed accurate written records of all cases, referrals and concerns are made and kept securely. Undertake audits, where necessary
- Ensure that when a child leaves the charity, their safeguarding file is stored securely, and information shared/deleted according to data protection law guiding principles
- Ensure the charity's child protection policy is updated and reviewed annually and work with the Board sponsor regarding this task
- Have a working knowledge of how the SPB operates, the conduct of a child protection conference planning meeting and be able to attend and contribute to these effectively when required to do so
- Understand how multi-agency working keeps children safe and be clear about own and other colleagues' roles and responsibilities and professional boundaries
- Have access to resources and maintain professional CPD in accordance with the SPB's Multi-Agency training frameworks and any organisation-specific requirements
- Liaise with the CEO to inform him or her of any issues and ongoing investigations and ensure there is always cover for this role
- Recognise signs of abuse and respond appropriately to suspected abuse
- Know what to do in the case of an allegation against a member of staff being made or a low-level concern about a member of staff being raised
- Manage conflict and disagreement between practitioners within and across services/agencies in accordance with the SPB's Professional Differences and Escalation Policy

# **Role Description Deputy Designated Safeguarding Lead**



## **Role Purpose**

- Raise the profile of safeguarding and support the development of safeguarding policy and procedures
- Role model child-centred practice in accordance with the rights of the child
- Act as a source of support, advice and expertise within the charity when deciding whether to make a referral by liaising with relevant agencies
- Help to ensure all staff have induction training covering child safeguarding (as appropriate) and are able to recognise and report any concerns immediately as they arise
- In the absence of the Lead ensure each member of staff has access to and understands the establishment's child protection policy especially new staff and volunteers
- In conjunction with the Lead ensure parents have access to the child protection policy and safeguarding adults at risk policy
- Ensure that detailed accurate written records of all cases, referrals and concerns are made and kept securely. Support in the undertaking of audits, where necessary
- Ensure that when a child leaves the charity, their safeguarding file is stored securely, and information shared/deleted according to data protection law guiding principles
- Support the Lead in ensuring the child protection policy is updated and reviewed annually and work with the Board sponsor regarding this task
- Have a working knowledge of how the SPB, operates, the conduct of a child protection conference planning meeting and be able to attend and contribute to these effectively when required to do so
- Understand how multi-agency working keeps children safe and be clear about own and other colleagues' roles and responsibilities and professional boundaries
- Have access to resources and maintain professional CPD in accordance with the SPB's Multi-Agency training frameworks and any organisation-specific requirements
- Liaise with the CEO in the absence of the Lead to inform him or her of any issues and ongoing investigations
- Recognise signs of abuse and respond appropriately to suspected abuse
- Know what to do in the case of an allegation against a member of staff being made or a low-level concern about a member of staff being raised
- Manage conflict and disagreement between practitioners within and across services/agencies in accordance with the SPB's Professional Differences and Escalation Policy in the absence of the Lead

# Supervision Policy



## **Section 1 Statement of Intent**

Jersey Sport is committed to maintaining high standards in safeguarding practice. Effective supervision supports staff well-being, enhances decision-making in safeguarding cases, and ensures accountability in managing concerns about children, young people and adults at risk.

The purpose of this policy is to ensure that all staff working with children, young people and adults at risk receive regular safeguarding supervision. Safeguarding supervision is a structured, reflective process that supports staff in their safeguarding responsibilities, promotes safe practice, and helps identify and manage risks appropriately.

This policy applies to:

- All staff with safeguarding responsibilities
- All Designated Safeguarding Leads (DSLs) and deputies
- Volunteers who work directly with children, young people and adults at risk

## **Section 2 Objectives of Safeguarding Supervision**

- Promote reflective practice in safeguarding decisions
- Support staff in managing complex or challenging safeguarding cases
- Identify gaps in knowledge and training needs
- Ensure consistency and quality in safeguarding responses
- Provide emotional support for staff exposed to distressing cases
- Monitor compliance with policies and procedures

## **Section 3 Frequency & Format of Supervision**

Supervision may be provided individually or in group sessions depending on the role, nature of cases, and staff preference. Each session should:

- Be planned in advance and recorded
- Take place in a confidential setting
- Follow a structured agenda, which may include:
  - Review of ongoing safeguarding concerns or cases
  - Emotional well-being and workload
  - Policy or practice updates
  - Reflection on decisions and actions taken
  - Identification of training needs

A supervision record should be completed (Appendix P) and signed by both the supervisor and supervisee, stored securely alongside each individual's monthly engagement document, and accessible only to relevant parties.

## **Section 4 Responsibilities**

### **Supervisors (e.g., DSLs, Managers)**

- Ensure regular safeguarding supervision is scheduled and delivered
- Maintain confidentiality and accurate supervision records
- Identify and report unresolved safeguarding concerns
- Encourage reflective practice and staff well-being

**Supervisees (e.g., Staff and Volunteers)**

- Attend scheduled supervision sessions
- Prepare to discuss cases and concerns openly
- Follow up on agreed actions or training recommendations

**Section 5 Confidentiality**

Supervision sessions will remain confidential except where:

- There is a risk to a child, vulnerable adult, or staff member
- A safeguarding issue needs to be escalated
- There is a legal requirement to disclose information

**Section 6 Training for Supervisors**

Staff providing supervision must be trained in:

- Effective supervision skills
- Safeguarding legislation and best practices
- Supporting reflective practice
- Managing emotional impact and secondary trauma

**Section 7 Monitoring and Review**

The effectiveness of safeguarding supervision will be monitored through:

- Audits of supervision records
- Staff feedback and evaluation
- Annual policy review or in response to major incidents or regulatory changes

<b>Issued By</b>	Jersey Sport
<b>Author</b>	Business Support Manager
<b>Date</b>	May 2022

**Change History**

<b>Version</b>	<b>Date Issued</b>	<b>Issued By</b>	<b>Reason for Change</b>
Version 2	June 2025	Business Support Manager	Updated Policy through complete policy review

**Approval**

<b>Presented to</b>	<b>Approved By</b>	<b>Date</b>
CEO	CEO	June 2025

# Supervision Form



## **Jersey Sport Safeguarding Supervision Record (To Be Stored with Staff Engagement Document)**

<b>Name of Supervisor:</b>	
<b>Name of Practitioner:</b>	
<b>What was the Issue?</b>	
<b>What action was taken?</b>	
<b>What have you learned from this event?</b>	
<b>What, if anything, would you do differently next time around?</b>	
<b>Has this event flagged any training requirements that you feel you need?</b>	
<b>Do you have any other thoughts?</b>	
<b>Signed and dated by supervisor:</b>	
<b>Signed and dated by practitioner:</b>	
<b>Date of next meeting:</b>	



# **Social media & online safety Policy**



## **Section 1 Statement of Intent**

This policy provides guidance on how Jersey Sport uses the internet and social media, and the procedures for doing so. It also outlines how we expect the staff who work or volunteer for us, and the children, young people and adults at risk who are accessing our charity, to behave online.

We believe that children and adults at risk should never experience abuse of any kind. As an organisation, we commit to implementing this policy and addressing any concerns quickly and within these guidelines.

### **Aims:**

The purpose of this policy statement is to:

- Ensure the safety and wellbeing of children and adults at risk is paramount when adults, young people or children are using the internet, social media or mobile devices.
- Provide staff and volunteers with the overarching principles that guide our approach to online safety.
- Ensure that, as a charity, we operate in line with our values and within the law in terms of how we use online devices.

The policy statement applies to all staff, volunteers, children, adults at risk and anyone involved in Jersey Sport activities.

## **Section 2 Objectives of online safety**

We recognise that:

- The online world provides everyone with many opportunities; however, it can also present risks and challenges.
- We have a duty to ensure that all children and adults at risk involved in our charity are protected from potential harm online.
- All children and adults at risk, regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation, have the right to equal protection from all types of harm or abuse.
- Working in partnership with children, adults at risk, their families and other agencies is essential in promoting welfare and in helping children and adults at risk to be responsible in their approach to online safety.

We will seek to keep children, young people and adults at risk safe by:

- Providing clear and specific directions to staff and volunteers on how to behave online through our codes of conduct.
- Supporting and encouraging the people using our service to use the internet, social media and mobile phones in a way that keeps them safe and shows respect for others.
- Supporting and encouraging families to do what they can to keep their children, young people and adults at risk safe online.
- Developing clear and robust procedures to enable us to respond appropriately to any incidents of inappropriate online behaviour, whether by an adult or a child/young person.

- Reviewing and updating the security of our information systems regularly.
- Ensuring that usernames, logins, email accounts and passwords are used effectively.
- Ensuring personal information about the children, young people and adults at risk who are involved in our organisation is held securely and shared only as appropriate.
- Ensuring that images of children, young people, adults at risk and families are used only after their written permission has been obtained, and only for the purpose for which consent has been given
- Examining and risk assessing any social media platforms and new technologies before they are used within the organisation.

If online abuse occurs, we will respond to it by:

- Having clear and robust safeguarding procedures in place for responding to abuse (including online abuse).
- Providing support and training for all staff and volunteers on dealing with all forms of abuse, including bullying/cyberbullying, emotional abuse, sexting, sexual abuse and sexual exploitation.
- Making sure our response takes the needs of the person experiencing abuse, any bystanders and our charity into account.
- Reviewing the plan developed to address online abuse at regular intervals, in order to ensure that any problems have been resolved in the long term.

### **Section 3 Expectations of Staff & Volunteers**

- Staff and volunteers should be aware of this policy and behave in accordance with it.
- Staff and volunteers should seek the advice of the Designated Safeguarding Lead if they have any concerns about the use of the internet or social media.
- Staff should not communicate with children, young people, adults at risk via personal accounts.
- Staff should not 'friend' or 'follow' children, young people or adults at risk from personal accounts on social media and maintain the same professional boundaries online as they would in person when using organisation accounts.
- Staff should make sure any content posted on public personal accounts is accurate and appropriate, as children, young people and adults at risk may 'follow' them on social media.
- Any concerns reported through social media should be dealt with in the same way as a face-to-face disclosure, according to our reporting procedures.

<b>Issued By</b>	Jersey Sport
<b>Author</b>	Children & Schools Manager
<b>Date</b>	May 2022

### **Change History**

<b>Version</b>	<b>Date Issued</b>	<b>Issued By</b>	<b>Reason for Change</b>
Version 2	June 205		No change – reformat through review

### **Approval**

<b>Presented to</b>	<b>Approved By</b>	<b>Date</b>
CEO	CEO	June 20222

# Wellbeing Policy



## **Section 1 Statement of Intent**

Jersey Sport recognises that working with children, families and adults at risk is both very rewarding and physically and emotionally exhausting. Staff and volunteers who are supported in their wellbeing are more able to work collaboratively, communicate effectively and share information appropriately with each other & partner agencies, leading to safer outcomes for the people they serve. Jersey Sport has a key role to play in creating a workplace climate that supports the wellbeing of staff and volunteers. Jersey Sport is committed to fostering a culture of co-operation, trust and mutual respect, where all individuals are treated with fairness and dignity, and can work at their optimum level.

Wellbeing at its simplest level is about personal happiness in the workplace - feeling good and living safely and healthily. In this respect wellbeing is a hugely significant aspect of people's work and careers.

It is also important to remember that organisations have certain legal responsibilities to their workers in accordance with the Health and Safety at Work (Jersey) Law 1989. Health and safety at work (gov.je)

## **Section 2 Promotion of Wellbeing in the workplace**

### **Promoting Health and Safety**

- Complying with the Health and Safety at Work (Jersey) Law 1989
- Assessing risks within the workplace regularly
- Maintaining a safe working environment
- Providing appropriate training and awareness of health and safety, accident prevention and emergency procedures

### **Reducing Stress in the Workplace**

- Promoting a culture of open communication
- Ensuring staff have the right training to perform their work
- Ensuring staff are free from any form of harassment or inappropriate behaviour
- Monitoring staff workloads
- Increasing awareness of the causes and effects of stress

### **Adequate Training and Development Programmes**

### **Good Pay and Remuneration, Working Hours, and Conditions of Employment**

### **Creating a Positive Work Culture**

### **Offering Safeguarding Supervision**

#### **Issued By**

Jersey Sport

#### **Author**

CEO

<b>Date</b>	May 2022
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**Change History**

<b>Version</b>	<b>Date Issued</b>	<b>Issued By</b>	<b>Reason for Change</b>
			Currently Under Review

**Approval**

<b>Presented to</b>	<b>Approved By</b>	<b>Date</b>
CEO	CEO	June 2022

# Whistleblowing Policy



## Section 1 Introduction

Whistleblowing is an important aspect of safeguarding where staff and volunteers are encouraged to share genuine concerns about an individual or organisation's behaviour. The behaviour may not be abuse but they may not be following codes of conduct or could be pushing the boundaries beyond normal limits

Whistleblowing is very different from a complaint or a grievance. The term whistleblowing generally applies when you are acting as a witness to misconduct that you have seen and that threatens other people including children, young people and/or adults at risk. The concern may relate to something that is happening now, has happened in the past or that you think could happen in the future.

All staff or volunteers should feel confident about coming forward and reporting any issues/concerns that they may have regarding the areas below, whilst remaining protected from any subsequent discrimination. Whistleblowers will not be penalised for any disclosure of information - certain categories of whistleblowers are protected by the law.

## Section 2 Aims

- Ensure staff / volunteers understand their responsibilities and feel confident in raising and reporting a serious concern at the earliest opportunity
- Provide avenues for staff to raise their concerns and receive feedback on any action taken
- Ensure that staff receive a response to their concerns and that they are aware of how to pursue them if they are not satisfied
- Reassure staff that they will be protected from possible reprisals or victimisation if they have made any disclosures in good faith

Any concerns can be reported without this leading to any harassment or victimisation, and every effort will be made to keep both the concern and the whistleblower's identity confidential.

## Section 3 What should be reported

### What should be reported?

- Any breach in the behaviour of management, staff, or volunteers
- Discrimination of any kind
- Concerns that could impact on the health and safety of any member of staff, volunteer, child, young person, or adult at risk
- The inappropriate treatment or care of a child, young person, or adult at risk
- Inappropriate use of Jersey Sport's assets
- Decision making for personal gain
- Abuse of position
- Deceit
- Tampering with documents

## Section 4 Methods of reporting

- A concern can initially be raised by any individual to any Safeguarding Lead. Where the concern is about the CEO, then the complaint should be raised with the Board Safeguarding Sponsor.

- Discuss the nature of the concern together with the background, history of the concerns and provide relevant dates of incidents
- There is no expectation that whistleblowers prove beyond doubt the truth of their suspicion, however they will need to demonstrate that they are acting in good faith and there are reasonable grounds for their concern
- All individuals will be treated fairly

#### **Section 4 Dealing with Concerns**

- Initial enquiries will be made to decide whether an investigation is appropriate and if so, what form it should take
- The incident will be investigated by the Designated Safeguarding Lead, any of the Deputies or the Board Safeguarding Lead
- If appropriate it will be referred to and put through established Safeguarding procedures and may form the subject of an independent inquiry
- Within ten working days of the concern being raised, the whistle-blower will receive an acknowledgement in writing that the concern has been received, and an indication as to how Jersey Sport will proceed to deal with the matter
- Supply the whistle-blower with information on support mechanisms
- Inform the individual concerned as to whether any further investigation will take place and if not, why not.

It may be necessary to interview the whistleblower to ensure that their disclosure is fully understood. Any meeting can be arranged away from the workplace, if so wished, and a representative or a friend may accompany the whistle-blower/ individual for support. If there are any difficulties experienced as a result of raising a concern, support will be offered.

The whistleblower will be kept informed of the progress and outcome of any investigation to assure that any disclosure has been properly addressed unless legal reasons determine otherwise.

Confidentiality will be maintained, and every effort will be made not to reveal the whistleblower's identity if they so wish. However, if an individual makes an allegation frivolously, maliciously or for personal gain, appropriate action that could include disciplinary action may be taken.

Additional assistance/ external processes External support is available via Public Concern at Work on 020 7404 6609 or [whistle@pcaw.co.uk](mailto:whistle@pcaw.co.uk)

<b>Issued By</b>	Jersey Sport
<b>Author</b>	CEO
<b>Date</b>	May 2022

#### **Change History**

<b>Version</b>	<b>Date Issued</b>	<b>Issued By</b>	<b>Reason for Change</b>
			Currently Under Review

#### **Approval**

<b>Presented to</b>	<b>Approved By</b>	<b>Date</b>
CEO	CEO	June 2022

# Useful Contacts



**CHILDREN AND FAMILIES HUB:** The Hub provides a single contact point for members of the public, families or professionals to discuss any safeguarding concerns that they may have about children. Telephone 519000 or 612612 out of office hours or 999 in an emergency.

**SPOR: Single Point of Referral** that provides a single contact point for members of the public, families or professionals to discuss any safeguarding concerns that they may have about adults at risk. Telephone 444440 or 612612 out of office hours or 999 in an emergency.

<b>Name</b>	<b>Contact Number</b>	<b>Email / Website</b>
Designated Safeguarding Lead	01534 757714	<a href="mailto:David.kennedy@jerseysport.je">David.kennedy@jerseysport.je</a>
Deputy Designated Safeguarding Lead	01534 757701	<a href="mailto:Elliot.Powell@jerseysport.je">Elliot.Powell@jerseysport.je</a>
Deputy Safeguarding Lead	01534 757702	<a href="mailto:Faye.Scott@jerseysport.je">Faye.Scott@jerseysport.je</a>
Deputy Safeguarding Lead	01534 757707	<a href="mailto:Libby.Barnett@jerseysport.je">Libby.Barnett@jerseysport.je</a>
Deputy Safeguarding Lead	01534 757716	<a href="mailto:Stephanie.Douglas@jerseysport.je">Stephanie.Douglas@jerseysport.je</a>
Board Safeguarding Lead		Currently in recruitment
Police Emergency	999	
Non-Emergency	01534 612612	
Children and Families Hub	01534 519000	<a href="mailto:childrenandfamilieshub@gov.je">childrenandfamilieshub@gov.je</a>
Single Point of Referral Team	01534 444440	<a href="mailto:SPOR@health.gov.je">SPOR@health.gov.je</a>
Jersey Designated Officer	01534 443566	<a href="mailto:jdo@health.gov.je">jdo@health.gov.je</a>
Adult Workforce Designated Officer	01534 444440	<a href="mailto:SPOR@health.gov.je">SPOR@health.gov.je</a>
NSPCC Helpline:	0808 800 5000	<a href="http://www.nspcc.org.uk">www.nspcc.org.uk</a>



<b>Issued By</b>	Jersey Sport
<b>Index Code</b>	JS001
<b>Author</b>	Senior Leadership Team
<b>Date</b>	10 May 2023

#### Change History

<b>Version</b>	<b>Date Issued</b>	<b>Issued By</b>	<b>Reason for Change</b>
V1	10 May 2023	Faye Scott / Elliot Powell	Complete review
V2	14 May 2024	Elliot Powell	Update staffing changes
V3	3 June 2025	Faye Scott	Update template and review

#### Approval

<b>Presented to</b>	<b>Approved By</b>	<b>Date</b>
Jersey Sport Board	Jersey Sport Board	22 June 2023