

Swim England Safeguarding in Aquatics Course

Guidance Document

Welcome

Lived Experience

How we all perceive, manage, react to and mitigate risk, abuse and wellbeing is different because of our lived experiences, our beliefs and our values.

Our lived experience is a combination of our experiences and decisions, as well as the knowledge gained from these experiences and choices. These are also our own personal characteristics such as our sex, our sexual orientation, our societal status and our professions.

Our beliefs are things we believe to be right or wrong, true or false. For example, if you believe it is 'right' that being a part of aquatics should be safe, then this is a belief you hold to be true.

Our values are important to you such as respect, trust and integrity. If you feel strongly about these, you will attach more importance and protection to them.

Your Welfare

Shout

Shout is a free, confidential 24/7 text messaging mental health support service for anyone who is struggling to cope. Anyone, of any age, who is a resident in the UK, can text the service for support. You can text **SHOUT to 85258** to be put in touch with a trained volunteer.

Samaritans

To talk about anything that is upsetting you, you can contact Samaritans 24 hours a day, 365 days a year. You can call 116 123 (free from any phone), email jo@samaritans.org or visit some branches in person.

Mind

Could also be a source of support and possibly signposting to more local support mind.org.uk/.

Hub of Hope

Hub of Hope which provides details of help in your area. There is some information about the Hub of Hope database at hubofhope.co.uk/page/what-is-the-hub-of-hope. They have a "need help now" button for crisis situations.

NHS Services

nhs.uk/mental-health/nhs-voluntary-charity-services/charity-and-voluntary-services/get-help-from-mental-health-helplines/

Childline

Childline is a free to contact service on 0800 1111. Childline counsellors are there to take calls 24 hours a day, 7 days a week from children and young people under 19. Childline counsellors are also available to speak to online through [online chat](#) or [email](#).

The Mix

If you're under 25, you can call The Mix on **0808 808 4994** (3pm–midnight every day), request support by email **using this form on The Mix website** or **use their crisis text messenger service**.

NSPCC Helpline

You can contact the NSPCC Helpline by calling **0808 800 5000**, emailing **help@NSPCC.org.uk** or completing the 'report abuse online' form. The Helpline is currently available **10am–8pm Monday to Friday**.

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Introduction

What is the difference between safeguarding and child protection?

Safeguarding = Proactive

- Promoting welfare and wellbeing by creating a welcoming and safe environment where everyone is respected and valued;
- Recognising and responding to risks to safety, security and wellbeing;
- Best practice from everyone.

It is **what we do** through our welfare officers, training, implementing policy, procedure etc.

Child Protection = Reactive

- Protecting those who have suffered, are suffering or may be likely to suffer significant harm, because of abuse or neglect;
- Involvement of external agencies such as Police, Social Care etc.

It is **how we react and the processes we follow** if we are concerned someone is suffering.

What is harm?

- Harm is defined as *“the ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another”*.
- Development means ‘physical, intellectual, emotional, social or behavioural development’.
- Health means ‘physical or mental health’.
- Ill-treatment includes sexual abuse and other forms of bad treatment which are not physical. This includes ‘emotional harm’.

The definition for harm comes from **Section 31 of the Children Act 1989**.

The addition of “impairment suffered from seeing or hearing the ill-treatment of another” was added by **Section 120 of the Adoption and Children Act 2002** and was intended to cover such circumstances for the impact of a child who witnesses or hears domestic abuse in their home.

Any need for harm to be 'significant' is subjective to the agencies involved such as Police or Social Care.

Your responsibility

Everyone who works with our Members has a responsibility for keeping them safe. No single person or professional can have a full picture of a person's needs and circumstances and, if people are to receive the right help at the right time, everyone who encounters them has a role to play in identifying concerns, sharing information and taking prompt action.

Everyone who works with our Members has a responsibility for keeping them safe; this includes teachers, coaches and all who are employed or volunteer to work in aquatics.

No single person or professional can have a full picture of a person's needs and circumstances and, if people are to receive the right help at the right time, everyone who encounters them has a role to play in identifying concerns, sharing information and taking prompt action.



Vigilance



Understanding and explanation



Stability



Information and engagement



Support



Advocacy



Protection



Respect

Module One: Legislation



Children Act 1989

Gives the basis for the 'paramountcy' principle which states that the welfare of a child should be the most important, or paramount, consideration when making a decision about a child. It also sets out key expectations and duties of care to children. It also sets out the definitions for harm, and when child in need (Section 17) and child protection (Section 47) investigations should be undertaken by Social Care.

Sexual Offences Act 2003

Amongst naming specific offences, this legislation is where the law on Position of Trust sits in Section 22 (after being amended by the **Police, Crime, Sentencing and Courts Act 2022**), and is defined as an adult "caring for, training, supervising or being in sole charge" of a child under the age of 18. The Act also modernised the law by prohibiting any sexual activity between a care worker and a person with a mental disorder while the relationship of care continues.

Children Act 2004

Strengthens the **Children Act 1989** by placing a duty on a range of organisations, including sports, to ensure they take responsibility for the safeguarding and welfare of children. It also encourages partnership working and communication between local authorities and other agencies to work together for the safeguarding and promotion of welfare of children and young people.

Mental Capacity Act 2005

Designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over. It covers decisions about day-to-day things like what to wear or what to buy for the weekly shop, or serious life-changing decisions like whether to move into a care home or have major surgery.

Examples of people who may lack capacity include those with:

- **dementia**
- severe **learning disability**
- a brain injury

- a **mental health condition**
- a **stroke**
- unconsciousness caused by an anaesthetic or a sudden accident.

But just because a person has one of these health conditions does not necessarily mean they lack the capacity to make a specific decision. Someone can lack capacity to make some decisions (for example, to decide on complex financial issues) but still have the capacity to make other decisions (for example, to decide what items to buy at the local shop).

Safeguarding Vulnerable Groups Act 2006

Brought in following the Bichard Inquiry (which followed the deaths of Holly Wells and Jessica Chapman in Soham), and the law was changed to make it harder for people who had been convicted of relevant offences to work with children or vulnerable adults. Passed to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work. On 1 December 2012, this function became the **Disclosure and Barring Service (DBS)**. Organisations with responsibility for providing services or personnel to vulnerable groups have a legal obligation to refer relevant information to the service.

Care Act 2014

Put adult safeguarding on a statutory footing for the first time. Places a general duty on local authorities to promote the wellbeing of individuals when carrying out care and support functions.

The definition of wellbeing includes:

- personal dignity including treating individuals with respect
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of living accommodation
- the individual's contribution to society.

(Department of Health, 2014)

Children and Social Work Act 2017

Amends both the **Children Act 1989** and the **Children Act 2004**.

Key parts include:

- The Child Safeguarding Practice Review Panel was established to review and report on serious child protection cases that are complex or of national importance (Sections 12 to 15).
- Creation of Safeguarding Partnerships – replacing Safeguarding Boards.
- Local authorities must appoint personal advisers for care leavers up to the age of 25 (Section 3).
- Social Work England is created as a regulatory body for the social work profession in England (Section 36).
- Relationships education will be provided to primary school children and relationships and sex education will be provided (instead of sex education) in secondary schools (Section 34).

Key Legislation for Safeguarding and Welfare

Protection of Children <ul style="list-style-type: none">• Children Act 1989• UN Convention on Rights of Children 1989• Children Act 2004• Children and Social Work Act 2017• Working Together to Safeguard Children 2023	Protection of Adults <ul style="list-style-type: none">• Mental Capacity Act 2005• Care Act 2014• Making Safeguarding Personal 2014• Mental Capacity Act 2019	Sexual Offences <ul style="list-style-type: none">• Protection of Children Act 1978• Criminal Justice Act 1988• Sexual Offences Act 2003	Safe Recruitment <ul style="list-style-type: none">• Rehabilitation of Offenders Act 1974• Public Interest Disclosure Act 1998• Safeguarding Vulnerable Groups Act 2006• Protection of Freedoms Act 2012	General <ul style="list-style-type: none">• Human Rights Act 1998• Equality Act 2010• Data Protection Act 2018• UK General Data Protection Regulations
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Protection of Children

UN Convention on Rights of Children 1989

Sets out the human rights of every person under the age of 18 and is the most complete statement on children's rights treaty in history. It was adopted by the UN General Assembly in 1989 and is the most widely adopted international human rights treaty in history. The UK ratified the CRC in 1991.

The Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights [unicef.org.uk/what-we-do/un-convention-child-rights/](https://www.unicef.org/uk/what-we-do/un-convention-child-rights/).

Working Together

The Department for Education (DfE) published the latest version of **Working together to safeguard children**, the key statutory guidance for anyone working with children in

England, in December 2023. The guidance sets out how organisations and individuals should work together to protect children. It highlights the importance of implementing a child-centred approach while considering the needs of the whole family.

Protection of Adults

Making Safeguarding Personal 2014

This guide was intended to support councils and their partners to develop outcome-focused, person-centred safeguarding practice. It was a shift in culture and practice in response to what had been learnt about how effective safeguarding can be when you see life from the perspective of the person you are working with, being 'in their shoes', as they are the expert in their own lives and is a move from a process supported by conversations, to a series of conversations supported by a process.

Mental Capacity Act 2019

Reformed the process under the **Mental Capacity Act 2005** for authorising arrangements enabling the care or treatment of people who lack capacity to consent to the arrangements, which give rise to a deprivation of their liberty or a 'DOLS' order. It replaces them with Liberty Protection Safeguards.

Sexual Offences:

Protection of Children Act 1978

Prevented the exploitation of children by making indecent photographs of them; and to penalise the distribution, showing and advertisement of such indecent photographs. This Act, taking into consideration the movement in technology over the years, was then extended by the **Criminal Justice and Public Order Act 1994** to include 'images' and 'making' (causing an indecent image to exist is considered to be making) and the **Criminal Justice and Immigration Act 2008** which furthered the definition of 'photograph'.

Criminal Justice Act 1988

Building on the above, this Act criminalises the possession of an indecent image of a child.

Safe Recruitment

Rehabilitation of Offenders Act 1974

Enables some criminal convictions to be ignored after a rehabilitation period. Its purpose is that people do not have a lifelong blot on their records because of a relatively minor offence in their past. It was amended by the **Police, Crime, Sentencing and Courts Act 2022** which reduced the length of time that someone needs to disclose their criminal record for custodial sentences of under four years and community sentences. It sets out what you can ask applicants about their previous cautions or convictions. Roles which are eligible for a DBS check that is:

- standard
- enhanced
- enhanced check with a check of the barred lists

are exempt from the Act. This means that you can ask applicants for more information about their past record.

Public Interest Disclosure Act 1998

Protects whistleblowers from detrimental treatment by their employer (amending the **Employment Rights Act 1996**) because of making a public interest disclosure or 'blowing the whistle'.

Protection of Freedoms Act 2012

Section 64 restricts the scope of certain activities, so that activities which are supervised by another person who has undergone all the relevant disclosure and barring checks do not count as "regulated".

General

Human Rights Act 1998

It lets you defend your rights in UK courts and compels public organisations – including the Government, police and local councils – to treat everyone equally, with fairness, dignity and respect. The Human Rights Act may be used by every person resident in the United Kingdom regardless of whether they are a British citizen or a foreign national, a child or an adult, a prisoner or a member of the public. It can even be used by companies or organisations. The human rights contained within this law are based on the articles of the European Convention on Human Rights. The Act 'gives further effect' to rights and freedoms guaranteed under the European Convention.

It means:

- Judges must read and give effect to other laws in a way which is compatible with Convention rights
- It is unlawful for a public authority to act in a way which is incompatible with a Convention right.

It contains rights such as 'right to life'; 'prohibition of torture and inhuman treatment'; 'right to privacy and family life and right to marry'; 'no discrimination' and 'right to education' amongst key others.

Equality Act 2010

This Act legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. Discrimination means treating someone 'less favourably' than someone else, because of:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex

- sexual orientation.

These are called 'protected characteristics'.

Data Protection Act 2018

Is the UK's implementation of the **General Data Protection Regulation (GDPR)**. Everyone responsible for using personal data must follow strict rules called 'data protection principles'. They must make sure the information is: used fairly, lawfully and transparently. The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required.

Link to Whyte Review – sportengland.org/guidance-and-support/safeguarding/whyte-review

Link to Sheldon Report – the cpsu.org.uk/news/2021-03-the-sheldon-report-non-recent-child-sexual-abuse-in-football/

Link to Weston Report – sportengland.org/news/report-published-handling-complaints-swim-england

Module Two: Policies

Link to Heart of Aquatics – swimming.org/swimengland/heart-of-aquatics/

Link to Wavepower - swimming.org/swimengland/wavepower-child-safeguarding-for-clubs/

Module Three: Safeguarding, Culture and Best Practice

Best Practice and Safer Culture



Best Practice Awareness

Communication: is the cornerstone of best practice, creating a safe culture and being able to identify and respond to concerns when they arise. Without people being able to communicate and voice their concerns about something, whether it is happening to them or someone else, there can be no safeguarding and no reaction.

It is incredibly important that clear lines of communication are established and understood by all Members within your Organisation and that everyone feels that communication is confidential, and only shared when it needs to be. This includes all Members knowing, and feeling able to approach, a trained, independent Welfare Officer.

Boundaries need to be set around Organisational communication. Parents should always give consent for communications to be sent directly to their child and Wavepower specifies that no adult should have direct communication with a child. Consider – does this need to go to a child Member? Can it go via parents? Can this wait to be delivered verbally at a session?

Wavepower is clear on guidelines for social media in that you should not be contacting, messaging, 'friends' or 'following' any child Member. Wavepower guidance from [Page 22](#) onwards.

Managing bullying, banter and behaviour:

'Banter' is about perception, and it is about the impact of any behaviour on another individual. This is where our lived experiences, beliefs and values can impact quite heavily on our perception as to if it is banter, or bullying.

It is important that Members, and those with a duty of care, strive to manage the differences between these and educate child Members on the differences.

Members should never join in on jokes, comments or language that bully or discriminate, and these should be challenged and dealt with appropriately and effectively.

Managing behaviour is part of the role of Members in aquatics who work and volunteer with children and it can be a vital first step in reducing the risk of harm through banter and bullying. The more inappropriate language, comments and 'jokes' are challenged by those who have a duty of care, the less likely it is to become normalised and part of an Organisational culture.

You can find more guidance on this from **Page 80** in Wavepower.

Whistleblowing:

It is important to be aware of whistleblowing. This includes knowing when, and who, to check with, and escalate to, within your own Organisation if you are concerned that something you have reported is not being dealt with as it should, or your concerns are continuing.

You can find more guidance on this from **Page 119** in Wavepower and it is a **policy within its own right at Swim England**.

Mobile Devices and Imagery:

No child Member should be receiving direct messages from an adult Member.

There should be no indecent images or messages to anyone under the age of 18. Under the **Protection of Children Act 1978 and Criminal Justice Act 1988** it is a criminal offence to take, make, distribute (send), upload and/or possess any indecent image of a child (**including those taken/possessed by other under 18-year-olds**).

Sexting can cover a broad range of activities. It can range from the consensual sharing of an image between two children of a similar age to instances of children being exploited, groomed, and bullied into sharing images, which in turn may be shared with peers or adults without their consent.

If children are under 18, it is against the law to:

- Take, have or distribute a sexual photo; this includes a selfie;
- Have or pass on indecent images of someone under 18;
- Encourage or incite someone to take or send 'sexts';
- Take a photo of their own genitals whether the image is shared on or not.

As well as the legal consequences, there are other issues to 'sexting' including emotional and reputational.

If you are under 18, think before you take an explicit photo or share it. If you take or share an image of yourself via your phone, tablet or computer always think "would I be happy for my family, future employer or local police officer to see this?" Once taken and sent, you have no

control over what happens to the image, and it could be sent to anyone and posted anywhere on the internet. Once you press send, it is no longer in your control.

You can use the [Report Remove tool on the ChildLine website](#) to seek support in removing inappropriate imagery on the internet.

Upskirting:

Under the [Voyeurism \(Offences\) Act 2019](#), the offence of “upskirting” - this could be considered by the Police if a Member is looking under/over cubicles in changing rooms.

Guidance and support on mobile devices and imagery

- The [NSPCC](#) website provides valuable information on sexting including how to talk to your child about sexting.
- Remember you can contact the NSPCC helpline from 10am-8pm Monday to Friday on [0808 800 5000](#) to speak with a counsellor if you are worried about a child or need further advice on keeping children safe.
- If you have any concerns about child sexual exploitation or grooming, [contact the Child Exploitation and Online Protection Centre](#).
- If you are concerned a child needs more support or if you are worried they are behaving in a sexually inappropriate way, you can advise speaking to a GP or there may be community-based services available to the child and family.

Safe Entry and Dispersal:

This covers late, non-collection and missing children, as well as transporting children. It is important, as you have a duty of care to children, that you understand the guidance that Wavepower sets out regarding these situations. [Pages 85 to 90 of Wavepower](#) covers this.

16-21 year olds:

We recognise that our sport runs on a huge number of volunteers and those in paid positions that have been participants in our pools, and have moved into roles that now lead them to be responsible for safeguarding, or hold dual roles in being both a participant and a coach, teacher, official, team manager etc. In these positions, and at this age, we recognise that a significant amount of their socialisation and friendship may come through their participation in aquatics.

When aged 16 to 17 years old, we expect young people in Organisational positions to be adhering to adult and coaches' codes of conduct, as well as their own – but they also remain as being a child for the purpose of legislation.

When aged 18 to 21 years old, despite no longer being considered a child under legislation, Wavepower sets provides recognition and sets out guidance on [Page 23](#).

Safeguarding Continuum



Low Level Concern

A low level concern is any concern, doubt, or sense of unease, no matter how small, that someone may have acted in a way that is inconsistent with an Organisation's Code of Conduct. This includes inappropriate behaviour outside of work, volunteering, or being an athlete or Member.

These concerns are often not considered serious enough to refer to a statutory service such as the Police or Social Care and are sometimes also referred to as poor practice.

The lack of response to 'low-level' concerns was a key criticism of the Whyte Review and one of the recommendations was to '*operate a system for the neutral reporting of low-level concerns about adult contact towards children and vulnerable adults*'.

Poor Practice

People often talk about 'less serious' safeguarding concerns as 'poor practice'. Poor practice is when people work in a way that falls short of expected standards as set out in a Code of Conduct.

The relationship between poor practice and abuse is an important one to understand. What's important here is that the behaviours may not seem that serious at the start, but we should be concerned and respond to all behaviours that are not in line with the Code of Conduct, and not just those we believe are the most serious.

Remember, addressing what may seem like 'lower level' concerns and poor practice can help serious harm from happening. Even with behaviour that might seem less serious, if it becomes '*the normal way we do things*', it can create an environment where abuse is more likely to happen. This is because everyone's normal standards of behaviour are lowered. When you hear someone say "we have always done it like this" or "that's the way it's done here" you should be prepared to challenge them if it does not appear to be appropriate.

Abuse and Neglect

Go to pages 22 to 31 of this guidance handbook.

Adult Safeguarding

This is a new addition to Wavepower for 2024 and it is imperative for all working within a Swim England affiliated Organisation.

Anyone who is over 18 could need to be safeguarded.

This includes Masters and Open category Members, coaches, teachers, those who have just turned 18, officials, parents and guardians, as well as those statutorily defined under the **Care Act 2014** as 'adults at risk'.

- The term 'vulnerable adult' was first used in a 1997 Consultation Document, "Who Decides?"
- This has evolved to 'adult at risk' as labelling adults as inherently 'vulnerable' was felt to be too disempowering.

The **Care Act 2014** defines an 'adult at risk' as:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or is at risk of, abuse and neglect; and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Care and support are the terms used to describe the help needed to live as fully as possible. This support can be given by the council, private or public organisations, or through family and friends. It could include support with:

- Washing
- Dressing
- Getting out of bed
- Cooking meals
- Eating
- Seeing friends
- Going to work
- Caring for family
- Being and feeling part of a community.

There are six key principles when it comes to safeguarding adults, as set out in the **Care Act 2014**. These are:

- **Empowerment** – supported and encouraged to make their own decisions with informed consent.
- **Prevention** – the principle that it is better to take action before harm occurs by recognising signs of harm.
- **Proportionality** – providing the least intrusive response and support for the presenting risk.
- **Protection** – providing support, representation and advocacy for those most in need.
- **Partnership**- sharing information that is helpful and necessary to provide multi-agency support to provide the best outcomes.
- **Accountability** – ensuring transparency in responsibility for the person involved.

When you're safeguarding adults, you must consider the individual adult's needs in every situation. This might include considering whether the adult is subject to coercion or undue influence.

The key thing to remember here is that adults have a right to self-determination. All adults, including those at risk, have a right to make unwise decisions, including the choice not to protect themselves. This is different for children, where their safety is the primary concern - although listening to their views is still important.

Adults can choose not to act at all to protect themselves and only in extreme circumstances will the law intervene – often when the adult is deemed to lack capacity (not able to understand the consequences of a decision) in that area, or where the concerns then extend to children, such as living in the same home.

We must take into account that it is not just about systems and a process like it is with children, but also takes into account the contextual elements and the importance of creating a **culture** that embraces informed consultation and decision making.

People who have a duty of care need to understand policies and procedures AND that any person over the age of 18, not just adults at risk, need to be thought of.

This recognition could be of harm within aquatics, or externally, including within the person's own home.

You need to have the recognition of:

- Adults who may be at risk and the circumstances which may increase risk;
- Knowing how adult abuse, exploitation or neglect manifests itself; and
- Necessity to report safeguarding concerns.

Module Four: Professional Boundaries and Position of Trust

Professional Boundaries

There are a small minority of people who seek out roles where they can have access to children and adults in order to facilitate abuse, harm and neglect. However, the vast majority of people work in these roles because they are passionate about what they are delivering and opening up opportunities to people.

Most breaches of positions of trust happen through a crossing of professional boundaries where people generally mean well but cross the line that is set via Codes of Conducts and other means. This allows us to establish and engage in supportive relationships; based on trust, respect and the appropriate use and balance of power and authority and set expectations for both sides and help develop professionalism by encouraging high standards of care, stability and consistency.

A preoccupation with boundaries can mean sometimes people feel they should be cold and clinical. Positive relationships are the first casualties of rigid boundary control and it's important that we *“strike the right balance”*.

Boundaries can sometimes be confused with barriers. Barriers are rigid, fixed and impenetrable, whereas boundaries are dynamic, reflexive, negotiated relationships where people understand that what works with one person doesn't work with another.

Boundaries are fundamental to help young people and adults stay safe – *but they shouldn't prevent the building of positive, meaningful relationships.*

“You're a friendly professional, not their friend” - no matter the age, you are in a professional role and have a duty of care and a position of trust to uphold. You are not 'friends' to the people you are protecting, but you do need to recognise the need to be open, approachable and friendly so that you are able to safely work with people in your care.

Reporting breaches of professional boundaries

Reporting these lower-level breaches of boundaries is a neutral act and is important to stop a concern escalating up the safeguarding continuum.

Organisationally, if you allow this, even if most people are not blurring boundaries or causing harm, those who **are** causing harm can operate in plain sight as it becomes normalised and part of an organisational culture.

Consider...

- Would you be comfortable discussing all of your actions with your Welfare Officer, committee or Organisational lead?
- Would you be uncomfortable about a colleague or other Members observing your behaviour?

Position of Trust

What is a position of trust?

- A person with authority or responsibility over another person. They have considerable power and influence on a young person's life.

Who could breach this in aquatics?

- Adults, in paid or volunteering positions, such as any coaching, teaching, team manager, or official role. The Act defines it as someone 'coaching, teaching, training, supervising or instructing on a regular basis'.

Does it apply if the child is over 16?

- Yes, although once 16-years-old they have reached the age of consent, they could be vulnerable to abuse and exploitation. This includes sexual activity and manipulation by adults who hold a position of trust.

Can I breach the legislation if I am a 16 or 17-year-old?

- No, the law only applies to those OVER the age of 18 who are in a position of trust.

Where can I find the legislation?

- The Sexual Offences Act 2003 was amended in 2022 to expand the position of trust roles to include sports coaches.

Remember!

- Be mindful of the position you hold and maintain clear and positive boundaries.
- Never seek, or engage in, sexual activity with a 16 or 17 year old.
- If you think a young person is seeking a relationship with you, tell your Welfare Officer immediately.
- If you are concerned someone is breaching this legislation, tell your Welfare Officer immediately.

Module Five: Types, Signs and Indicators of Abuse

Types of Abuse

Neglect or Acts of Omission:

Ongoing failure to meet basic needs either through omission – such as removal of food, shelter, clothing, education or medication. This includes ignoring medical or physical care needs, failing to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Signs and Indicators of Neglect

- Poor environment – dirty or unhygienic.
- Poor physical condition and/or personal hygiene.
- Pressure sores or ulcers.
- Malnutrition or unexplained weight loss.
- Untreated injuries and medical problems.
- Inconsistent or reluctant contact with medical and social care organisations.
- Accumulation of untaken medication.
- Uncharacteristic failure to engage in social interaction.
- Inappropriate or inadequate clothing.

Sexual Abuse:

Can be split into contact and non-contact abuse. And can happen in person or online. Contact abuse is where an abuser makes physical contact or forces a person to make physical contact with someone else. Non-contact abuse could be a number of offences that could be in person or online. This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult or child has not consented or was pressured into consenting.

Signs and Indicators of Sexual Abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck.
- Uncharacteristic number of trips to toilet during sessions.
- Reluctance to wear standard aquatic costumes.
- Torn, stained or bloody underclothing.

- Bleeding, pain or itching in the genital area.
- Unusual difficulty in walking or sitting.
- Foreign bodies in genital or rectal openings.
- Infections, unexplained genital discharge, or sexually transmitted diseases.
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude.
- Incontinence not related to any medical diagnosis.
- Self-harming.
- Poor concentration, withdrawal, sleep disturbance.
- Excessive fear/apprehension of, or withdrawal from, relationships.
- Fear of receiving help with personal care.
- Reluctance to be alone with a particular person.

Physical Abuse:

Physical abuse is defined as deliberately hurting and causing physical harm. It could include injuries such as:

- bruises
- broken bones
- bite marks
- burns
- cuts.

It may involve:

- hitting
- kicking
- shaking
- throwing
- poisoning
- burning
- scalding

- drowning
- restraint
- misuse of medication
- inappropriate sanctions
- any other method of causing non-accidental harm.

Physical abuse may also happen when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child – this was once termed as Munchausen by Proxy but is now referred to as Fabricated and Induced Illness or FII. This may be seen through constant injury or hospital trips for a Member.

Breast ironing or breast flattening, a practice of using hard or heated objects to suppress or reverse the growth of breasts, is also a recognised form of child abuse that would fall under physical abuse.

Signs and Indicators of Physical Abuse

- No explanation for injuries or inconsistency with the account of what happened.
- Injuries are inconsistent with the person's lifestyle.
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps.
- Frequent injuries.
- Unexplained falls.
- Subdued or changed behaviour in the presence of a particular person.
- Signs of malnutrition.
- Failure to seek medical treatment or frequent changes of GP.

Emotional/Psychological Abuse:

Continual emotional mistreatment. Emotional abuse can involve deliberately trying to scare, humiliate, isolate or ignore. This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Emotional abuse is often a part of other kinds of abuse, which means it can be difficult to spot the signs, though it can also happen on its own.

Signs and Indicators of Emotional/Psychological Abuse

- An air of silence when a particular person is present.
- Withdrawal or change in the psychological state of the person.
- Insomnia.
- Low self-esteem.

- Uncooperative and aggressive behaviour.
- A change of appetite, weight loss/gain.
- Signs of distress: tearfulness, anger.
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

Abuses defined by the Care Act 2014 – more prevalent within adults but this does not preclude children from suffering these types of abuse.

Financial/Material Abuse

This includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Signs and Indicators of Financial/Material Abuse

- Missing personal possessions.
- Unexplained lack of money or inability to pay membership fees.
- Unexplained withdrawal of funds from accounts.
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity.
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so.
- The person allocated to manage financial affairs is evasive or uncooperative.
- The family or others show unusual interest in the assets of the person.
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA.
- Recent changes in deeds or title to property.
- Rent arrears and eviction notices.
- A lack of clear financial accounts held by a care home or service.
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house.
- Unnecessary property repairs.

Modern Slavery:

This encompasses slavery, human trafficking, sexual exploitation, forced labour and domestic servitude. [GOV.UK](#) has more information on [identifying modern slavery](#).

Signs and Indicators of Modern Slavery

- Signs of physical or emotional abuse.
- Appearing to be malnourished, unkempt or withdrawn.
- Isolation from the community, seeming under the control or influence of others.
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address.
- Lack of personal effects or identification documents.
- Always wearing the same clothes.
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.
- Fear of law enforcers.

Organisational Abuse

This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Signs and indicators of Organisational Abuse

- Lack of flexibility and choice for people using the service.
- Inadequate staffing levels.
- People being hungry or dehydrated.
- Poor standards of care.
- Lack of personal clothing and possessions and communal use of personal items.
- Lack of adequate procedures.
- Poor record-keeping and missing documents.
- Absence of visitors.
- Public discussion of personal matters.
- Unnecessary exposure during bathing or using the toilet.
- Lack of management overview and support.

Discriminatory Abuse

Discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act. Such as:

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010).
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic.
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader.
- Harassment or deliberate exclusion on the grounds of a protected characteristic.
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic.
- Substandard service provision relating to a protected characteristic.

Signs and indicators of Discriminatory Abuse

- The person appears withdrawn and isolated.
- Expressions of anger, frustration, fear or anxiety.
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic.

Domestic Abuse

This includes psychological, physical, sexual, financial and emotional abuse perpetrated by anyone within a person's family. It also includes so called 'honour' based violence.

Research has shown that young people may not always readily understand what constitutes abusive behaviour such as controlling behaviours, which can escalate to physical abuse, e.g., checking someone's phone, telling them what to wear, who they can/can't see or speak to and that this abuse is prevalent within young relationships.

Further research shows that young people don't understand what consent means within their relationships. They often hold the common misconception that sexual offences can only be committed by a stranger down a dark alley and don't understand that it could happen within their own relationships. This can lead to these abusive behaviours feeling 'normal' and therefore unchallenged as they are not recognised as being 'abusive'.

Signs and Indicators of Domestic Abuse

- Low self-esteem.
- Feeling that the abuse is their fault when it is not.
- Physical evidence of violence such as bruising, cuts, broken bones.
- Verbal abuse and humiliation in front of others.

- Fear of outside intervention.
- Damage to home or property.
- Isolation – not seeing friends and family.
- Limited access to money.

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

Self-Neglect

This covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Signs and indicators of Self-Neglect

- Very poor personal hygiene.
- Unkempt appearance.
- Lack of essential food, clothing or shelter.
- Malnutrition and/or dehydration.
- Living in squalid or unsanitary conditions.
- Neglecting household maintenance.
- Hoarding.
- Collecting a large number of animals in inappropriate conditions.
- Non-compliance with health or care services.
- Inability or unwillingness to take medication or treat illness or injury.

Abuse that could affect both children and adults

Online Abuse

Occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

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 could be social, political or religious. This may be direct through a relationship, or through social media.

Faith/Belief Abuse

Abuse linked to faith or belief is where concerns for a person's welfare have been identified, and could be caused by, a belief in witchcraft, spirit or demonic possession, ritual or satanic abuse features; or when practices linked to faith or belief are harmful. Abuse linked to faith or belief is not confined to one faith, nationality or ethnic community. Examples have been recorded worldwide across various religions including Christians, Muslims and Hindus.

The number of known cases suggests that only a small minority of people who believe in witchcraft or spirit possession go on to abuse children and adults. Abuse may happen anywhere, but it most commonly occurs within the victim's home.

Signs and indicators of Faith/Belief abuse

- physical injuries, such as bruises or burns (including historical injuries/scarring).
- reporting that they are or have been accused of being 'evil', and/or that they are having the 'devil beaten out of them'.
- the Member or family may use words such as 'kindoki', 'djin', 'juju' or 'voodoo' - all of which refer to spiritual beliefs;
- becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst others.
- personal care deteriorating (e.g. rapid loss of weight, being hungry, turning up without food or lunch money, being unkempt with dirty clothes).
- it may be evident that the child's parent or carer does not have a close bond with the child.
- attendance becomes irregular or there is a deterioration in performance.
- wearing unusual jewellery/items or in possession of strange ornaments/scripts.

Forced Marriage

This 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 make it a criminal offence to force someone to marry.

Mate Crime

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

Child

Child Exploitation

Can be Sexual or Criminal.

Child Sexual Exploitation (CSE)

A form of Child Sexual Abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a CYP into sexual activity

- (a) in exchange for something the victim needs or wants, and/or
- (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual.

Child Criminal Exploitation (CCE)

Children under the age of criminal responsibility (10 years old), or young people who have increased vulnerability due to push and pull factors who are manipulated, coerced or forced into criminal activity, provide opportunity for criminals to distance themselves from crime.

FGM

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. FGM is a painful, non-medical procedure undertaken on girls and young women which can seriously harm their long-term health. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

It's estimated over 60,000 young women under 15 may be at risk of FGM in England and Wales each year, and approximately 137,000 women and girls are living with the consequences of FGM. The true extent is unknown due to the 'hidden' nature of the crime. The NHS FGM annual report identified 5,395 cases in England in 2020-2021.

Young women may be taken to another country to be mutilated during the summer holidays. Some young women may be abused in the UK. The procedure is traditionally carried out by a woman with no medical training. Anaesthetics and antiseptic treatments are not generally used, and girls may have to be forcibly restrained.

The **Serious Crime Act 2015** amended the **FGM Act 2003** to introduce a mandatory duty on all teachers and registered health and social care professionals (in England and Wales) to notify the police of any "known" cases (those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out) where FGM has taken place on a child (i.e. anyone under the age of 18). If you fall into

one of these categories, it is your duty to report it directly to the Police and notify your Welfare Officer.

The duty does not apply where a child may be at risk of FGM. With regards to the “observing of physical signs”, the guidance notes that it will be rare for most professionals to see visual evidence (other than when, for example, they provide intimate care for a child such as nappy changing or assistance with toileting) and they should not be examining children.

Characteristics that may increase the risk of abuse

Identifying as part of the LGBTQ+ community

"Being LGBTQ+ isn't the risk, it's how others may behave... that may cause risk" – CPSU

LGBTQ+, meaning Lesbian, Gay, Bisexual, Transgender, Queer or Questioning also includes:

- Transsexual
- 2/Two-Spirit
- Intersex
- Asexual
- Ally
- Pansexual
- Agender
- Gender Queer
- Bi-gender
- Gender Variant
- Pangender.

People within this community can be at a greater risk of bullying, online abuse and sexual abuse. Bullying may take place through verbal taunts through to physical assaults and abuse. It can extend easily into online abuse which could range from bullying continuing, through to grooming.

For some people within this community, they can be worried and protective over their sexuality, gender or identity and may choose to explore this further online. This can present an extra level of risk to them. People within this community, particularly young people, might be at a greater risk of sexual abuse and exploitation as they seek to question and explore their sexuality, gender or identity. It could be possible within an Organisational environment so remaining alert to this possibility can help to minimise risk.

Communication is key – if people feel accepted, and that it is safe for them to share who they are, they will be more likely to feel confident in reporting if something is happening to them.

Organisations are encouraged to be visibly and openly supportive and share information about relevant networks such as [Pride in Water](#).

Consider

- If a Member of your Organisation 'came out', would they be made to feel welcome by all Members?
- Has there been a significant negative change in a Member's behaviour?
- Are any of your child Members known to be using adult dating apps?
- Are any examples of potentially offensive 'banter' or language dealt with quickly and effectively?

Members who have a physical or learning difficulty/disability, are neurodivergent and Members who are d/Deaf or hard of hearing

It is important to note here that these groups have been amalgamated, not because of lived experience, but due to the barriers they face that increase their risk of abuse.

We're using the term 'disabled' to refer to people with a range of very different conditions and identities, some of whom may not identify as being disabled. This includes people who:

- Are d/Deaf (The little 'd' in deaf is used to describe anyone who does not hear very much. Sometimes it is used to refer to people who are severely hard of hearing too. In some settings you might see the term 'hearing-impaired' but many people find being labelled 'impaired' offensive and inaccurate, so we don't use that term. Deaf with a capital D is used to refer to people who have been deaf all their lives, or since before they started to learn to talk. They are pre-lingually deaf. It is an important distinction, because Deaf people tend to communicate in sign language as their first language. For most Deaf people English is a second language, and understanding complicated messages in English can be a problem).
- Are neurodiverse, such as being on the autistic spectrum or having attention deficit hyperactivity disorder (ADHD).
- Have a learning disability.
- Have a physical disability such as cerebral palsy.
- Have a visual impairment.
- Have a long-term illness.

According to the International Olympic Committee, experts conservatively estimate that disabled people are at least four times more likely to experience abuse than their non-disabled peers (*British Journal of Sports Medicine*). This includes suffering from all the abuse we have discussed, but there are two types that seem to be more prevalent in **neglect** and **financial abuse**.

Communication

- People may have difficulty understanding a person's speech so they may not realise when they are trying to tell them about abuse.
- People may not have the knowledge and skills to communicate non-verbally with a Member, which can make it harder for them to share their thoughts and feelings.
- Communicating solely with parents or carers may pose a risk if the Member is being abused by their parent or carer.
- It can be difficult to teach messages about what abuse is or how to keep safe to Members with communication needs. Without this knowledge, they may not recognise that they are being abused or won't know how to describe what's happening to them.
- Every Member is different in how they prefer to communicate. It's essential to establish Member's preferred method of communication. They may use: British Sign Language (BSL), Makaton, Widgit, Picture Exchange Communication System (PECS), some signs with speech, speech, lip reading and gestures.

Misunderstanding

- Someone experiencing abuse or disclosing may self-harm or display inappropriate sexual behaviour or other repetitive and challenging behaviours. If this is misinterpreted as being part of a disability, it can prevent action being taken.
- Injuries such as bruising may not raise the same level of concern in someone with a disability.

Consider...

- Always prioritise the person's strengths, requirements and needs: are you communicating in a way that works for them?
- Reflect on your own language limitations and don't assume you can communicate "well enough".
- Non-verbal cues, signals and behaviours such as facial expressions, body language, eye contact and any changes to emotions and behaviour.
- See the Member first, and any disability second.

Members who are from an ethnically diverse background or community

When we talk about Members from diverse ethnic communities, we're referring to a wide range of people from a variety of backgrounds with different individual experiences, including different experiences of racism. This includes groups such as Gypsy, Traveller and Roma communities.

- Members can, and likely have, experienced racism, bias, stereotyping or cultural misunderstanding.
- It might happen at an individual, institutional or societal level and might be displayed consciously or unconsciously.
- Fear of speaking out and not gaining the necessary support. The risk of being cut off from family and support networks can deter children from asking for help (IICSA, 2020) or face worry that they won't be believed or will be blamed for the abuse.
- High importance on female honour, male strength and family reputation which can prevent speaking out against sexual abuse. Some communities place high importance on female honour, linked to virginity and marriage. Girls who have been sexually abused might worry that family and community members would consider them to be "damaged", or that they will be blamed for behaving in a way that is perceived to be immodest or provocative.
- Boys might feel ashamed if their culture places value on male strength or has a strong belief that only girls experience sexual abuse.
- Children may also be worried that speaking out about abuse will result in their community's reputation being damaged. This may be because they have experienced racist stereotyping in the past (IICSA, 2020), or because there is a strong sense of honour in their community (Community Care, 2020a). Some adults who experienced sexual abuse in childhood have reported that they felt unable to speak out about their experiences because they felt they needed to uphold their family's honour (IICSA, 2020).

- History of dealing with issues within families or communities. In any community, people might believe that problems should be dealt with in the community or their families. This can make people less likely to report concerns about abuse to child protection services and feel wary about bringing in 'outsiders' such as the police.
- There can be taboos around sex, healthy relationships and puberty. This means language used to describe sexual abuse or consent is not readily discussed and therefore, the knowledge and understanding of abuse isn't there. Adults who have been raised in communities where sex, relationships and abuse aren't spoken about might also be unaware of how to identify or raise concerns about abuse.
- Some communities and cultures have different perceptions of what constitutes abuse. Children may not realise they are being abused, for example if they are growing up in a culture that routinely uses physical punishment. Or they may feel that there is no point in speaking out because the adults around them are unlikely to stop the abuse.
- Adults might not realise some practices are illegal in the UK, particularly if their culture considers that practice to be protective. An example of this is the harmful practice of breast ironing or breast flattening, a practice which aims to delay the development of girls' breasts to ostensibly protect them from harassment, rape, abduction and early forced marriage and keep them in education (National FGM Centre 2021).
- It is important for people to be aware of and understand the signs of FGM as outlined above on [page 30](#). It is now a compulsory topic within school curriculums. There is a prevalence of FGM within this characteristic group due to it being predominantly practiced in Africa, the Middle East and Asia (WHO). FGM, also known as 'female circumcision', is an illegal act that involves altering or removing a female's genitals for non-medical reasons.

Consider...

- Is the Member spending more time in the toilet?
- Are they reluctant to, or unable to, train in traditional swimwear?
- Do they seem uncomfortable or anxious?
- Have they had an unexpected or long absence or holiday?

Do not speak English as a first language

- Interpretation is vital but it does not automatically lead to understanding.
- Potential for concerns about confidentiality if the interpreter is a family/community member. This could lead to issues with speaking out and speaking openly, especially if the community is small and the concerns relate to shame and honour on the family/community.
- Interpreters might inadvertently leave out important information because they do not realise its significance. If the interpreter also knows about the abuse, or is perpetrating it themselves, they could purposefully hide information.
- Some languages have several different dialects. If the Members and interpreter do not speak the same dialect, it can make it difficult to fully understand a situation.

- Someone may not be able to interpret all the time. In aquatic settings, someone to interpret for the family/Members may not always be available so the only contact they have with them, and with you, is when something serious arises so you have not had the time and opportunity to build a trusting relationship, which can further mean Members do not want to open up.
- Perception of language barriers being insurmountable. It may feel overwhelming to overcome language barriers – this can lead to a perception that some communities are 'insular' or that a group is too challenging.

Are part of, or aspire to be part of, a talent or elite development programme

There are fine margins within elite sport, and they can lead to abusive behaviour if left unchecked.

Types of abuse more prevalent within this group are sexual, physical and emotional.

- **Sexual** – feeling they must do 'whatever it takes' to progress.
- **Physical** – such as over-training, forced stretching.
- **Emotional** – immense pressure to achieve results and guilt and shame may be used as an attempt to increase performance.

They may also have:

- Narrow athlete identity.
- Time away from support networks.
- Fear of losing places on programmes or pathways.
- Focus on body image and weight.
- Intensity and dependency of relationships.
- Lack of action against poor practice.

Consider...

- Has an athlete appeared to have undergone significant weight loss or are they restricting food or following an extreme diet plan?
- Is the Member suffering from extreme fatigue?
- Do they receive significant pressure, either from themselves, family members or someone else?
- Do they train through injuries?

Module Six: React, Respond, Record and Report

Research indicates that up to two thirds of children do not disclose abuse during childhood, and only around 25 percent of those who are abused disclose it when they reach adulthood. For those who do disclose, it takes them on average around 24 years to do so from the time of the abuse. Older children who do disclose will most frequently do so to their peers.

Barriers to reporting could be: *(taken from IICSA 2023)*

- Fear of not being believed, or of being told by the perpetrator that they would not be believed.
- Being scared, threatened with violence by the perpetrator or told by them not to tell anyone.
- Having no one to whom they felt able to disclose, which may be due to a lack of trust, a feeling of isolation, a lack of opportunity to an adult on their own, or not having a consistent adult for a sustained period.
- Feeling embarrassed, ashamed or guilty, including because of grooming.
- Not understanding what was happening at the time or seeing the abuse as normal, possibly due to grooming or past abuse.
- Thinking that disclosure was not worthwhile, including due to a negative response to previous disclosure or because staff were involved or implicated in some way in the abuse.
- Fear of being separated from family.
- Inhibition by shock, trauma or mental health problems caused by abuse.
- Fear that disclosure would affect their lives in terms of being moved by Social Care.
- Fear of losing control of the situation, or process, once the disclosure has been made as other professionals will become involved.
- There may also be practical issues such as disability or language and cultural differences.
- Adult survivors may also be frightened that disclosure might have a negative impact on their relationships or that their own child might be removed by social services.
- They may also think that the support available will not be good enough or they may have lost faith in the strength of their claim after, for example, being unable to access their records.

Even if a person makes an initial disclosure of abuse, the barriers to reporting discussed above may lead them subsequently to retract their disclosure.

Reacting to and Receiving Disclosures

"*Don't bury the voice*" is terminology from a survivor who has spoken about the abuse they suffered as a child and the reaction they felt would have supported them the most.

We want individuals to ask open ended questions and closed questions and limit asking leading or clarifying questions.

Open could be: who, where, what, why, when and how? They help to gain information from a person in their own words and allow them to give their account without being influenced by the question.

Who did this? Where did it happen? What happened next? When did this happen? How did it happen? How did that make you feel?

Closed could be: are you ok? Did that upset you?

Clarifying could be clarification of the details of a question you have asked before, such as if they have said it happened on a Tuesday a few weeks ago: 'did this happen at x session'.

Remember...

- Communicate in a way that is appropriate for the age and understanding of the person you are speaking to. The way you speak to an adult MAY be different as to how you speak to a child, but this could depend on numerous factors.
- TED – Follow this acronym: Tell me... Explain that to me... Describe that to me/how that happened....
- Validate their emotions by offering support; reassure them they've done nothing wrong and acknowledge this must be very difficult to share.

Recording of Concerns and Disclosures

Important reminder:

- Some of the information may not be known to you or be available. You can only refer to the information you have.
- Never delay a referral to either your Welfare Officer or to the National Team or external agencies, to search for missing information that you may or may not be able to find.
- **It is of paramount importance that all information disclosed to you is recorded as accurately as was said to you, and as soon as possible.**

Use the voice of Member, however uncomfortable the words they are using are to you. Ensure the retention (keeping) of your notes as this could be vital evidence, depending on the disclosure and concern.

Reporting Concerns

Concerns should be reported directly to your Welfare Officer, where possible.

You can use the Swim England referral form below to report the concern directly to the National Team. There are separate forms for concerns about a child, or an adult.

www.swimming.org/swimengland/how-raise-concern-complaint/

If you have concerns about any Member:

- Make a detailed note of what you have seen or heard, but don't delay in passing on the information to your Welfare Officer.
- Remember that anyone involved in aquatics can contact the Swim England Safeguarding and Welfare Team, or their Organisation, County or Regional Welfare Officer.

You do not have to decide if a concern or allegation is, or is not, a serious safeguarding issue. You DO have to act on your concerns and refer to, and seek advice from, the appropriate agency, so they can decide.

Not all concerns raised will be a safeguarding concern...

The following referral processes are available:

Breach of Organisation or Swim England Regulations, Code of Conduct or Code of Ethics

In cases alleging a breach of Organisation, or Swim England rules, and breaches of the Code of Ethics and accompanying Codes of Conduct, advice from a Swim England Friend can be sought from the Office of Judicial Administration (OJA).

Under the Judicial Regulations, it provides Organisations with the process to follow to deal with internal disputes. Cases are usually led by the Organisation Chair or Secretary.

If disputes cannot be resolved informally and amicably between the parties, by mediation or a club panel of three, a formal judicial complaint may be submitted through the OJA to determine the dispute. If a child is a party to the dispute, the Welfare Officer can act for the club in a supporting role. The role of the Welfare Officer is solely to ensure that any children involved in the matter are supported and able to give their side of the story for consideration.

Each Organisation also has access to Swim England Club Development Officers who offer training and workshops in different areas / subjects – such as dealing with internal disputes which they can access by contacting their club development officer.

Concerns could be alleged breaches of the club or Swim England regulations and/or breaches of the Code of Ethics and accompanying codes of conduct.

- General poor behaviour which breaches the Code of Ethics and Codes of Conduct.
- Breakdown in communication between Members at the club including children and parents.
- Disciplinary matters.

Medical Protocol

The Swim England Medical Protocol is a free of charge service offered to Swim England affiliated Organisations. It can be accessed when a member under the age of 18 (“a child”) has a medical condition/issue that is causing difficulty, concern or is affecting their ability to take part in aquatics. This can be accessed by making a request to the OJA.

Further information on all the above can be sought from the OJA on 01509 640764 or from the website link swimming.org/members/how-to-resolve-issues-with-your-club/.

Coaches Referral Protocol

This covers concerns regarding coaching and skill techniques, manual support and queries.

You can also contact your Club Development Team who are able to offer support.

Summary

Support checklist:

- Do you know who your Welfare Officer is?
- Check your Organisational details are correct?
- Do you know where to find Wavepower?
- Does your Organisation have a different/specific safeguarding policy in addition?
- Do you know who the Swim England Safeguarding & Welfare team are? Do you feel confident in contacting them?

Safeguarding Contacts:

If you believe a person has been harmed, is being harmed, or may be at immediate risk of harm:

1. If there is immediate risk of significant and serious harm, contact Police on 999 and your local Social Care or MASH.
2. Contact your Welfare Officer or the Swim England Safeguarding & Welfare Team.

Swim England Safeguarding & Welfare Team:

safeguarding@swimming.org

01509 640 274 (Option 3)

County and Regional Welfare Officers:

swimming.org/swimengland/safeguarding-contacts/

Additional Support

We recognise the fear of saying or doing the wrong thing can be a barrier to taking action.

Safeguarding is everyone's responsibility and so an individual will always be supported if they have reported a genuine safeguarding concern in good faith.

If you wish to talk something through, please email safeguarding@swimming.org or equality@swimming.org with any questions.

Terminology and Acronyms

ABE - Achieving Best Evidence
ACT - Ann Craft Trust
ADASS - Association of Directors of Adult Social Services
CAIU – Child Abuse Investigation Unit (Police)
CAMHS – Child and Adolescent Mental Health Services
CCE – Child Criminal Exploitation
CEOP – Child Exploitation Online Protection Command
CO – Care Order
CPP – Child Protection Plan
CSE – Child Sexual Exploitation
CQC - Care Quality Commission
CPSU – Child Protection in Sport Unit
CSP - Community Safety Partnership
DBS - Disclosure and Barring Service
DoLS - Deprivation of Liberty Safeguards
DVPN – Domestic Violence Protection Notice
DVPO – Domestic Violence Protection Order
FGM - Female Genital Mutilation
FII – Fabricated or Induced Illness
FMU - Forced Marriage Unit
HSB – Harmful Sexual Behaviour
ICB – Integrated Care Board
IMCA - Independent Mental Capacity Advocate
IMHA - Independent Mental Health Advocate
LA - Local Authority
LADO – Local Authority Designated Officer
LPA – Lasting Power of Attorney
LPS – Liberty Protection Safeguards
LSP - Local Safeguarding Partnership
MAPPA - Multi Agency Public Protection Arrangements
MARAC – Multi Agency Risk Assessment Conference

MARF – Multi Agency Referral Form
MASH - Multi Agency Safeguarding Hub
MCA - Mental Capacity Act 2005
MSP - Making Safeguarding Personal
NFA – No Further Action
NSPCC – National Society for the Protection of Cruelty to Children
OFSTED – Office for Standards in Education
OPG - Office of the Public Guardian
PALS - Patient Advice and Liaison Service
PoT - Position of Trust
SAAR - Safeguarding Adults at Risk
SAR - Safeguarding Adult Review
SCR – Serious Case Review
SEND – Special Educational Needs and Disability
SIRI - Serious incident requiring investigation
UASC – Unaccompanied Asylum Seeking Child
YOT – Youth Offending Team

