



## **SAFEGUARDING POLICY**

This policy applies to all Members of staff, coaches and volunteers working on behalf of Ninja School Leeds.

The purpose of this policy:

- Protect children and young people who receive training at Ninja School Leeds, and any children of adults who may train at Ninja School Leeds.
- Provide staff and volunteers with a framework to guide them in safeguarding children.
- Provide a reference to any parents who may have children who train or would consider training at Ninja School Leeds.

Ninja School Leeds believes that a child should never experience abuse of any kind, and thus we have a responsibility to promote the welfare of all children and young people. We are committed to training and practice in a way that protects them.

### **Legal Framework**

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely;

- [Keeping Children Safe in Education – Statutory guidance for schools and colleges, \(September 2016\)](#)
- [Working Together to Safeguard Children, March 2015 \(Statutory guidance\)](#) • [Statutory guidance on children who run away or go missing from home or care – January 2014](#)
- [What to do if you're worried a child is being abused – March 2015](#) • [Information sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers – March 2015](#)
- [Guidance for safer working practice for those working with children and young people in education settings \(Safer Recruitment Consortium October 2015\)](#) • [Leeds Safeguarding Children Board Procedures](#)
- Children Act 1989 (as amended 2004 Section 52)
- Education Act 2002 s175/s157
- [The Teachers Standards' 2012](#)
- [The Counter-Terrorism and Security Act 2015 \(section 26 The Prevent Duty\)](#)

- [Female Genital Mutilation Act 2003](#)
- [Serious Crime Act 2015](#)
- Children Missing Education – Statutory guidance for local authorities (DfE September 2016).

This policy should be read by all staff of Ninja School Leeds. All staff will also receive a safeguarding briefing from the designated safeguarding officer covering:

- Safe and responsible practice of martial arts training
- Dealing with concerns
- The role of the safeguarding officer
- Managing allegations against staff and volunteers
- Recording and information sharing
- Code of conduct for staff and volunteers
- Anti-Bullying
- Whistleblowing
- Health and safety
- Lone working policy and procedure
- Quality assurance

**We recognise that:**

- Martial arts are inherently dangerous, and so responsible supervision is paramount in creating a safe and supportive environment.
- Learners must respect each other and practice for mutual gain. Learners must have impressed upon them the importance of not exceeding your training partner's desired intensity, and quickly and sensibly tapping out when submitted.
- Live rolling and sparring between children must be supervised by 1 adult to 16 children for 9-15 years, 1 adult to 8 children for 6-8 years, and 1 adult to 4 children for 3-5 years. This adult must be present on the mats at all times during lessons and rolling/sparring.
- The welfare of the child is paramount, as enshrined in the Children Act 1989 · All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse.
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs, or other issues. · Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

**We will seek to keep children and young people safe by:**

- Valuing them, listening to and respecting them.
- Appointing a designated safeguarding officer (DSO) for children and young people.
- Adopting child protection and safeguarding practices through procedures and a code of conduct for staff and volunteers.
- Providing effective management for staff and volunteers through supervision,

support, training and quality assurance measures.

- Recruiting staff and volunteers safely, ensuring all necessary checks are made.
- Recording and storing information professionally and securely, and sharing information about safeguarding and good practice with children, their families, staff and volunteers.
- Using our safeguarding procedures to share concerns and relevant information with agencies who need to know and involving children, young people, parents, families and carers appropriately.
- Using our procedures to manage any allegations against staff and volunteers appropriately.
- Creating and maintaining an anti-bullying environment and ensuring we have a policy and procedure to help us deal with any bullying that does arise.
- Ensuring we have effective complaints and whistleblowing measures in place.
- Ensuring that we provide a safe physical environment for our children, young people, staff and volunteers by applying health and safety measures in accordance with the law and regulatory guidance.

**We seek to keep our staff safe from false allegations by:**

- Avoiding situations where a member of staff or volunteer is alone with a single child in a closed room in any situation, or in the building alone with a child.
- Avoid changing with any of the children and making sure children have dedicated changing rooms.

**All staff will:**

- Be familiar with Ninja School Leeds' child protection policy including issues of confidentiality.
- Remember that the child's welfare and best interests must be the paramount consideration at all times.
- Never promise to keep a secret or confidentiality where a child discloses abuse.
- Be alert to signs and indicators of possible abuse. (Ref: Appendix 1) for current definitions of abuse and examples of harm.)
- Record concerns on a "Cause for Concern" form (Ref: Appendix 4). Staff have blank copies of the "Cause for Concern" form, which, once completed, must be handed to the DSO.
- Deal with a disclosure of abuse from a child in line with the recommendations in (Ref: Appendix 2). These must be passed to one of the Designated Staff immediately, followed by a written account. Staff should not take it upon themselves to investigate concerns or make judgements.
- If staff are concerned about a change in the behaviour of an individual or see something that concerns them (this could be a colleague too) they should seek advice appropriately with the DSO (Liam Cann).

**Procedures in the event of an allegation against a member of staff other adult**

These procedures must be followed in any case in which it is alleged that a member

of staff or other adults:-

- a. behaved in a way that has harmed a child or may have harmed a child
- b. possibly committed a criminal offence against or related to a child
- c. behaved in a way that indicates s/he is unsuitable to work with children

Inappropriate behaviour by staff/other adults could take the following forms:

- Physical
  - includes, for example, intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.
- Emotional
  - includes, for example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes which discriminate on the grounds of race, gender, disability or sexuality.
- Sexual
  - includes, for example, sexualised behaviour towards students, sexual harassment, sexual assault and rape.
- Neglect may include failing to act to protect a child or children, failing to seek medical attention or failure to carry out appropriate/proper risk assessment etc.

A safeguarding complaint that meets the above criteria must be reported to the DSO (Liam Cann) immediately.

### **Contact Details**

Designated Safeguarding Officer (DSO):

Liam Cann

ninjaschoolnorth@gmail.com

07800772467

This policy was last reviewed on: 20/02/2024

Last safeguarding review and brief held on: 20/02/2024

Signed:

Liam Cann, DSO

## Appendix1: Definitions and indicators of abuse

Reference: Working Together to Safeguard Children (DfE 2015)

**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 abuse. 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 and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Examples which may indicate neglect (it is not designed to be used as a checklist):

Hunger

Tiredness or listlessness

Child dirty or unkempt

Poorly or inappropriately clad for the weather

Poor school attendance or often late for school

Poor concentration

Affection or attention seeking behaviour

Untreated illnesses/injuries

Pallid complexion

Stealing or scavenging compulsively

Failure to achieve developmental milestones, for example growth, weight

Failure to develop intellectually or socially

Neurotic behaviour

**Physical abuse:** Physical abuse may involve hitting, shaking, throwing, poisoning, burning or 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 of, or deliberately induces, illness in a child.

Examples which may indicate physical abuse (it is not designed to be used as a checklist):

Patterns of bruising; inconsistent account of how bruising or injuries occurred

Finger, hand or nail marks, black eyes

Bite marks

Round burn marks, burns and scalds

Lacerations, wealds

Fractures

Bald patches

Symptoms of drug or alcohol intoxication or poisoning

Unaccountable covering of limbs, even in hot weather

Fear of going home or parents being contacted

Fear of medical help

Fear of changing for PE  
Inexplicable fear of adults or over-compliance  
Violence or aggression towards others including bullying  
Isolation from peers

**Sexual abuse:** Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children

Examples which may indicate sexual abuse (it is not designed to be used as a checklist):

Sexually explicit play or behaviour or age-inappropriate knowledge  
Anal or vaginal discharge, soreness or scratching  
Reluctance to go home  
Inability to concentrate, tiredness  
Refusal to communicate.  
Thrush, Persistent complaints of stomach disorders or pains  
Eating disorders, for example anorexia nervosa and bulimia  
Attention seeking behaviour, self mutilation, substance abuse  
Aggressive behaviour including sexual harassment or molestation  
Unusually compliant  
Regressive behaviour, Enuresis, soiling  
Frequent or open masturbation, touching others inappropriately  
Depression, withdrawal, isolation from peer group  
Reluctance to undress for PE or swimming  
Bruises, scratches in genital area

**Emotional abuse:** Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. 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 also involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber 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

Examples which may indicate emotional abuse (it is not designed to be used as a checklist):

Over-reaction to mistakes, continual self deprecation  
Delayed physical, mental, emotional development  
Sudden speech or sensory disorders  
Inappropriate emotional responses, fantasies  
Neurotic behaviour: rocking, banging head, regression, tics and twitches  
Self harming, drug or solvent abuse  
Fear of parents being contacted  
Running away / Going missing  
Compulsive stealing  
Masturbation, Appetite disorders - anorexia nervosa, bulimia  
Soiling, smearing faeces, enuresis

N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) may indicate maltreatment.

Reference: What to do if you are worried a child is being abused (DfE 2015)

**Child Sexual Exploitation:** Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power, sexual gratification or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

### **Responses from parents**

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

An unexpected delay in seeking treatment that is obviously needed  
An unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)  
Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development  
Reluctance to give information or failure to mention other known relevant injuries  
Frequent presentation of minor injuries  
Unrealistic expectations or constant complaints about the child  
Alcohol misuse or other drug/substance misuse  
Parents request removal of the child from home  
Violence between adults in the household

## **Disabled Children**

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child

Not getting enough help with feeding leading to malnourishment

Poor toileting arrangements

Lack of stimulation

Unjustified and/or excessive use of restraint

Rough handling, extreme behaviour modification e.g. deprivation of liquid medication, food or clothing, disabling wheelchair batteries

Unwillingness to try to learn a child's means of communication

Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting;

Misappropriation of a child's finances

Invasive procedures



## Appendix 2 Dealing with a disclosure of abuse

When a child tells me about abuse s/he has suffered, what must I remember?

Stay calm.

Do not transmit shock, anger or embarrassment.

Reassure the child. Tell her/him you are pleased that s/he is speaking to you. Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why. Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.

Tell the child that it is not her/his fault.

Encourage the child to talk but do not ask "leading questions" or press for information.

Listen and remember.

Check that you have understood correctly what the child is trying to tell you.

Praise the child for telling you. Communicate that s/he has a right to be safe and protected.

Do not tell the child that what s/he experienced is dirty, naughty or bad.

It is inappropriate to make any comments about the alleged offender.

Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.

At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.

As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.

NB It is not staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

Immediately afterwards

You must not deal with this yourself. Clear indications or disclosure of abuse must be reported to Children's Social Work Service without delay, by the DSO using the correct procedures as stated in the guidelines.



Appendix 4 Cause for Concern Form

**Confidential**

Cause for Concern Form

**Note: Please do not interpret what is seen or heard; simply record the facts. After completing the form, pass it immediately to one of the designated staff – Liam Cann**

Name of child..... Form group .....

**Name of staff member completing form .....**

**Day ... Date ..... Time ..... Place .....**

(of observed behaviour / discussion / disclosure)

**Nature of incident / concern including relevant background** (Record child's word verbatim and any wishes and feelings expressed)

**Signed:**

**Action/passed to**

## Appendix 5 Radicalisation Response Checklist

Summary of procedures to follow where there are potential radicalisation concerns about a child/member of staff

