



# Jersey Cricket Board

## Safeguarding Policy

Updated February 2019

For review February 2022

The Jersey Cricket Board ('JCB') will ensure the safety and protection of all vulnerable people (adults at risk and children) in our care through the safeguarding policy. Vulnerable people have a right to be safe and adults have a responsibility to protect them.

All staff and volunteers ('staff') need to be clear on the recording and reporting of safeguarding concerns, how these concerns will be taken forward within a clear sharing information network 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 in to contact with vulnerable people have a part to play in helping to keep them safe and to promote their welfare.

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# Introduction to the Safeguarding Policy

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The Jersey Cricket Board (JCB) will ensure the safety and protection of all vulnerable people in its care through the Safeguarding Policy.

**Vulnerable people include adults at risk and children. A child is anyone under the age of 18. An adult at risk is any adult aged 18 or over, who is in receipt of or may be eligible for community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.**

Vulnerable people have a right to be safe and adults have a responsibility to protect them. Working Together to Safeguard Children 2015 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 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.

**The Sexual Offences (Jersey) Law 2018 defines sports coach as a ‘Position of Trust.’ It is unlawful for anyone in a Position of Trust to engage in a sexual relationship with a person aged 16 or 17 that they are coaching.**

The JCB has a duty of care and is committed to safeguard all vulnerable people involved in its activities by providing:

- clear safeguarding procedures, accountability and appropriate training for all staff
- robust recruitment procedures to ensure there are no known reasons or information available that would prevent staff from working with vulnerable people
- 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
- awareness of good practice to ensure a safe and healthy environment for all service users
- ongoing support for staff through regular training
- a process for dealing with allegations of abuse against members of staff

All staff must have a clear understanding of their own role and responsibilities with regard to safeguarding vulnerable people but also the role of others in the organisation. All staff 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 who either work directly or come in to contact with vulnerable people have a part to play in helping to keep them safe and to promote their welfare.

# Recruitment and selection of staff

Procedures for the recruitment of staff are essential to protect vulnerable people. Staff will be made aware of the Safeguarding Policy in their induction.

## Training

In addition to safe recruitment, the safeguarding process includes training after recruitment to help staff:

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

The JCB recognises that society is made up of people from differing backgrounds therefore individuals will be treated solely 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 marital status.

## Promoting good practice

It is possible to reduce situations in which abuse can occur and help protect employees by promoting good practice. There is a need to be responsive to a vulnerable person's reactions. If a vulnerable person is dependent on a staff member, the staff member 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 vulnerable person to carry out particular activities. Staff should avoid taking on the responsibility for tasks for which they are not appropriately trained.

The following guidelines should be used to promote good practice:

- Work in an open environment - avoid private or unobserved situations. (e.g. no secrets)
- Treat everyone equally, and with respect and dignity
- Always put the welfare of the vulnerable person first
- Maintain a safe and appropriate distance from a vulnerable person (e.g. it is not appropriate to have an intimate relationship or to share a room with them)
- Build balanced relationships based on mutual trust which empowers vulnerable people to share in the decision making process
- Make activities fun, enjoyable and promote fair play
- Ensure that if any form of manual/physical support is required, it should be provided openly. Care is needed, as it is difficult to maintain hand positions when someone is constantly moving. A vulnerable person should always be consulted and their agreement gained
- Some parents are sensitive about manual support and their views should be considered
- Keep up to date with the appropriate technical skills and qualifications
- Involve parents/carers wherever possible
- Ensure that if children are supervised that they are not left alone with staff

- Be an excellent role model - this includes not smoking or drinking alcohol in the company of children
- Give enthusiastic and constructive feedback rather than negative criticism
- Recognise the developmental needs and capacity of vulnerable people
- Ensure that equipment and facilities are safe and appropriate to the age and ability of the vulnerable person
- Ensure that use of photographic and filming equipment is appropriate and relevant permission has been sought
- Ensure that high standards are maintained at all times

## Practice to be avoided

The following should be avoided except in emergencies. If cases arise where these situations are unavoidable they should only occur with the full knowledge and consent of the Chief Executive Officer or Welfare Officer or the child's parent or guardian, for example do not:

- spend excessive time alone with children away from others
- take children alone on car journeys, however short
- take children to your home

Staff should never:

- Engage in rough, physical or sexually provocative games, including horseplay
- Share a room with a child
- Allow or engage in any form of inappropriate touching
- Allow children to use inappropriate language unchallenged
- Make sexually suggestive comments to a child, even in fun
- Allow allegations made by a child to go unchallenged, unrecorded or not acted upon
- Do things of a personal nature for children that they can do for themselves
- Invite or allow children to stay at their home
- Constantly shout at and/or taunt a child to 'keep control'

If a staff member accidentally hurts a child, and the child seems distressed in any manner or appears to be sexually aroused, report any such incident as soon as possible to another colleague and make a written note of it. Parents or carers should be informed of the occurrence.

## Definitions of abuse (*Appendix A and B*)

Abuse is a form of maltreatment of a vulnerable person. Somebody may abuse a vulnerable person by inflicting harm, or by failing to act to prevent harm. Vulnerable people 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 another child/children.

## Identifying possible signs and indicators of abuse (*Appendix C*)

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 vulnerable person is being abused. It can also be difficult to identify abuse amongst certain high risk groups.

**It is not the responsibility of those working for the JCB to decide if abuse of a vulnerable person is occurring but it is their responsibility to act on concerns, and notify the appropriate person or organisation.**

**Remember:**

- Both physical and behavioural signs are important
- There may be reasons other than abuse which could explain a vulnerable person's symptoms
- Always consider the age, stage of development and your knowledge of that vulnerable person as an individual
- Attitudes of parents and carers are crucial; think about how they behave towards the vulnerable person
- Consider the whole context of a vulnerable person's life. Are they being bullied? What is happening at home? Domestic violence, alcohol or drug abuse, parental mental illness, bereavement or family crisis?
- 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 a vulnerable person is being abused and the decisions we take

## **Child Sexual Exploitation (CSE)**

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, iPods 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.

## Bullying

It is important to recognise that in some cases of abuse, it is not always an adult abusing a vulnerable 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 a number of signs that may indicate that a vulnerable person is being bullied:

- Behavioural changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful, emotional
- A drop off 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

a) Dealing with suspected bullying towards a vulnerable person

All signs of bullying should be treated seriously. If circumstances lead an employee to suspect that a vulnerable person is being bullied, the following action should be taken:

- Investigate the circumstances and take action to ensure the victim is safe. Speak with the victim and the alleged bully/ies separately
- 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 person in charge of the session

#### b) Dealing with suspected bullying from a child

If circumstances lead an employee to suspect that a child is bullying another child or person, the following action should be taken:

- Investigate the circumstances
- Talk with the alleged bully, explain the situation, and try to get the alleged bully to understand the consequences of his or her behaviour. Seek an apology to the victim
- Inform the alleged bully's parents
- Provide support for victims of bullying
- Impose appropriate sanctions if necessary
- Encourage and support the alleged bully to change behaviour
- Inform the designated person of action taken
- Keep a written record of action taken

## Responding to disclosure, suspicions and allegations of abuse

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

When abuse is suspected there are a number of ways in which suspicion may arise, such as:

- An allegation made by a child or adult
- A vulnerable person approaches an activity deliverer and makes a disclosure
- An employee observes a change in a vulnerable person's behaviour
- An employee notices physical damage to the vulnerable person

The person receiving information concerning disclosure should:

- React calmly so as not to frighten the vulnerable person
- Take what the vulnerable person says seriously, recognising the difficulties inherent in interpreting what is said by a vulnerable person who has a speech disability and/or difference in language
- Say little but give the vulnerable person 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 **Appendix D Safeguarding Reporting Form**
- Pass the information on to the relevant person, using the flowchart provided, see **Appendix E Reporting Concerns**

The JCB's Welfare Officer will store these Safeguarding Reporting Forms securely as a record and these will only be shared with the relevant investigating agencies such as the Multi-Agency Safeguarding Hub (MASH) and / or the police.

## Referral procedures

These procedures are also outlined in a flowchart in Appendix E Reporting Concerns.

Internal issues should be reported immediately to the Welfare Officer and reported in writing within 24 hours. Do not keep a copy of the reporting forms 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 Welfare Officer not being available contact the Chief Executive Officer.

If you are initially uncertain what to do, the Welfare Officer will offer advice and support and will discuss concerns with you. You may seek advice from MASH. 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 or young person in your care, it is your duty to report it.

Safeguarding matters will **not** be investigated by JCB staff.

## Suspected abuse or bullying by JCB staff

The following circumstances may lead members of staff or service users to suspect that a member of staff is abusing or bullying a vulnerable person:

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

Where allegations are made concerning a vulnerable person suffering harm in any of the JCB's activities, the designated person will report this to MASH.

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 is, or may be, abusing or bullying a child will raise concerns amongst other staff. This includes the inherent difficulties in reporting such matters.

The JCB assures all staff 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 vulnerable person may be being abused or bullied.

## **Welfare Officer (*Appendix F*)**

The JCB has appointed a Welfare Officer to deal with safeguarding issues. The Welfare Officer 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 their line manager.

The Welfare Officer 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

## **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 is not left unprotected. Decisions as to who needs to be informed should be taken after consultation with the Welfare Officer or MASH. 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 of the children in our care for promotional purposes. The JCB will not disclose the personal details or names of any child or adult 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.

# Appendix A: 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, buggery 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)
- Protection a child from physical harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

## **Appendix B: 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 a 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.

### **FINANCIAL ABUSE**

Financial involves the use of a person's property, assets, income, funds or any other resources without their informed consent or authorisation. It includes theft, fraud, exploitation or undue pressure in connection with making wills or financial transactions and the misuse of a Power of Attorney or Curatorship.

### **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.

# Appendix C: Signs and indicators of abuse

## Physical Abuse (child and adult)

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
<p>Unexplained</p> <ul style="list-style-type: none"> <li>▪ Bruises, welts, lacerations, abrasions</li> </ul> <p>Location</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> <li>▪ External genitalia</li> </ul> <p>Shape</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>Unexplained burns</p> <ul style="list-style-type: none"> <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>Unexplained fractures/dislocations</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>

## Neglect (child and adult)

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
<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>

## Sexual Abuse (child and adult)

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
<ul style="list-style-type: none"> <li>▪ Difficulty walking or sitting</li> <li>▪ Pain, swelling, itching in genital area</li> <li>▪ Bruises, bleeding, lacerations of the external genitalia, vaginal or anal areas</li> <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>▪ Genital warts</li> <li>▪ Allergic skin reaction (to semen)</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>	<p>Reactions similar to those following any other severe stress including:</p> <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>Reactions directly related to sexual abuse including:</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>

## Emotional Abuse (child and adult)

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
<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>

### Institutional Abuse (adult)

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
<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>

### Financial Abuse (adult)

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
<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> <li>▪ Disappearance of valuables</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>

### Discriminatory Abuse (adult)

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
<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>▪ Secretive</li> <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>

## Appendix D: Safeguarding report 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 evidence-based)
- non-discriminatory
- passed to the designated safeguarding lead for review

### Details of staff reporting concern

Name:	
Job title:	
Date:	

### Child/Young Person/Adult at Risk's details

Last name:		First names:	
DOB:		Gender:	
Name of parent/ guardian:			
Address:			
Telephone:			
School/Sports Club:			
GP:			
Any other professionals involved?			

### Details of concern

Date:		Time:	
Witness details:			
Description of the incident			

### On what evidence / information is your concern based?

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<b>Any other relevant information</b>

Signed ..... Date .....
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Discussed with Welfare Officer (Y/N)
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Form passed to Welfare Officer (Y/N)
Signed ..... Date .....
<i>(Welfare Officer)</i>

<b>Action</b>

Data Protection (Jersey) Law 2018 - The information recorded on this safeguarding reporting form is required by the JCB for the purpose of compliance with safeguarding procedures. Information supplied may be disclosed to the Multi-Agency Safeguarding Hub 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.

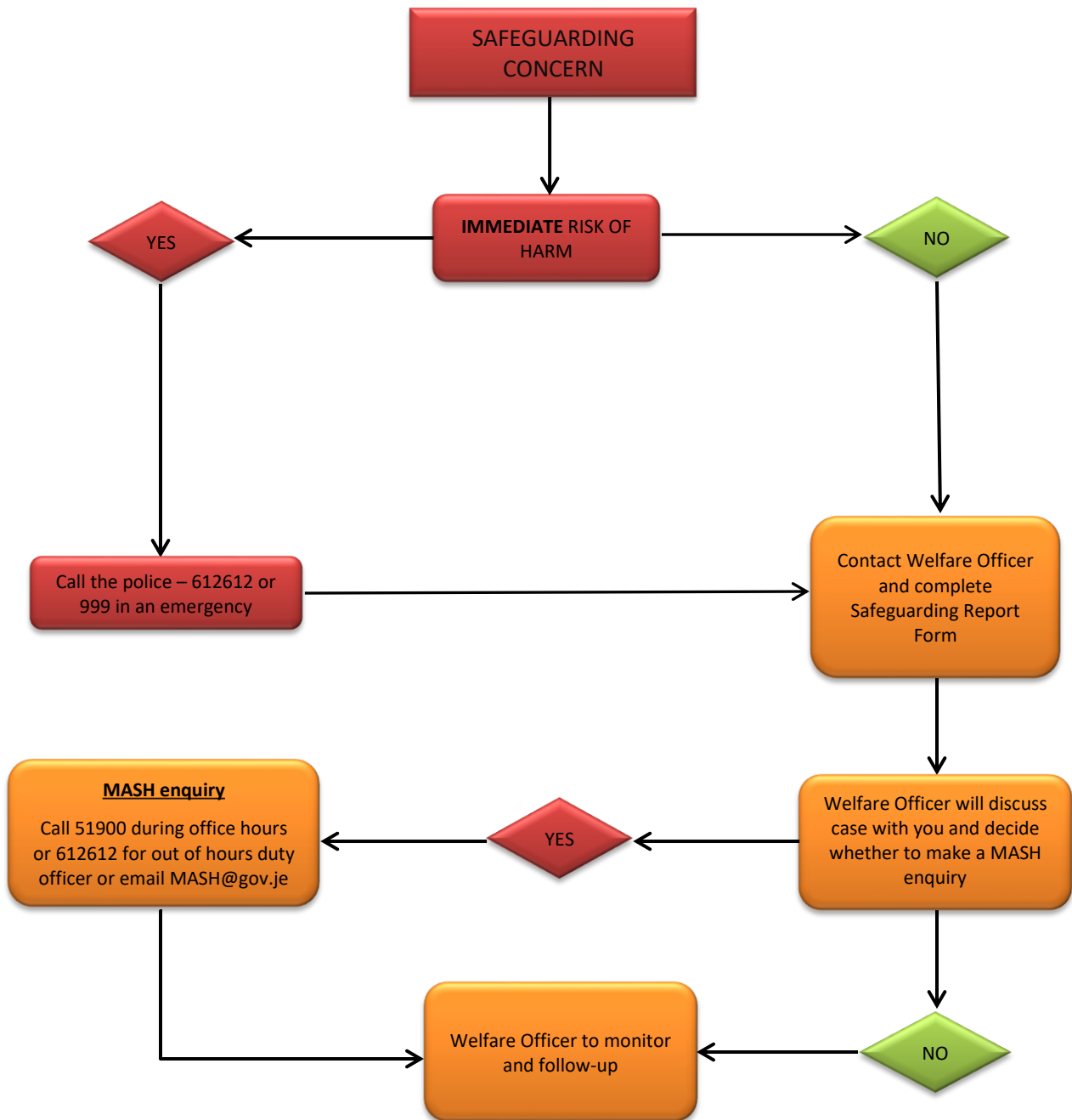
## Guidance notes for completing the Safeguarding Report Form

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**This form must be completed by the staff member reporting the concern who must ensure each section is completed in full or marked “n/a” where appropriate and that the writing is legible before signing off.**

1. **Name of staff reporting concern:** *Full name, including middle names and titles where applicable*
2. **Job title:** *Insert your job title, eg cricket coach, cricket development manager*
3. **Date:** *Insert the date of the report*
4. **Child/Young Person/Adult at Risk’s details:** *Insert full name, date of birth and gender, if known. Date of Birth is very important in cases where the person may be under 18.*
5. **Name of parent/guardian:** *Insert full name if known*
6. **Address:** *Insert parent/guardian’s address if known*
7. **Telephone:** *Insert parent’s phone number if known*
8. **School/Sports Club:** *Insert details if known*
9. **GP:** *Insert name of GP if known*
10. **Any other professionals involved:** *Full name, address & contact numbers of any professional agencies involved with the child or family if known, eg Social Workers, The Bridge, etc.*
11. **Date/Time:** *Insert the date and time of the incident or the date you became concerned*
12. **Details of any witnesses to the incident:** *Include the full names and contact details of any witnesses*
13. **Description of the incident: Details and location of the incident -** *should be a full and detailed description of what happened.*
14. **On what evidence/information is your concern based?:** *detail why you are concerned, include your own observations, assessment or information from others*
15. **Any other relevant information:** *include any other information which may be relevant or helpful*
16. **Signed / Date:** *sign and date the form*
17. **Discussed with Welfare Officer:** *indicate whether you have discussed the concern with the Welfare Officer*
18. **Form passed to Welfare Officer:** *the Welfare Officer will sign and date the form when received*
19. **Action:** *Welfare Officer to detail the action taken and include any follow-up information*

# Appendix E: Reporting concerns



MASH: Multi-Agency Safeguarding Hub that provides a single contact point for members of the public, families or professionals to discuss any safeguarding concerns that they may have. Telephone 519000 or 612612 out of office hours or 999 in an emergency.

## Appendix F: Responsibilities of Welfare Officer

The Welfare Officer is responsible for:

- Leading on the development and implementation of JCB Safeguarding Policies and Procedures
- Ensuring that all relevant staff receive local training on the Procedures
- Providing advice upon request to any individual / organisation, and recording the details of this advice on a Safeguarding Reporting Form
- Leading on the promotion of good safeguarding practice across the organisation.
- Ensuring that all Safeguarding **Reporting Forms are** stored securely and are only made available to others on a 'need to know' basis
- Arranging for a deputy safeguarding co-ordinator to take over the role when on leave / absent for a substantial period of time
- Keeping their Safeguarding knowledge up-to-date and as comprehensive as possible, through attendance at relevant local meetings and training
- Acting as the contact for all matters relating to safeguarding, including contact with:
  - Other members of staff
  - Other clubs
  - Other Partner Organisations
  - The general public
  - Children's Services / the Police
  - Jersey Safeguarding Partnership Board
- Disseminating relevant information to the staff members, including:
  - Training opportunities
  - Information gained from training attended by the Welfare Officer
  - Changes to legislation
  - New guidance from the CPSU
- Receiving and acting upon any reported Child Protection concerns. This includes:
  - Deciding when to refer to Children's Services / the Police
  - Deciding when it is appropriate to share information with other organisations
  - Seeking advice from Children's Services, the CPSU as appropriate before making either decision
- Ensuring that all of the above follows the procedures outlined in the Jersey Safeguarding Partnership Board's Child Protection Procedures

## Appendix G: Useful contacts

Welfare Officer: Nikki Holmes, [nikkstercricket@gmail.com](mailto:nikkstercricket@gmail.com) 07797 720754

Police

Emergency: 999

Non-emergency: 612612

The Multi Agency Safeguarding Hub

519000

[Enquiries-MASH@gov.je](mailto:Enquiries-MASH@gov.je)

The Child Protection in Sport Unit (CPSU)

0116 234 7278

[www.thecpsu.org.uk](http://www.thecpsu.org.uk)

NSPCC Helpline

0808 800 5000

[www.nspcc.org.uk](http://www.nspcc.org.uk)

ChildLine

0800 1111

[www.childline.org.uk](http://www.childline.org.uk)

Disclosure and Barring Service

01325 953795 (previously known as CRB)

[www.homeoffice.gov.uk/agencies-public-bodies/dbs/](http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/)