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CLIMBING OUT OF DEPRESSION

# Safeguarding Policy

Safeguarding Policy v4	Approved September 2025
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# 1. Introduction

Sport can and does have a very powerful and positive influence on people – especially children and vulnerable adults experiencing mental health problems. Not only can it provide opportunities for enjoyment and achievement; it can also develop valuable qualities such as self-esteem, leadership and teamwork. These positive effects can only take place if sport is in the right hands – in the hands of those who place the welfare of children and vulnerable adults first and adopt practices that support, protect and empower them. All of our staff, volunteers, trustees and partners have responsibility for safeguarding. As a charity supporting people with mental health challenges, it is particularly important that Climbing Out Of Depression climbers and their parents/ carers can be confident in receiving the highest possible standard of care, whilst attending Climbing Out Of Depression activities.

Climbing Out Of Depression's Safeguarding Policy will ensure that staff, volunteers, trustees and partners are clear about their responsibilities to ensure that Climbing Out Of Depression climbers are appropriately safeguarded whilst attending Climbing Out Of Depression climbing sessions and that staff, volunteers, trustees and partners can confidently respond if a safeguarding issue arises. This document details procedures for administrators, instructors, officials, volunteers, parents and the children and vulnerable adults themselves. All personnel associated with Climbing Out Of Depression will be required to review the policy and attend safeguarding awareness training as part of their induction.

Climbing Out Of Depression will regularly review safeguarding processes detailed in this document to ensure that the principles and practices are adhered to and in accordance with best practice.

## **Terms used in this document**

COOD is the acronym used for Climbing out of Depression.

The term COOD climber refers to the children and vulnerable adults referred to and accessing COOD activities.

The term **parent** is used throughout this document as a generic term to represent parents, carers and guardians.

The term **children / child** refers to anyone under the age of 18 yrs.

The term **vulnerable adult** refers to anyone 18 years old or over who may need community care services for reasons like mental health issues, disability, age or illness. They may be unable to take care of themselves or protect themselves against harm or exploitation.

By virtue of the mental health difficulties that led to a referral to the charity, those accessing support and activity through COOD are considered to be vulnerable, regardless of their chronological age or whether they themselves consider themselves to be “vulnerable”.

## 1.1 Policy Statement

The aim of this policy is to;

- promote good practice to ensure a safe and healthy environment where concerns can be raised without fear of reprisal or recrimination.
- ensure that everyone involved is aware of safeguarding and child protection issues in the context of organised activities and that there are appropriate safeguards in place for COOD climbers and those working on behalf of the charity
- outline clear procedures for coaches, volunteers, trustees and anyone working on behalf of COOD in the event of a safeguarding concern or incident.

To ensure the safety and welfare of all COOD climbers, coaches and volunteers taking part in climbing and physical activity, the charity will:

- adopt appropriate recruitment, selection, employment and deployment procedures.
- require those working (paid or voluntarily) within COOD’s programmes meet minimum operating standards, including an enhanced DBS check to the extent permitted by law and completion of COOD induction programme, which will include a review and agreement to comply with COOD policy and procedures.
- ensure that all facilities used as part of COOD’s work meet the stipulated minimum operating standards as set out in our Health and Safety policy.
- provide effective management for staff and volunteers through training, supervision and support.
- respond swiftly and appropriately to all suspicions or allegations via clearly established communication lines.

This policy will form part of the induction programme for paid and personnel working on behalf of COOD and will be shared with partners. The procedures outlined in this document are mandatory for all staff, trustees, volunteers, climbing instructors and other contractors who are direct deliverers of Climbing Out Of Depression’s programmes.

## 1.2 Principles

The guidance given in this policy is based on the following principles:

- The welfare and safety of children and young people (defined by the Children Act 1989 as under 18 years of age) and vulnerable adults is of primary concern.
- All COOD climbers whatever their age, culture, disability, gender, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse and poor practice and to participate in an enjoyable and safe environment.
- Climbing Out Of Depression will seek to ensure that activities are inclusive and make reasonable adjustments for any ability, disability or impairment. We will also commit to continuous development, monitoring and review.
- The rights, dignity and worth of all COOD climbers will always be respected.
- We commit to treating all COOD climbers with respect and acceptance. Where possible we will adapt to ensure that activities are inclusive and accessible. This may be particularly important for anyone questioning their gender and those with disabilities.
- Everyone has a responsibility to report concerns to COOD safeguarding lead but it is the responsibility of statutory services to formally investigate concerns shared.
- All incidents of suspected poor practice and allegations of abuse will be taken seriously and responded to swiftly and appropriately.
- Confidentiality will be upheld in line with the Data Protection Act 2018/UK GDPR, the Freedom of Information Act 2000 and Protection of Freedoms Act 2012. Information may be shared with relevant authorities where safeguarding concerns mean that this is necessary.
- All staff shall have recourse against any allegation made against them and be supported if they report a concern.

## 1.3 Responsibilities

Climbing Out Of Depression is committed to safeguarding and promoting the welfare of children and vulnerable adults whilst they are engaged in any activity provided by or through the charity. Climbing Out Of Depression will:

- embed safeguarding arrangements into all of the charity's work.
- appoint a Designated Safeguarding Officer who will ensure that there is an appropriate safeguarding policy in place, that is fit for purpose, updated accordingly and that the procedures outlined are well communicated and adhered to.
- require all staff, volunteers to adopt and abide by this Policy.
- ensure that all staff and volunteers are clear in their role in safeguarding and promoting the welfare of children and vulnerable adults.

- ensure that all staff and volunteers understand the meaning of low level concerns about staff volunteers and how to report them
- low level concerns about staff and volunteers should be recorded and investigated as appropriate
- accept the moral and legal responsibility to implement procedures to safeguard children and vulnerable adults and protect them from abuse.
- make arrangements for appropriate checks on new staff and volunteers, in accordance with Climbing Out Of Depression's recruitment practice.
- require staff and volunteers to adhere to this policy in order to safeguard and protect children and vulnerable adults from abuse, and reduce the likelihood of allegations of abuse against themselves.
- ensure that parents, children, vulnerable adults, staff and volunteers are provided with information about this policy, what it does, and what they can expect from Climbing Out Of Depression.
- promote a culture that ensures that children and vulnerable adults are listened to and respected as individuals.
- ensure that the inclusion of adequate safeguarding arrangements is a key element of any partnership agreements.
- respond to any allegations and concerns appropriately and implement the appropriate disciplinary and appeals procedures.
- maintain confidentiality and ensure information is shared as appropriate with other agencies in all cases involving safeguarding, in line with current legislation.
- lead on the production, implementation, monitoring and review of this policy and procedures, including at the end of a case under this policy. All involved in a case review will be invited to offer feedback to inform the ongoing review of procedures.

## 1.4 Policy Review

Climbing Out Of Depression's Safeguarding Policy and associated procedures will be reviewed 12 months after initial launch (as indicated above) and every two years thereafter and will:

- ensure that documentation reflects the organisation's role, current legislation and government guidance
- ensure compliance with the relevant recruitment, induction and training processes
- carry out an examination of reported and recorded cases
- effectively communicate the policy to all partners and staff

## 2. Roles & Responsibilities

### 2.1 Designated Safeguarding Officer (DSO)

Alongside the Board of Trustees and other partners, the Designated Safeguarding Officer has lead responsibility for ensuring and maintaining appropriate safeguarding procedures, that are in line with national guidance including CPSU (NSPCC's Child Protection in Sport Unit), Standards for Safeguarding and Protecting Children in Sport and to consult with or refer to Children's/Social Services where abuse is indicated or suspected. A DSO should be

- someone who understands the context in which instructors and young people/vulnerable adults are operating
- someone who has basic knowledge of core legislation, government guidance and roles and responsibilities of statutory agencies, along with Climbing Out Of Depression's policy and procedures
- someone who has the skills, knowledge and understanding of development of children, young people and vulnerable adults
- someone who understands the need to safeguard and promote the welfare of children, young people and vulnerable adults and can recognise poor practice or abuse
- someone who has undertaken appropriate checks (e.g. DBS) and received the appropriate level of training.

Currently our appointed Designated Safeguarding Officer is Ms Kate Renshaw, a Deputy Head (wellbeing) working in an independent day and boarding school. She is the deputy designated safeguarding lead at the school and has extensive experience of safeguarding vulnerable children and young people. Her email contact is [kate.renshaw@cood.org.uk](mailto:kate.renshaw@cood.org.uk).

### 2.2. Responsibilities of DSO

The DSO will lead the development and implementation of Climbing Out Of Depression's approach to safeguarding, to ensure there are clear and effective procedures in place to;

- safeguard both COOD climbers and staff and volunteers working on behalf of the charity, and
- ensure that staff and volunteers are clear about what to do if they are concerned or suspect abuse.

In order to do this, they will;

- advise staff and volunteers on implementation of Climbing Out Of Depression's safeguarding policies and procedures

- advise on development of and implementation of staff and volunteer training.
- advise on adequate safeguarding arrangements as a key part of all partnership agreements
- ensure that systems are in place for effective record keeping in accordance with the Data Protection Act 2018/UK GDPR
- attend relevant safeguarding training provided by Children's/Social Services or other accredited training providers
- offer an advice service to assist potential referrers to clarify their concerns.
- represent the organisation's approach to safeguarding and protecting vulnerable people

In the event of a safeguarding incident or allegation the DSO will;

- be the first point of contact for, advise and respond to any communications and/or concerns regarding safeguarding. **If the DSO is not available or the concern is about the DSO the referrer should contact the Chair, Children's/Social Services or police directly.**
- be the link person with Children's/Social Services or Police and consult or refer to/ with Children's /Social Services or Police on concerns that have been raised.
- ensure information is reported (directly or via statutory agencies) to the relevant NGB or other partner (e.g. LA) if allegations concern a volunteer/instructor who operates in a specific sport or within another agency.
- seek advice from appropriate professionals as required.
- update relevant records in line with organisational procedures, maintaining confidentiality as appropriate.
- signpost individuals to sources of support during and following an incident, allegation of abuse or complaint.
- where necessary follow up any referral in writing within 24 hours.

### **Expert Advice**

On occasions the DSO may be informed of situations where there is uncertainty about whether an allegation constitutes abuse or not and therefore is unclear about what action to take. There may be circumstances where allegations are about poor practice rather than abuse but the DSO should always be informed, in order to seek advice from Children's/Social Services, Police or NSPCC before agreeing on an appropriate course of action. This is because it may be just one of a series of other instances which together cause concern. For anyone unsure of what to do, advice can also be obtained by telephoning the NSPCC 24 hour freephone helpline on 0808 800 5000.

## **2.3 Responsibilities of the Climbing Out Of Depression's Trustee Board**

The Trustee Board, as the strategic steering body for Climbing Out Of Depression, will:

- ensure that safeguarding remains a central principle of the operations and development of the organisation.
- have strategic accountability for the development of policies for safeguarding and promoting the welfare of COOD climbers,
- have strategic accountability for effective implementation of organisational policies and procedures including those related to safe recruitment to safeguard COOD climbers
- represent the organisation's approach to safeguarding and protecting COOD climbers and communicate this approach to partners as appropriate.

## **2.4 Responsibilities of Senior Management**

The Designated Safeguarding Officer (DSO) and the Administrator will:

- oversee arrangements to ensure the organisation fulfills its duty of care towards COOD climbers in line with this Policy.
- develop, maintain and review other organisational policies and procedures which contribute to safeguarding.
- work collaboratively with external agencies where safeguarding concerns arise.
- implement an organisational culture of listening to COOD climbers as reflected in organisational plans and practices.
- ensure that the inclusion of adequate safeguarding arrangements is a key element of all partnership agreements.
- represent the organisation's approach to safeguarding and communicate this approach to other organisations as appropriate.

## **2.5 Responsibilities of Climbing Out Of Depression staff, volunteers and instructors**

All staff, volunteers and instructors will:

- be aware of what is meant by safeguarding
- be alert to the risks which individual abusers, or potential abusers may pose to children and vulnerable adults, particularly in relation to sport and physical activity.
- demonstrate knowledge of Climbing Out Of Depression's policies and procedures and how to apply these in practice.
- listen to COOD climbers, take any allegations/disclosures seriously and report all concerns in line with the organisation's procedures, outlined in this document.
- ensure that the inclusion of adequate safeguarding arrangements is a key element of partnership agreements, where these are relevant.

- complete a mental health first aid and introduction to safeguarding course .
- represent the organisation's approach to safeguarding and protecting COOD climbers and communicate this approach to partners.

## 3. Definitions of Abuse and Neglect

To ensure that all COOD climbers are protected from harm, it is important that those working on behalf of the charity understand what types of behaviour constitute abuse and neglect. Victims of abuse frequently suffer more than one category of abuse.

Abuse and neglect are forms of maltreatment of a child or vulnerable adult. Somebody may abuse or neglect a child or vulnerable adult by inflicting harm, or by failing to act to prevent harm. Children or vulnerable adults may be abused in a family, institutional or community setting, by those known to them or, more rarely, by a stranger (for example, via the internet).

**Abuse can be committed by anyone; regardless of gender, age or social status and abuse can take place in any context.** Instructors and other organisers of sport and physical activity are considered to be in a position of trust, which can bring them into close contact with those that they are coaching. It is important that appropriate boundaries are upheld and that where there are concerns around the abuse of this position, that this is reported in accordance with the guidance in this policy.

**COOD climbers may be invited to participate in group sessions and it is therefore important to remain alert to potential safeguarding risks associated with group activity and exposure to others who will not have undertaken the same checks as those employed or volunteering for the charity. Referrers, parents/ Guardians will be asked to comment where group activity would not be appropriate.**

### 3.1 Physical abuse

Physical abuse may involve hitting, slapping, pushing, kicking, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to another. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child or vulnerable adult. It can also include misuse of medication or medical process and inappropriate restraint or inappropriate actions or inactions.

Examples of physical abuse in sport and physical activity may be:

- when the nature or intensity of training and competition exceeds the capacity of a child's immature and growing body.
- people are exposed to overplay, over training or fatigue.
- leaving young / vulnerable people alone without proper supervision.
- exposing people to undue cold or heat without providing protection or fluids
- adults giving young people/vulnerable adults the opportunity to consume alcohol whilst under age.
- adults who recommend the taking of performance enhancing drugs.

### **3.2 Emotional abuse**

Emotional abuse is the persistent emotional maltreatment of a child or vulnerable adult such as to cause severe and persistent adverse effects on their emotional development. It may involve conveying to a child or vulnerable adult that they are worthless or 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 young people or vulnerable adults. It may involve causing children or vulnerable adults to feel frightened or in danger by being constantly shouted at, threatened or taunted which may make the young person very nervous and withdrawn. Examples include:

- threats of harm or abandonment
- humiliation, shaming, blaming or ridicule
- harassment, bullying, intimidation, verbal abuse
- control or coercion
- deprivation of contact, affection, attention, choice or privacy
- deliberate social isolation or isolation from services or support networks
- online forums (Charity staff should be aware of online forums that may perpetuate harm and should share information with other members of the team, and to be vigilant if children or vulnerable adults discuss these potentially harmful forums.)

Some level of emotional abuse is involved in all types of maltreatment of a child or vulnerable adult, although it may occur in isolation potentially making it harder to detect.

Emotional abuse in sport and physical activity may occur if children or vulnerable adults are subjected to constant criticism, name calling, sarcasm, bullying, racism or unrealistic pressure to perform to high expectations consistently, or have their efforts to progress ignored.

### **3.3 Sexual abuse**

Sexual abuse involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities, not necessarily involving a high level of violence, whether or

not the child or vulnerable adult is aware of what is happening. The activities may involve physical harassment/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 harassment/activities, such as involving children or vulnerable adults in looking at, or in the production of, sexual images/pornography, watching sexual activities, indecent exposure, inappropriate looking, sexual teasing or innuendo, encouraging children or vulnerable adults to behave in sexually inappropriate ways, or grooming a child or vulnerable adult in preparation for abuse (including via the internet). Sexual abuse is not gender specific and can be committed by male, females and those who identify as transgender and non binary. Other children and vulnerable adults can also commit acts of sexual abuse..

In sport and physical activity, coaching techniques that involve physical contact with children and/or vulnerable adults could potentially create situations where sexual abuse may go unnoticed. The power of the instructor over the participant, if misused, may also lead to abusive situations developing.

### **3.4 Exploitation**

Exploitation is the deliberate maltreatment, manipulation or abuse of power of control over another person. It is taking advantage of another person, often (but not always) for personal gain. Exploitation is considered to have occurred if power differentials led to abusive behaviour that was unwanted when it first began and/or involved a misuse of conventional age, authority or gender differentials (see Home Office Guidelines on Caring for Young People and the Vulnerable).

### **3.5 Bullying**

It is important to recognise that in some cases of abuse, it may not always be an adult abusing a child or vulnerable adult. It can occur that the abuser may be a child or vulnerable adult, for example in the case of bullying. Bullying may be seen as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. Bullying can include:

- physical assaults
- name-calling, sarcasm and racist taunts
- threats and gestures
- unwanted physical contact or abusive comments
- graffiti
- stealing or hiding personal items
- being ostracised or ignored, tormented or ridiculed
- cyberbullying (online bullying)

In the context of sport, perpetrators of bullying could be:

- a parent who pushes too hard.
- an overzealous coach with a 'win at all costs' attitude.
- a team member who intimidates others.
- an official who is overly officious.

The damage inflicted by bullying should not be underestimated. It can cause considerable distress to individuals and adversely affect their health, well-being and development.

For more advice on bullying, including cyberbullying, go to:

[www.bullying.co.uk/general-advice/](http://www.bullying.co.uk/general-advice/)  
[www.childline.org.uk/Explore/Bullying/](http://www.childline.org.uk/Explore/Bullying/)

Please see associated COOD Anti Bullying Policy for further information about how the charity seeks to minimise and respond to incidents of bullying.

### **3.6 Neglect**

Neglect is the persistent failure to meet a child or vulnerable adult's basic physical, medical and/or psychological needs, likely to result in the serious impairment of the child or vulnerable adult's health or development. Neglect may involve a parent or carer failing to:

- provide adequate medication, food/nutrition, clothing, heating and shelter (including exclusion from home or abandonment);
- protect a child or vulnerable adult from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment, social care or educational services.

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

Neglect in sport and physical activity could include an instructor not ensuring children or vulnerable adults are safe, exposing them to undue cold, heat or unnecessary risk of injury, or not providing them with a necessary break or ensuring access to water.

### **3.7 Financial or Material Abuse**

Including theft, fraud, internet scamming, coercion in relation to financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

There may be times when COOD climbers and/ or their families may wish to show their gratitude and buy gifts to staff and volunteers that have supported them as part of the

charity. For transparency and to monitor and mitigate the risk of this type of abuse staff and volunteers are required to record any gifts received on the [Gifts Register](#).

### **3.8 Forced Marriage**

Forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 made it a criminal offence to force someone to marry.

### **3.9 Mate Crime**

A 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate crime is carried out by someone the vulnerable adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

### **3.10 Radicalisation**

The aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

### **3.11 Racial Discrimination**

Individuals from black and minority ethnic groups are likely to have experienced explicit or implicit harassment, racial discrimination and/ or institutional racism at some point in their lives. Racism causes significant harm and may be categorised as a form of emotional abuse. Legislation has made racism illegal.

Equal opportunity should be provided for all, regardless of gender, race, religion or culture and black and global majority groups must be afforded protection from all forms of racial discrimination and COOD staff and volunteers should be aware of their own unconscious biases, which may impact on their attitudes and behaviours.

### **3.12 People with Disabilities**

Those with disabilities may be at increased risk of abuse. Various factors contribute to this, such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect them, or not being adequately able to communicate, so that abuse could be reported. Those representing the charity should ensure that activities are adequately adapted in accordance with an individual's need. Discrimination of any kind will not be

tolerated and will be formally investigated and action taken to ensure that this does not occur.

### **3.13 Child Sexual Exploitation**

Child sexual exploitation (CSE) is a form of sexual abuse where children are sexually exploited for money, power or status.

This can involve violent, humiliating and degrading sexual assaults, but does not always involve physical contact and can happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam.

Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

If a member of staff or volunteer suspects CSE, they will discuss this with the DSO. The DSO will trigger the local safeguarding procedures, including a referral to Children's Services and the police, if appropriate.

Indicators of sexual exploitation can include a child:

- appearing with unexplained gifts or new possessions.
- associating with other young people involved in exploitation.
- having older boyfriends or girlfriends.
- suffering from sexually transmitted infections or becoming pregnant.
- displaying inappropriate sexualised behaviour.
- suffering from changes in emotional wellbeing.
- misusing drugs and/or alcohol.
- going missing for periods of time, or regularly coming home late.
- regularly missing school or education, or not taking part in education.

### **3.14 Female Genital Mutilation (FGM)**

Although situations of FGM may be unusual it is important that you do not assume it could not happen here. 8 – 15 year old girls are the most vulnerable.

If a member of staff or volunteer suspects FGM, they will discuss this with the DSO. The DSO will trigger the local safeguarding procedures, including a referral to Children's/Social Services and the police.

Indicators may include:

- days absent from school.
- not participating in physical education.

- in pain/has restricted movement/frequent and long visits to the toilet/broken limbs.
- confides that she is having a special procedure, cut or celebration.
- unauthorised and or extended leave, vague explanations or plans for removal of a female in a high risk category especially over the summer period.
- plans to take a holiday which may be unauthorised, unexplained or extended in a country known to practice FGM.
- parents from a country who are known to practice FGM.

## 4. Indicators of abuse / bullying

Physical signs can aid the detection of some types of abuse, for example, bruising, bleeding or broken bones resulting from physical or sexual abuse, or injuries sustained while a child or vulnerable adult has been inadequately supervised. The identification of physical signs is complicated, as children and vulnerable adults may go to great lengths to hide injuries, often because they are ashamed or embarrassed, or their abuser has threatened further violence or trauma if they 'tell'. It is also quite difficult for anyone without medical training to categorise injuries into accidental or deliberate with any degree of certainty. However, it is important to understand that children or vulnerable adults may have no physical signs therefore staff and volunteers need to also be alert to behavioural indicators of abuse.

Indicators that a child or vulnerable adult may be being abused/bullied include the following:

- behavioural changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful, emotionally up and down, lack of confidence, reluctance to go to school, training or sports club.
- a drop off in performance at school or standard of play.
- unexplained or suspicious injuries such as bruises, cuts or burns, particularly if on a part of the body not normally prone to such injuries, or lack of medical attention when an injury is present.
- unexplained changes in behaviour (i.e. becoming very quiet, withdrawn or displaying sudden outburst of temper).
- inappropriate sexual awareness.
- engaging in sexually explicit behaviour.
- a child or vulnerable adult tells you they are being abused or describes what appears to be an abusive act involving him/her.
- someone else expressing concerns about a child or vulnerable adult's welfare.

- a child or vulnerable adult may no longer enjoy participating, may frequently be late, disappear or fail to attend an activity for no apparent reason, and may not respond to reminders.
- variations in eating patterns, losing or gaining weight for no apparent reason.
- distrust, fear of and/or appearing quiet or withdrawn around (certain) adults or groups, particularly of those with whom a close relationship would normally be expected.
- difficulty making friends.
- reticence to return home.
- appearance becomes unkempt, does not wear suitable sports kit or has a deterioration in personal hygiene.
- consistently hungry and tired.
- belongings or money going missing.
- self-harming.
- physical signs such as stomach aches, headaches, difficulty in sleeping, bed-wetting, scratching and bruising, damaged clothes and bingeing; for example on food, cigarettes or alcohol.
- is prevented from socialising with others.

It should be recognised that this list is not exhaustive and the presence of one or more of these indicators is not proof that abuse is actually taking place. COOD staff and volunteers are not responsible for determining whether abuse has or is happening but do have a responsibility to report any concerns to the DSO.

## 5. COOD's Preventative Measures

All reasonable steps will be taken to ensure unsuitable people are prevented from working with COOD climbers. These procedures will be adopted whether staff are paid or voluntary, full or part-time. Relying on the fact that a person is known to an existing member of staff should not be taken as evidence of suitability.

### 5.1. Pre-recruitment information

The following pre-recruitment checks will always be carried out:

#### ***Advertising***

If any form of advertising is used to recruit staff, whether paid or voluntary, it will reflect the following:

- aims and objectives of Climbing Out Of Depression and where appropriate, the particular programme involved.
- responsibilities of the role.
- level of relevant experience or qualifications required.
- the requirement for DBS checking and references.

#### ***Applications***

All applicants whether for paid or voluntary, full or part-time positions will provide the following information:

- name, address and National Insurance Number (to confirm identity and right to work).
- relevant experience, qualifications and training undertaken.
- list of past career or involvement in sport and physical activity
- an enhanced Disclosure and Barring Service (DBS) check, if required.
- the names of at least two people (not relatives) willing to provide written references that comment on the applicant's previous experience of, and suitability for, working with children and vulnerable adults.

The same information will also be required of all climbing instructors and any other service provider we contract with who will have direct contact with COOD climbers.

Failure to disclose information could lead to exclusion from the interview selection.

#### ***DBS Checks and References***

All Climbing Out Of Depression's employees, volunteers and contractors working directly on programmes with access to children or vulnerable adults must undertake or provide an enhanced Disclosure and Barring Service Check (DBS).

All DBS's must be disclosed to Climbing Out Of Depression's DSO prior to any work placement so the required procedures can be completed.

**External coaches, and Climbing Out Of Depression's staff,volunteers and contractors, without an enhanced DBS, will NOT under any circumstances be allowed to work on Climbing Out Of Depression's programmes working with children or vulnerable adults.**

Written references from a minimum of two non-related individuals will be taken up and at least one will be associated with former work with children and/or vulnerable adults. If an applicant has no previous experience of working with children and/or vulnerable adults, then additional training/ support will be offered.

Two forms of identification must be provided to confirm identity – e.g. a passport, driver's licence, birth certificate. At least one form of identification must be photographic ID. (Please note photocopied documentation will not be accepted as proof of identity).

**Note: It is an offence for an employer to knowingly employ a person to work in regulated activity with children and/or vulnerable people who has been barred from doing so.**

## 5.2 Interviewing

Alongside the necessary pre-employment safeguarding checks, all applicants, including potential climbing instructors, will attend an interview with a minimum of two representatives from the charity, prior to any decision around suitability/ recruitment. This could take place virtually if appropriate/ necessary.

The meeting/interview will enable Climbing Out Of Depression to explore further the information provided in the application form. The questions to be asked should be prepared in advance and should provide the applicant with the opportunity to recount previous experiences and give examples of how they have or would handle situations. It's important to elicit information regarding an applicant's technical capabilities and is also necessary to explore their attitudes and commitment to welfare.

It is recommended that the DSO is present at such interviews.

## 5.3 Induction and training

It should be clearly recognised that pre-employment checks are only a part of the process.

All staff and volunteers will undergo an induction process, part of which will familiarise them with the safeguarding policy, associated procedures and their specific responsibilities. As part of this, all staff will be provided with opportunities to learn about how to recognise and respond to safeguarding concerns.

Training will include guidance and help for staff and volunteers to recognise additional vulnerability of some children, young people and vulnerable adults and the extra barriers they face to getting help. Barriers may include:

- race
- gender
- age
- religion
- disability
- sexual orientation
- social background
- culture
- mental health
- communication difficulties

As part of the induction process, staff and volunteers will be advised of the importance of maintaining appropriate boundaries in order to safeguard themselves. This will include keeping personal details protected, avoiding lone working wherever possible and limiting contact with COOD climbers to organised COOD sessions.

Staff with designated responsibilities in relation to safeguarding will have a written job description for that role, and will be provided with relevant training to ensure that they are up to date with current safeguarding practice. The DSO should have sufficient experience and qualification to enable them to perform the role appropriately. COOD has developed a recruitment tracker which records all safeguarding procedures for potential instructors.

## **5.4 Probationary Period**

Where appropriate the appointment of staff/volunteers should be conditional upon the successful completion of a probationary period. The length of a probationary period will vary depending on the type of position, and length of time involved per week. However it is recommended that the probation period should not be less than a period of three months. On appointment, the staff member should be given details of a probationary period and its purpose, the date for its review, together with any details of induction and/or training. For positions such as single activity helpers, where a probation period could not be carried out, the volunteer should not be left alone with COOD climbers.

## 5.5 Monitoring and Appraisal

All coaches and volunteers will have the opportunity to update identified training needs and set new goals at an annual review meeting. A record will be kept of relevant staff training and required DBS checks.

## 5.6 Complaints

Climbing Out Of Depression will ensure that all people involved in its work are aware of the procedure for complaints and know how and where to access disciplinary and grievance procedures and appeals procedures.

## 5.7. Whistle Blowing

A variety of feelings and concerns may be generated by the discovery that a member of staff or a volunteer is, or may be abusing a vulnerable person and this may raise concerns amongst other staff and volunteers. Climbing Out Of Depression will fully support all staff and protect anyone who, in good faith and without malicious intent, reports his or her concern about a colleague's practice or the possibility that a person may be being abused without fear of victimisation, subsequent discrimination or disadvantage. Concerns should be raised with the immediate line manager, the DSO, or the Chair, depending on the seriousness or sensitivity of the issue.

## 5.8 Children and vulnerable adults

For those aged 17 and under, the health care professional making the referral will be asked to share contact details for a parent/guardian and this person will be asked to provide written parental consent in advance of any sessions being scheduled.

When COOD arranges sessions with the Climber we will copy in the parent / guardian on all communications. The instructor will not receive contact details for climbers or their parent / guardian. COOD will maintain electronic records of all sessions scheduled.

The instructor must ensure that the child or vulnerable adult knows: (a) that they can stop one-to-one contact/their participation in a session at any time; and (b) how to complain or get help if they need it.

## 5.9 Instructor: coaching ratios

It is important to have the correct level of supervision from a health and safety point of view so that instructors reduce the risk of injury to climbers and ensure adequate cover remains in case of an emergency.

COOD commits to the following instructor; COOD climber ratios;

- When working with groups of children under **8 years of age** there should be one supervising adult for every 6 children (**1: 6**) (Care Standards Act 2000)

- When working with young people aged **over 8 years** old the recommended coaching ratio is one instructor for every 8–12 persons (**1: 8–12**).
- During group activity there will always be an additional supervisor to ensure that if there is an accident or an incident then a supervisor is able to remain with other COOD climbers.

Good practice means at least one other adult in addition to the lead instructor should be present at every group session. The additional supervisors do not need to be qualified instructors as long as the ratio of instructors: COOD climbers are met. Whilst we welcome young aspiring instructors to support COOD climbing sessions (subject to successful pre employment checks) those aged under 17 should not be included in staffing ratios even if they have climbing experience and/or qualifications.

*Instructors working with COOD climbers, whether young people or vulnerable adults, should not work in isolation. During one-to-one sessions there should always be a member of climbing wall staff present in addition to the instructor.*

The level of supervision may vary according to the needs of the COOD climber and/or group. When determining the required staffing for each session, the following factors should be taken into account of:

- ability and experience of the COOD climbers;
- the age and any disabilities or special requirements of any of the COOD climbers young people or vulnerable adults;
- the activity being undertaken;
- the geography of the facilities being used (i.e. restricted access to indoor or outdoor areas);
- the 'risk assessment' of the activity and facility.

### **5.9.1 Parents as supervisors**

A parent/guardian should accompany their children to activities, but they should not be included in supervision calculations unless they are acting in a formal volunteering role (and therefore have satisfied the necessary pre employment checks). or other capacity during the activity. In these circumstances, they should meet all appropriate requirements in terms of:

- satisfied the necessary pre employment checks and appropriate background checks;
- have clarity about their role and responsibilities;
- are clear about who has overall responsibility for the group;
- what is acceptable practice.

## 5.10 Understanding Risk to Others

As part of the referral process, referrers will be asked to provide details in relation to any risks posed to others. Where indicated and appropriate, the DSO will liaise with the referrer to develop a safety plan to support attendance, whilst prioritising the safety of others.

# 6. Promoting Good Practice with COOD climbers

Climbing Out Of Depression aims to create a positive and safe environment, where COOD climbers are appropriately safeguarded and their well-being promoted. As such, COOD advocates the following code of good practice

## 6.1 Code of Good Practice

COOD code of Good Practice means:

- ensuring the safety of all children and vulnerable adults by careful provision, proper pre-planning of sessions, using methods, equipment and facilities that are safe and appropriate to the age and needs of the child or vulnerable adult.
- ensuring that at least one other adult is present during sessions.
- always putting the welfare of each young person and vulnerable adult first – before winning or achieving goals – and respecting the development stage of each participant.
- treating all children and vulnerable adults equally, and with respect and dignity – encouraging them to speak openly and **listening** to what they say.
- recognising the rights, physical, social and emotional development needs and capacity of performers and not over training, exerting undue influence or pushing them against their will.
- working with children and vulnerable adults, parents and medical advisers (where appropriate) to develop realistic training programmes which are suited to the needs and lifestyle of the COOD climber, not the ambitions of others such as instructors or parents.
- building balanced relationships based on mutual trust which empowers COOD climbers to share in the decision making process.
- being an excellent role model ensuring that high personal and professional standards are maintained at all times – promoting positive behaviour in others, including not smoking / drinking alcohol in the company of children/vulnerable adults.

- giving enthusiastic and constructive feedback and guiding participants in accepting responsibility for their own performance and behaviour, rather than negative criticism.
- always working in an open environment (e.g. avoiding private or unobserved situations and encouraging an open environment with no secrets), being visible and identifiable as the instructor.
- not letting any incidents/allegations of abuse go unchallenged or unrecorded.
- not allowing any rough or dangerous play, bullying, use of bad language or inappropriate behaviour.
- encouraging all COOD climbers to embrace inclusivity, ensuring not to discriminate on the grounds of age, culture, disability, gender, language, racial origin, religious belief, sexual identity, social class, fitness levels or ability.
- not abusing members physically, emotionally or sexually.
- not engaging in a sexual relationship with a child or vulnerable adult for whom they are responsible.
- making sport fun, enjoyable and always promoting fair play.
- not touching performers where possible (e.g. when demonstrating techniques) but adhering strictly to National Governing Bodies guidelines. If there is a need to touch a young person or vulnerable adult this should be done openly, non-intrusively and non-disturbingly and consent must be sought.
- working within the limitations of your knowledge and qualifications.
- keeping up to date with the technical skills, qualifications and insurance in sport.
- avoiding having 'favourites' - this could lead to resentment and jealousy by other people and may lead to false allegations.
- ensuring that someone with current knowledge of emergency first aid is available at all times.
- securing parental consent in writing to act *in loco parentis*, if the need arises to give permission for the administration of emergency first aid and/or other medical treatment.
- awareness of any medicines being taken by participants, existing injuries or additional needs.
- keeping a written record of any accident/incident that occurs, along with details of any treatment given and informing the designated person and others where it is appropriate/relevant bearing in mind the need for confidentiality around sensitive information.
- ensuring that use of photographic and filming equipment is appropriate and permission of parents has been sought.
- Climbing Out Of Depression also recognises that some COOD climbers may have additional vulnerabilities with some people and that require extra measures to be put in place, where possible to support their participation.

## 6.2 Incidents to report

If any of the following incidents occur, you should report them immediately to another colleague and notify the DSO and make a written note of the event. Parents should also be informed of the incident:

- if a participant is accidentally hurt or injured.
- if a participant seems distressed in any manner.
- if a participant responds or behaves in a sexually inappropriate manner.
- if a participant misunderstands or misinterprets or makes an allegation regarding something you have said or done.

## 6.3 Personal Care

It may sometimes be necessary for staff or volunteers to do things of a personal nature for children or vulnerable adults, particularly if they are young or are disabled. These tasks should be carried out with the full understanding and written consent of parents and the participants involved, and with the awareness and approval of the DSO.

There is a need to be responsive to a person's reactions. If a person is fully dependent on an instructor or volunteer, they should talk with him/her about what they are doing and give choices where possible. This is particularly so if it involves any dressing or undressing of outer clothing, or where there is physical contact, lifting or physically assisting a child or vulnerable adult to carry out particular activities. Anything of this nature should be done in the presence of others. Instructors and volunteers should avoid taking on the responsibility for tasks for which they are not appropriately trained.

## 6.4 Poor Practice, Abuse and Bullying

Poor practice includes any behaviour that contravenes the Climbing Out Of Depression or relevant NGB codes of good practice. Even for those experienced in working with abuse, it is not always easy to recognise a situation where abuse may occur or has already taken place. Instructors and volunteers, whether paid or voluntary, are not experts at such recognition but they do have a responsibility to act if they have any concerns about poor practice.

### 6.4.1 Examples of Poor Practice

Instructors and volunteers should never (and should never allow others to):

- condone or promote the use of illegal substances.
- condone or promote unhealthy activity, including the use or consumption of alcohol and cigarettes.
- use inappropriate language in the presence of young people/vulnerable adults.

- bully:
  - physically : pushing, hitting, kicking, pinching, etc.,
  - verbally : name-calling, spreading rumours, constant teasing and sarcasm,
  - emotionally : tormenting, ridiculing, humiliating and ignoring,
  - racially : taunts, graffiti and gestures,
  - sexually : unwanted physical contact or abusive,
  - sending nasty or malicious messages via texts, e-mails or social media sites.
- spend time alone with children or vulnerable adults away from others (except in the context of a properly approved individual session – see section 5 above).
- take children or vulnerable adults alone on car journeys, however short.
- take children or vulnerable adults to your home where they will be alone with you.
- engage in rough, physical or sexually provocative games, including horseplay.
- share a room with a child or vulnerable adult.
- allow or engage in any form of inappropriate touching.
- condone the use of inappropriate language.
- make comments about a child or vulnerable adult's appearance or disability e.g. nicknames.
- make sexually suggestive comments to a child or vulnerable adult, even in fun.
- reduce a child or vulnerable adult to tears as a form of control.
- fail to act on allegations made.
- do things of a personal nature for young people/vulnerable adults that they can do for themselves.
- invite or allow children or vulnerable adults to stay with you at your home unsupervised.
- constantly shout at and / or taunt a young person or vulnerable adult to 'keep control'.
- cause a young person or vulnerable adult to lose self-esteem.
- depart premises until all young people/vulnerable adults have been dispersed safely.
- communicate electronically with participants unless parents are able to monitor and have granted permission.
- have their participants as 'friends' on social networking sites.

NB: Staff, instructors and volunteers are strongly advised, in their own interests, to take steps to ensure that their personal data is not accessible to anybody who does not have permission to access it. Staff and volunteers are encouraged to maintain appropriate personal boundaries and should be mindful that information available online (through the internet and social media) could result in personal information about them being known publicly and viewed by COOD climbers and families. Staff and volunteers may therefore consider appropriate steps to limit personally identifiable information publicly available.

## 7. What to do if you're worried that a child or vulnerable adult is being abused

This section details what to do if you are concerned, suspect or observe incidents of abuse or are concerned about the safety and wellbeing of a child or vulnerable adult. Instructors should also be aware of the relevant National Governing Bodies good practice guidelines and codes of conduct, and should follow these accordingly. Please also see Appendices.

Concerns about possible abuse can arise through:

- a direct **disclosure** by a young person or vulnerable adult of poor practice/abuse.
- an **allegation** of poor practice/abuse by a third party.
- a **suspicion** that poor practice/abuse may have taken place based on other signs or indicators.

**NB** Disability or cultural background may present communication difficulties making it hard for them to complain or be understood. Children and vulnerable adults with communication difficulties may present as withdrawn, fearful to touch or contact, in pain, and therefore signs of neglect or abuse should be considered and discussed with the DSO where this may be suspected but unable to be communicated.

### 7.1 Responding to Allegations of Abuse or Bullying

If a child, young person or vulnerable adult says/indicates that he/she is being abused or information is obtained which gives concern that a person is being abused, **immediate action should be taken**. If you are ever concerned someone is in immediate danger, contact the police straight away. The flow chart (Appendix 1) illustrates the steps that need to be taken in the event of a suspicion or allegation of abuse.

All staff, volunteers and Trustees working on behalf of the charity have a responsibility to pass on concerns to the DSO, so that the appropriate authorities can be notified so that the individual can be appropriately safeguarded and allegations and or concerns investigated. However, it is **not** the responsibility of anyone working under the auspices of the charity, in a paid or voluntary capacity, or those working in affiliated organisations to investigate, take responsibility or to decide whether or not abuse/bullying is taking place.

The extremely sensitive nature of issues regarding abuse can arouse strong emotions and it is important to acknowledge these feelings in order to prevent them from interfering with your judgement about any action to take.

The person receiving information relating to disclosures or concerns regarding abuse should respond immediately and follow the procedures detailed below:

- react calmly so as not to frighten the child or vulnerable adult or deter the informer.
- tell the child or vulnerable adult he/she is not to blame and that he/she was right to tell.
- take what the child or vulnerable adult says seriously, recognising the difficulties inherent in interpreting what is said by a child or vulnerable adult who has a speech disability and / or difference in language.
- say little but give the child or vulnerable adult time to talk and listen carefully.
- where appropriate, ask open questions (Tell me? (tell me what happened); Explain? (explain what you meant by); Where did this happen/where were you?; When did this happen?) but keep them to a minimum to ensure a clear and accurate understanding of what has been said; do not ask probing or leading questions or make the person feel that they are being interrogated.
- reassure the child or vulnerable adult but do not make promises of confidentiality which might not be feasible in the light of subsequent developments.
- ensure the safety of the person – if they need immediate medical treatment, call an ambulance and inform them that you suspect a child or vulnerable adult protection issue, if they are in immediate danger then contact the police.
- make a full record of what had been said, heard and/or seen as soon as possible using the incident report form – Appendix 3 (it is vital for accurate records that the child or vulnerable adult's own words are used in records).
- pass the information onto the designated safeguarding officer (DSO) via the online Incident Report Form. *In the event that the DSO, Deputy DSO or Trustee Chair are unavailable and* If there are immediate concerns regarding the safety of the individual then the Police should be notified. There are some circumstances where a child, young person or vulnerable adult may be placed at even greater risk if concerns are shared (e.g. where a parent or carer may be responsible for the abuse or not able to respond to the situation appropriately). The police or DSO should be advised of this and further advice should be sought from NSPCC/CPSU, Police or Children's/Social Services.
- The person receiving information completes the Incident Report Form online at the earliest opportunity. This automatically notifies the DSO, deputy DSO and Chair (to ensure that it can swiftly be actioned by the relevant individual). The charity administrator (a trustee) will also have access to this form.

- Where possible (and safe to do so) be transparent with the child or vulnerable adult and tell them sensitively that they have a responsibility to share the information with the DSO (or police or local authority when in immediate danger)

It is recommended that the person receiving the information **DOES NOT:**

- panic.
- allow shock or distaste to show.
- probe for more information than is offered.
- speculate or make assumptions.
- make negative comments about the alleged abuser.
- approach the alleged abuser.
- make promises or agree to keep secrets.
- Talk about the disclosure/ concerns of abuse with anyone else other than the DSO or responsible authorities.

## 7.2 Allegations against Staff or Volunteers

The following circumstances may lead a member of staff to suspect that a fellow member of staff or volunteer is abusing a child or vulnerable adult:

- an allegation is made by a child or adult.
- an allegation is made by a staff member, against a fellow member of staff.
- a member of staff notices inappropriate behaviour by another member of staff.
- concerning information comes to light through a DBS check or another agency.

When there is a complaint of abuse against a member of staff or volunteer, the following types of investigation may occur:

- criminal; Police.
- child protection; Children's Services/Police.
- internal; DSO and Board of Trustees.

It is also a possibility that civil proceedings could be initiated by the alleged victim, or by their family, or indeed the person who has been accused.

It is important that any concerns for the welfare of the child or vulnerable adult, arising from abuse or harassment by a member of staff or volunteer, should be reported to the DSO (who will notify the Chair) via the online incident form **immediately**. The flow chart in Appendix 2 details the steps to take in the event that an allegation is made against a member of staff or volunteer.

The parent of the child/vulnerable adult will be contacted as soon as possible following advice from the relevant statutory services. If the allegation concerns a child or vulnerable adult then the DSO will also notify the Local Authority within 1 working day;

- where the concern is about an individual who is a volunteer and not a Climbing Out Of Depression employee, the DSO should refer the matter to the relevant statutory services.
- steps should be taken to ensure the person about whom there is a suspicion or allegation has no further contact with young or vulnerable people through their Climbing Out Of Depression role while the matter is investigated. This may require advice from Social Services or Police on when it would be appropriate to approach the person.
- the staff member may need to be suspended from work whilst the matter is investigated according to the existing disciplinary procedures operated by Climbing Out Of Depression. Any action will be taken in consultation with statutory agencies. Where this is deemed necessary, consideration should be given as to whether the accused is allowed to access potentially incriminating evidence, or devices which may contain this.
- suspension will not be automatic and the decision will take into account the relevant circumstances and advice from statutory agencies.
- the reinstatement or not of an individual will follow procedures operated by Climbing Out Of Depression following the conclusion of any investigations (both internal and external) and an assessment of all available relevant information. This may be a difficult decision; particularly where there is insufficient evidence for the Police to act or obtain a conviction. Climbing Out Of Depression may decide that an individual should undertake certain actions such as further training or completing a new DBS disclosure, with failure to comply resulting in suspension.

Together with the Chair, the DSO will decide who will deal with any media enquiries.

### **7.3 Allegations of Previous Abuse**

Allegations of abuse may be made some time after the event, (e.g. by an adult who was abused as a child regarding a member of staff who is still currently working with children). Even though there may not be any immediate cause for safety, it is important that where such an disclosure is made it should be reported immediately in the same way using the online Safeguarding Incident Report Form.

### **7.4 Recording information on the Safeguarding Incident Report Form**

Information passed to Children's/Social Services or Police must be as thorough as possible. It is therefore essential to make a detailed record using the Safeguarding Incident Report Form at the time of disclosure/concern or as soon as possible thereafter. Information should include the following:

- the nature of the allegation/concern (including whether or not the person making the report is expressing their concern or someone else's).
- the circumstances in which it came about.

- a description of any visible injuries – stating precisely on the body what the injury looks like and where these are observed on the body. For example “a large bruise approximately 3 cm wide and long, on the mid left forearm”
- Where possible, the COOD climbers account, of what has happened, how any injury occurred.
- Remember that it may not always be possible for victims to express themselves verbally, so physical and indirect signs such as behavioural observations are important to record.
- witnesses to the incident(s).
- any times, dates, places or other relevant information.
- a clear distinction between what is fact and opinion or hearsay.
- have the parents been contacted? If so what has been said?
- has anyone else been consulted? If so record details.
- has anyone been alleged to be the abuser? Record detail.
- contact details for all parties.

Reporting the matter should not be delayed by attempts to obtain more information or if the DSO is not available or is implicated (although the DSO should be informed at the earliest opportunity unless implicated). A record of the name of the member of Children’s/Social Services staff or Police Officer to whom the matter was passed, together with the date and time of the call should be recorded and passed to the DSO or Chair.

## **7.5 Managing False or Malicious Allegations**

- If, after an investigation, an allegation is found to be false or malicious the staff member will receive an account of the circumstances and/or investigation, and a letter confirming the conclusion of the matter.
- The staff member will be advised of the appropriate counselling services available.
- The person who made the allegation, and parents if the allegation was made by a young person, should be advised if an allegation is found to be false or malicious and consideration given for future ways of working to mitigate risks to staff and volunteers from further unfounded allegations.

Staff and volunteers are discouraged from lone working, in order to mitigate the risk of false allegations.

## **7.6 Action Towards perpetrators of the Bullying**

COOD is committed to preventing incidents of bullying. Where appropriate, every attempt will be made to work restoratively with perpetrators and victims in order to empower victims and reduce recurring incidents of inappropriate behaviour. In the first

instance concerns will be documented using the online Safeguarding Incident Report Form.

Where incidents of bullying are reported, the DSO will support relevant staff, volunteers or instructors to adopt a restorative approach to dealing with the behaviour and its consequences.

This will involve talking with the perpetrator and victim to understand

- What has happened
- The impact
- What needs to happen to put things right
- What could be done differently in the future.

It may be necessary to impose sanctions. Where relevant, parents of both perpetrators and victims will be advised and updated.

## **7.7 Sharing Concerns with Parents/ Carers**

There is always a commitment to work in partnership with parents or carers where there are concerns about their children/vulnerable adults in their care. Therefore, in most situations, it would be important to talk to parents or carers to help clarify any initial concerns. For example, if a child seems withdrawn, there may be a reasonable explanation. He/she may have experienced an upset in the family, such as a parental separation, divorce or bereavement.

However, there are circumstances in which a child or vulnerable adult might be placed at even greater risk if concerns are shared (e.g. where a parent/carer may be responsible for the abuse or unable to respond to the situation appropriately). In these situations or where concerns still exist, any suspicion, allegation or incident of abuse must be reported and recorded as soon as possible to the DSO, via the online reporting form, rather than parents or carers.

## **7.8 What happens when concerns are shared with DSO?**

The DSO will take action and forward the details to the local children's service/ police and/or professional body. A written record will be sent to the appropriate professional Children's/Social Services by the DSO and the DSO will follow up as needed to confirm receipt and outcome of the referral.

Where relevant, the DSO will consult Children's/Social Services or the police to form a view about whether the matter will be dealt with as a poor practice incident (if concerns relate to a member of staff or volunteer) or be investigated by the statutory agencies as possible abuse.

If the DSO or Deputy DSO cannot be contacted or is implicated, the Chair of the Trustee Board, will take responsibility for completing these tasks.

Where advice is given to a third party to contact statutory services, the DSO should also follow up to confirm what action has been taken by the third party. .

## 7.9 Support to Deal with the Aftermath

Depending on the nature of the situation the following options will be considered to support children, vulnerable adults, parents, members of staff and where appropriate, the alleged perpetrator:

- support groups / use of help lines
- training
- open meetings

As highlighted in the previous sections of this document, abuse can take many forms and can occur within many environments and situations including the home, school and the sporting environment and often it is people (adults and other young persons) a young person/vulnerable adult knows and trusts. Unfortunately some individuals may actively seek employment or voluntary work with children and/or vulnerable adults in order to harm them, which is why the pre employment procedures outlined in this document are so important. Unfortunately though this does not remove the risk entirely and staff and volunteers are responsible for reporting concerns regarding suspected abuse or poor practice **immediately** to the DSO or, if the DSO is implicated or unavailable, to Climbing Out Of Depression's Chair, Children's/Social Services or the police directly.

When a child or vulnerable adult joins Climbing Out Of Depression having been subjected to abuse outside the sporting environment, sport can play a crucial role in improving their self-esteem. In such instances, Climbing Out Of Depression must work with the appropriate agencies to ensure the child or vulnerable adult receives the required support.

## 8. Confidentiality and Storage of Information

It is important that where there are concerns or disclosure of abuse, that this information is kept confidential and only shared with those that need to know to ensure that appropriate safeguards are in place to protect the individual. This includes;

- Children's services
- Police
- DSO or where they are implicated the Chair

Given the sensitive nature of this data, information will be stored in a secure place in line with Data Protection Laws (e.g. that information is accurate and is regularly updated), relevant and secure. Access will be limited to designated people:

- Climbing Out Of Depression's DSO (or Deputy DSO / Chair where the DSO is implicated)
- The technical administrator of our online systems (a trustee)

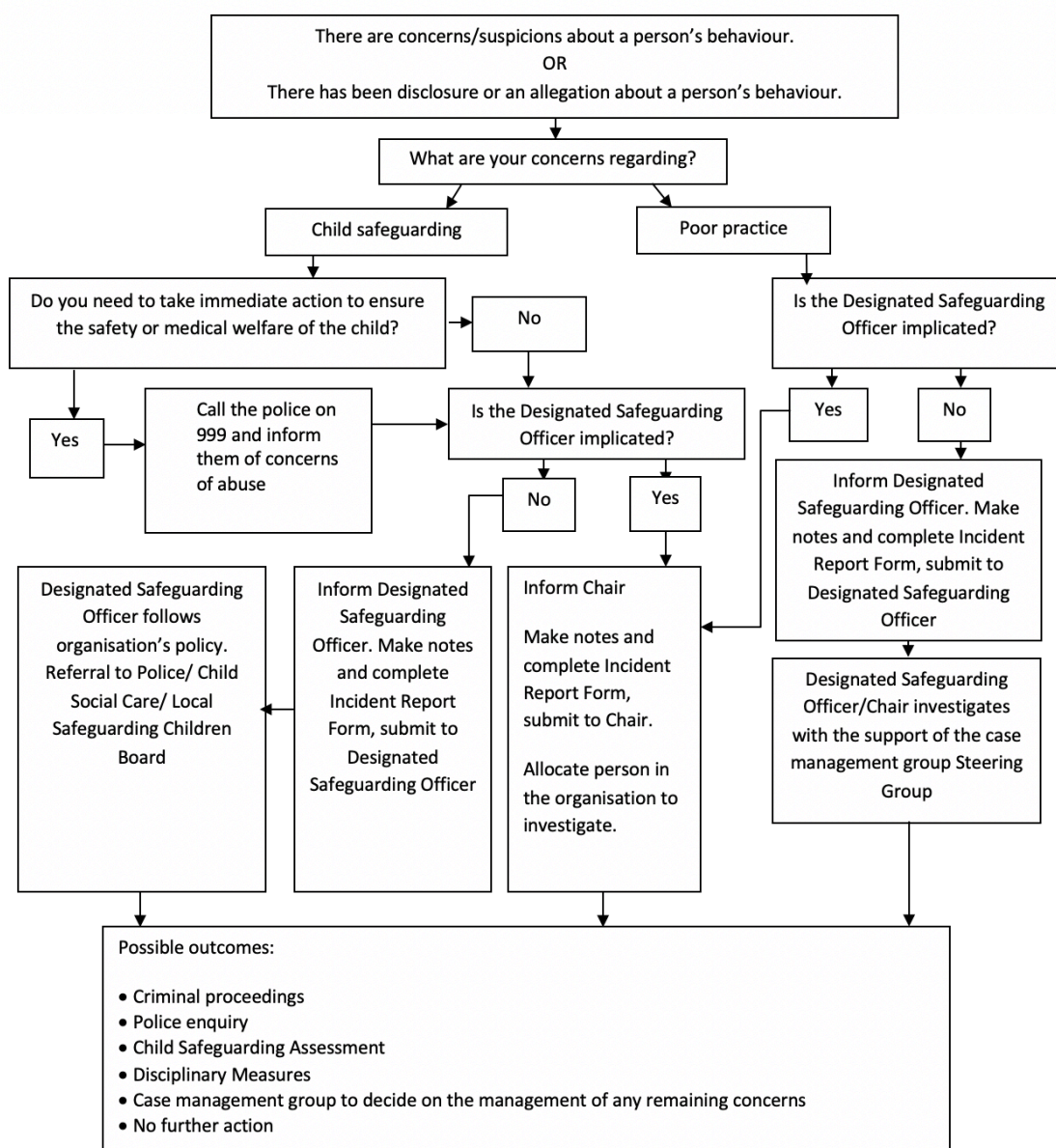
and where necessary information may be shared with

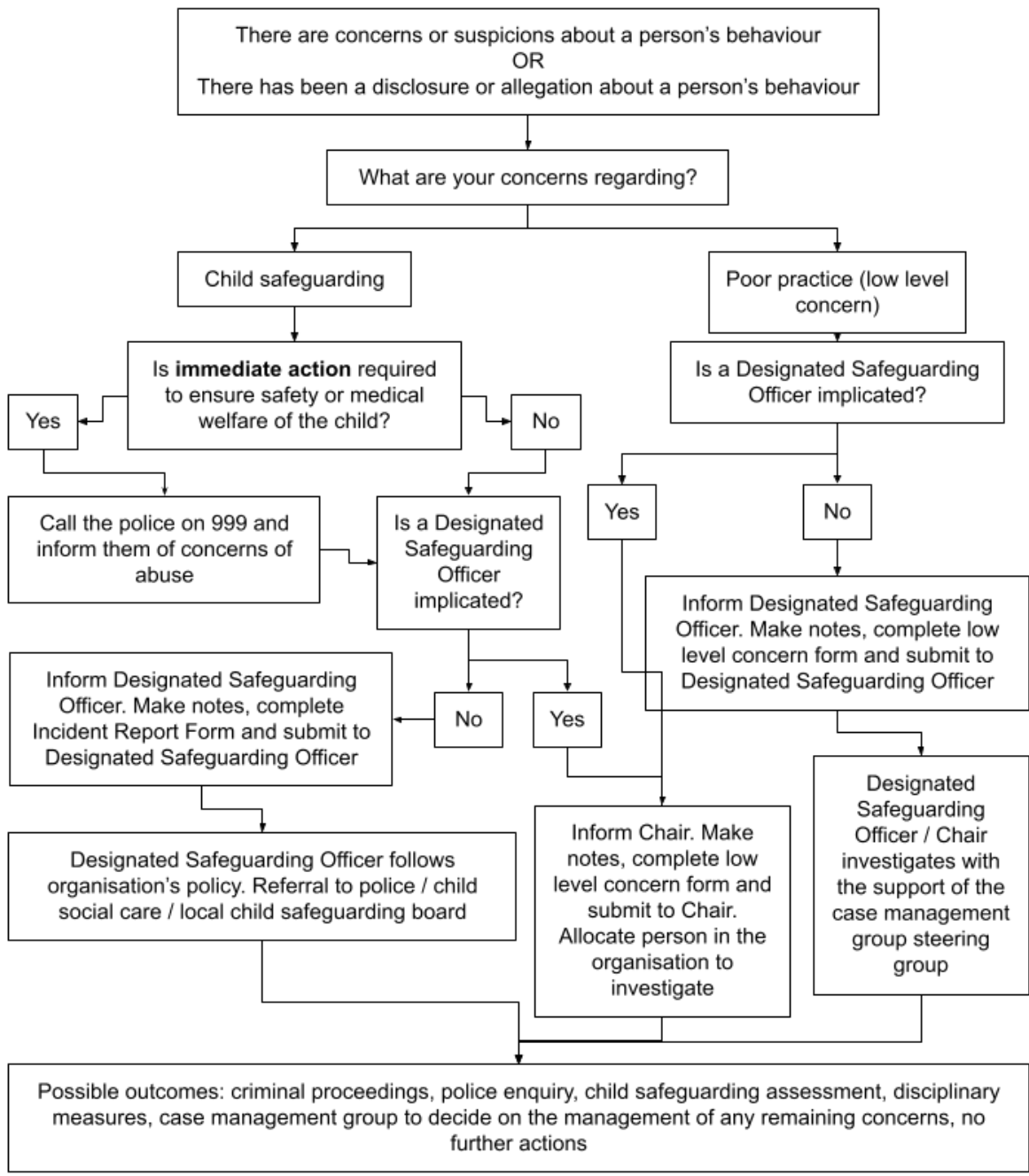
- Children's services
- the police.
- the parents of any child or vulnerable adult who is alleged to have been abused (as long as they are not implicated in the cause for concern).
- the person making the allegation.
- the alleged abuser (and parents if the alleged abuser is a child or vulnerable adult)\*.

\*Seek Children's/Social Services advice on who should approach the alleged abuser.

# Appendix 1: Safeguarding Children Flowchart

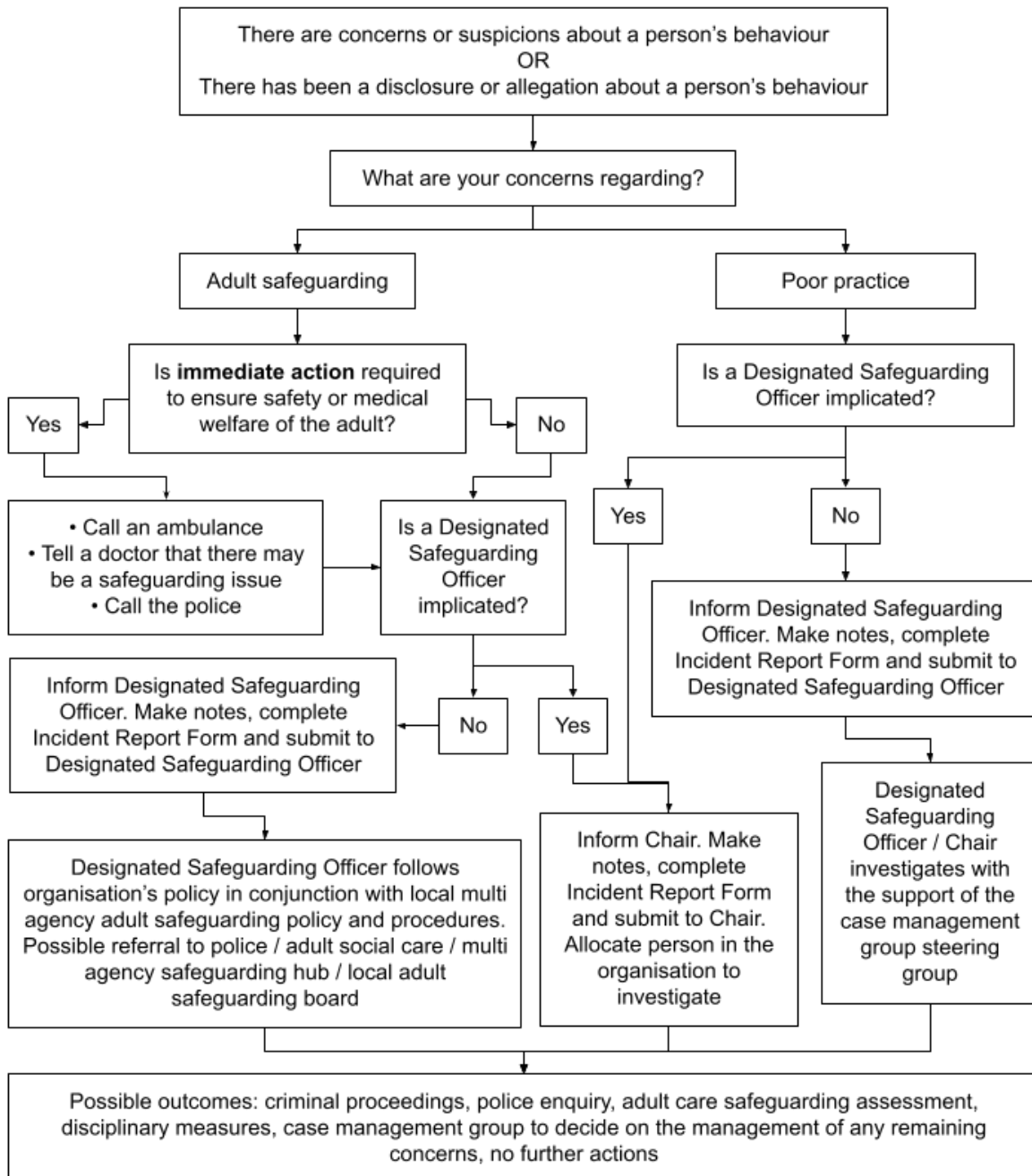
## Dealing with Concerns, Suspicions or Disclosure:



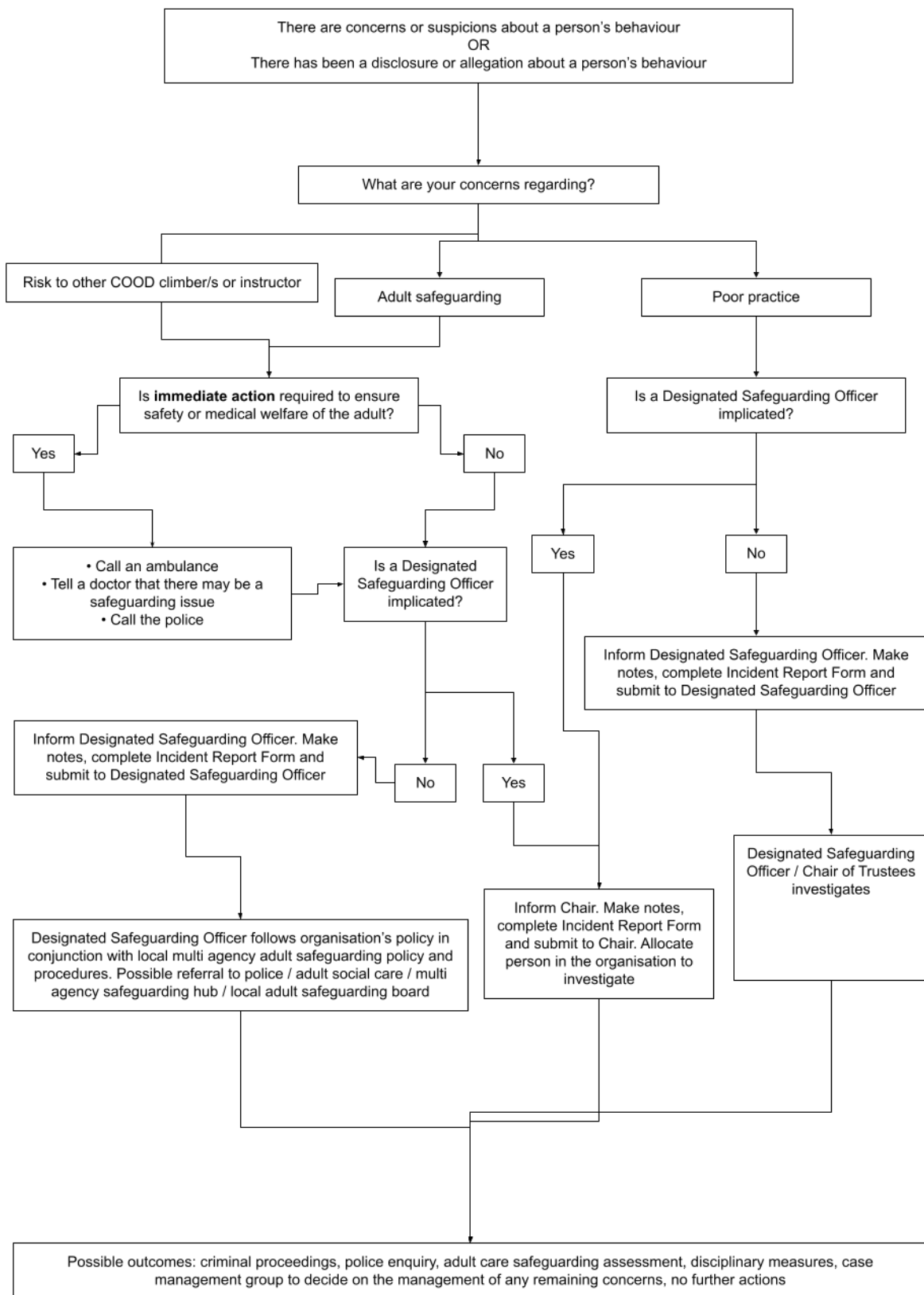


# Appendix 2: Safeguarding Adults Flowchart

## Dealing with Concerns, Suspicions or Disclosure:



## Diagram



**Remember to involve the vulnerable adult throughout the process wherever possible and gain consent for any referrals to social care if the person has capacity.**

## Appendix 3: Safeguarding Incident Report Form

Please [click here](#) to complete our online form or visit the URL below;  
<https://forms.gle/o3VDNrigmduxHLtG6>

When completed data from the form will be stored in our database and our Designated Safeguarding Officer will be alerted. They will then review the incident and refer it on to Social Services if required.

**Remember to maintain confidentiality and do not discuss this incident with anyone other than those who need to know.**

## Appendix 4: Essential Contacts

### **Designated Safeguarding Officer**

Kate Renshaw – [vkate.renshaw@cood.org.uk](mailto:vkate.renshaw@cood.org.uk)

### **Deputy Designated Safeguarding Officer**

Tricia Kemp – [tricia@cood.org.uk](mailto:tricia@cood.org.uk)

### **Chair Of Climbing Out Of Depression**

Kate Jackson – [kate@cood.org.uk](mailto:kate@cood.org.uk)

### **Police Contact**

Non-emergency 101 / Emergency 999

### **National Contacts**

Disclosure and Barring Service DBS Service, 0870 9090811 PO Box 110, Liverpool L69 3JD