



The Safeguarding Policy for the Yanagi Kai Karate Association

Revised 16th March 2023

Revision number v4.4

The Yanagi Kai Karate Association including its affiliated member clubs (the “**Association**”) recognises the welfare of children, young people and adults at risk is paramount.

- All children, young people and adults at risk, regardless of age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion and/or sexual orientation (defined as Protected Characteristics within the Equality Act 2010) have the right to equal protection from all types of harm or abuse.
- Working in partnership with vulnerable groups, and their family or support network is essential in promoting and embedding this policy.

The purpose of the policy

- To provide protection for the children, young people and adults at risk who receive services from the Association and its affiliated clubs.
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child, young person or adult at risk may be experiencing, or be at risk of, harm.
- This policy applies to all staff, including permanent, casual or volunteers regardless of their role, that work on behalf of the Association and vulnerable groups engaging with the Association.

We will seek to safeguard vulnerable groups by:

- Valuing them by hearing, listening and respecting them.
- Adopting safeguarding guidelines and best practice through procedures and a code of conduct for staff and volunteers.
- Recruiting staff and volunteers through a safer recruitment process, ensuring all necessary vetting checks are made.
- Sharing information about safeguarding and best practice.
- Sharing information about concerns with the appropriate agencies (statutory agencies and those affiliated with Karate), in a confidential manner.
- Providing effective management for staff and volunteers through supervision, support, mentoring and training.

Child Protection v Protection of Adults at Risk

Although children and adults at risk can experience the same types of harm and the causes are often similar, the main difference between child protection and adult protection hinges on the right to make a choice.

The UN Convention on the Rights of the Child defines a child as everyone under 18 years. The UK has ratified this convention in conjunction with the Children Act 2004. Where a child is at risk of serious harm, or has been seriously harmed, it is likely that action would be taken by Statutory Services to protect them whether or not the parents/guardians agreed.

An adult at risk, as defined within the Care Act 2014, applies to any adult aged 18 years and older who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs); and
- Is experiencing, or at risk of, abuse or 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

However, sometimes adults at risk do not want Statutory Services to take action to protect them from harm. Taking action to protect them against their will can create a dilemma therefore staff are required



to consult with the Safeguarding Team to ensure a balance between 'the need to protect' and the rights of the adult is attained. Where young adults (aged 18 or over) are still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.

Roles and responsibilities

All staff and volunteers should ensure that they read the safeguarding policy and procedures of both the Association and the English Karate Federation (the "EKF"), and understand the standards required of them and their responsibilities to ensure the safety and wellbeing of children, young people and adults at risk. They should take appropriate steps (including those set out in this policy and procedure) to ensure that suspicions and allegations of abuse are taken seriously and reported immediately and appropriately.

The Safeguarding Lead at each club has been appointed to act on behalf of the club to support the staff and volunteers to deliver effective safeguarding provision across the Association.

Each karate club Safeguarding Lead will provide an important mechanism for critically evaluating the information presented to them and, where necessary, challenging and/or reporting. Each club lead will be responsible for the overall implementation of the appropriate safeguarding measure, case management and safer recruitment across their club and the Association. The Safeguarding Leads in each club are responsible for the day to day implementation of safeguarding and safer recruitment.

The Association is committed to reviewing and evaluating our policies, procedures and best practice guidelines on a regular basis. The policies alongside the learning and development programme will support raising awareness of safeguarding and those at risk within the Association.

The Association has developed and will continue to develop its framework to ensure those engaging with the Association and individual clubs can carry out their responsibility for safeguarding vulnerable groups. The Association, in conjunction with and following the guidelines as set by the EKF, has clear and well publicised policies on:

- EKF Childrens Safeguarding Policy – Key highlights
 - <https://www.englishkaratefederation.com/application/files/5416/1480/7294/policy-on-a-page-safeguarding.pdf>
- EKF Safeguarding and protecting children and young people – Full policy
 - https://www.englishkaratefederation.com/application/files/5516/1950/8321/EKF_Childrens_Safeguarding_Policy_-_April_2021.pdf
- Reporting a concern of poor practice and abuse (click link below)
 - https://www.englishkaratefederation.com/application/files/9916/1480/6844/child-protection-safeguarding-incident-form_1.pdf
- Equality policy
 - https://www.englishkaratefederation.com/application/files/3016/3682/2217/EKF_Equality_and_Diversity_Policy.pdf
- Recruitment of staff and volunteers
- Whistle-blowing
 - <https://www.englishkaratefederation.com/application/files/7516/1478/0042/ekf-whistle-blowers-final-1a-12-06-08.pdf>
- Confidentiality
- Health and safety at www.englishkaratefederation.com
- Codes of conduct
 - <https://www.englishkaratefederation.com/application/files/9416/1478/0042/code-of-conduct-v4-3b-26-01-2011.pdf>
- Complaints

Additionally the Association also follows the Safeguarding guidelines set out by Sport England and The Safeguarding Code in Martial Arts. See links below.

- <https://www.safeguardingcode.com/index.php?redirect=0>
- <https://www.sportengland.org/guidance-and-support/safeguarding>

The Association requires that all those working or volunteering within the affiliated clubs have read and accepted both the Association and EKF's policies and practices. Those working or volunteering with vulnerable groups will be given additional training, where appropriate.

The Association will ensure that the processes and systems adopted, focus on the wellbeing and safety of vulnerable groups. This includes but is not limited to:



- Operational Guidelines
 - Setting out expectations of the Association and any partner organisation, this can be in the form of Service Level Agreement or Partnership Check.
- Activity guidelines
 - Setting out the expectations for staff when working / volunteering in a project (this is important as each club will be unique and could differ from area to area; age to age , competition to competition).
- Risk Assessments
 - Identifying and reducing risk
 - Setting supervision levels

The Safeguarding Leads will work collaboratively with all the clubs within the Association to ensure the implementation of the safeguarding framework and remain in compliance with the EKF

The Safeguarding of Vulnerable Groups and Safer Recruitment

Position of Trust

Those who have responsibility for, and authority or influence over, vulnerable groups are in relationships of trust in relation to the vulnerable groups in their care.

A relationship of trust can be described as one in which one party has power and influence over the other by virtue of their work or the nature of the activity. It is vital for all those in such positions of responsibility to understand the power they may have over those in their care, and the responsibility they must exercise as a consequence.

This means that those in relationships of trust should not:

- Use their position to gain access to information relating to vulnerable groups for their own or others' advantage.
 - Such information should only be used or shared to meet the needs of vulnerable groups.
- Use their power to intimidate, threaten, coerce or undermine vulnerable groups.
- Use their status and standing to form or promote inappropriate relationships;
 - professional boundaries must be maintained at all times.

Poor Practice and Abuse

Poor Practice takes place whenever staff or volunteers fail to fulfill the highest standards of care and support in their working practice. Poor practice which is allowed to continue can cause harm and can become abuse. Poor Practice is unacceptable and will be treated seriously with appropriate action. An individual may not be aware that poor practice or abuse is taking place, as they may deem the behaviour as 'acceptable'.

The Association's safeguarding policy and procedures define poor practice as follows:

- When insufficient care is taken to avoid injuries (e.g. by excessive training or inappropriate training for the age, maturity, experience and ability of members)
- Allowing abusive or concerning practices to go unreported (e.g. a coach who ridicules and criticises members who make a mistake during a practice or competition)
- Allowing hazing practices (initiations ceremonies) to go unreported
- Placing children or young people in potentially compromising and uncomfortable situations with adults (e.g. inappropriate use by a coach of social media with a young members)
- Ignoring health and safety guidelines (e.g. allowing young members to set up equipment unsupervised by adults)
- Failing to adhere to the club's codes of practice (e.g. no contact to the head or neck)
- Giving continued and unnecessary preferential treatment to individuals

NB: (Please note – this list is not exhaustive)



Abuse Categories

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It can cover different aspects of parenting. Indicators include;

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care.
- A child seen to be listless, apathetic and irresponsible with no apparent medical cause.
- Failure of a child to grow within normal expected pattern, with accompanying weight loss.
- Child thrives away from home environment.
- Child frequently absent from school.
- Child left with adults who are intoxicated or violent.
- Child abandoned or left alone for excessive periods.

Neglect and acts of omission with both children and adults at risk include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves. Neglect and poor professional practice may take the form of isolated incidents or more widespread ill treatment and gross misconduct. Neglect of this type may happen within a person's own home or within an institution, organisation or service. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Physical Abuse indicators can include an explanation which is inconsistent with an injury, several different explanations provided for an injury, unexplained delay in seeking treatment or reluctance to give information or mention previous injuries;

- Bruising - children can have accidental bruising, but the repeated or multiple bruising on the head or on sites unlikely to be injured accidentally; bruising around the face or variation in colour possibly indicating injuries caused at different times must be considered as non-accidental unless there is evidence or an adequate explanation provided.
- Fractures when the history provided is vague.
- Burns & Scalds.
- Bite Marks.

Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate physical sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Sexual Abuse is when adults, of either sex, or other children, use children to meet their own sexual needs. It involves forcing or enticing a child to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve contact including penetrative acts or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural. Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners



- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)
- Physical indicators associated with this form of abuse include but are not limited to:
 - Pain or itching of genital area
 - Blood on underclothes
 - Pregnancy in a younger girl where the identity of the father is not disclosed
 - Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Sexual abuse 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. In adults this would also include where the adult has not consented or was pressured into consenting.

Additional symptoms include:

- Urinary tract infections or sexually transmitted disease.
- Signs of sexual activity having taken place e.g. a woman who lacks the capacity to consent to sexual intercourse becomes pregnant.
- Pain, soreness, itchiness.
- Person discloses fully or partially that sexual abuse is occurring or has occurred in the past.
- Person exhibits significant change in sexual behaviour or outlook.

Emotional Abuse may be difficult to recognise. It is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve making the child feel or believe that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self- esteem and lack of confidence
- Withdrawn or seen as a "loner" – difficulty relating to others
- Developmental delays

Domestic Abuse is an important indication of risk of harm to children, whom may suffer directly or indirectly if they live in households where there is domestic violence. Domestic abuse is likely to have a damaging effect on the health and development of children. Many of the signs and symptoms are indicators from the physical and emotional abuse definitions. Domestic abuse defined by The Home Office in March 2013 as: "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.

Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.



Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation. It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

Financial Abuse 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. The Office of the Public Guardian identifies financial abuse as the most common form of abuse. Financial abuse can occur in isolation, but where there are other forms of abuse, there is likely to be financial abuse occurring.

Organisational Abuse (previously known as Institutional abuse) includes, neglect and poor care practise within an institution or specific care setting such as a hospital or care home 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.

Discriminatory Abuse includes forms of harassment, slurs or similar treatment because of age, disability, gender, racial heritage, religious belief, sexual orientation or identity. It also includes racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability. Excluding a person from activities on the basis that they are 'not liked' is also discriminatory abuse.

Remember that: It is not the responsibility of staff or volunteers to decide if abuse has taken place, but it is their responsibility to act on any concerns in accordance with this procedure.

Responding to Allegations of Abuse

It is not the responsibility of any one person within the Association in a paid or unpaid capacity, to decide whether or not abuse has taken place. **All staff and volunteers** have a responsibility to ensure the safety and welfare of children and adults at risk, including taking appropriate steps (including those set out in this procedure) to ensure that suspicions and allegations of abuse and poor practice are taken seriously and reported immediately and appropriately.

The Association will ensure that all staff and volunteers will fully support and protect anyone, who in good faith reports his or her concern that a colleague or another is, or may be, abusing a child or an adult at risk.

Guidance for dealing with a disclosure

Recognising

Recognising abuse or harm is often not easy. You need to act when harm or abuse is suspected and not just when you are absolutely sure that harm has occurred. Suspects mean you do not have the proof of abuse. It does not mean you are jumping to conclusions, it simply means that there is a safeguarding concern that must be reported and the Safeguarding Lead can find out more information.

Responding

When harm or abuse is disclosed your role is to report the basic facts you know of to the Safeguarding Team or statutory services. The disclosure may be sudden with a lot of information provided, or a statement may be made which hints at an abusive situation.

What to ask:

- Who...
- What...
- Where...
- Which...
- When...
- Tell me...



- Explain to me...
- Describe to me...

Refer/Report

Your concern needs to be appropriately shared with either the Safeguarding Lead or to Statutory Services, verbally and later in writing using the referral form.

Record

Using a fact based report-document will ensure that you capture the necessary information. This must be completed on the day of the incident or certainly within 24 hours.

This document needs to be legible, clearly dated and signed and include detailed description of the incident; what exactly happened, when and where, how and who was involved, names of witnesses, and exactly what was said. It is crucial that when writing up you stick to the facts, using the individual's own words. Where possible always record the child or adult at risk's wishes.

Guidance for Dealing with a Disclosures

- Children/Young Person ("CYP") or adult at risk makes a disclosure
 - Staff recognise signs of abuse
 - Incident between participants during a session
 - Safeguarding concerns from within the local community
- Stay Keep calm and reassure the CYP/adult
 - Ask for further details - Do not ask leading questions: Tell Explain Describe
 - Explain you will have to pass information on
- Allow the CYP/adult to talk at their own pace and use their own language
 - Do not pressure them into telling you more than they want to
 - Listen attentively
 - Avoid going over the information time and time again; you are only gathering information to help you form a belief on reasonable grounds that you to need make a referral
- Where the CYP or adult is at immediate risk of harm keep them at the session until advised by Children's Services, Adults' Services or Safeguarding Team
- Contact Safeguarding Lead or lead instructor
 - Refer to safeguarding contacts if Safeguarding Lead or lead instructor is unavailable
- Make a detailed and factual record including; quotes, dates, times, contact details
 - Complete a written or typed documentation within 24 hours.
 - Email this to Safeguarding who will ensure this information is passed on if necessary.

Self- Referral

The Association acknowledges that on occasions when staff and volunteers who identify their own poor practice or practice which could be questioned as to their integrity; they have a duty to self-refer themselves to their lead instructor or the Safeguarding Lead.

By doing so they support the Association's objectives set out in this policy. In order for positive engagement with vulnerable groups, professional boundaries must always be maintained, to ensure these professional standards are upheld, it is important that staff and volunteers self-refer when vulnerable groups are forming an over familiar attachment with them, as discussed in Working Practice with the EKF.

Confidentiality and Information Sharing

Staff and volunteers should ensure that confidentiality protocols are followed and information is shared appropriately. All staff and volunteers must understand that they have a professional responsibility to



share information with other agencies in order to safeguard children. All staff and volunteers must be clear with children and adults at risk that they cannot promise to keep secrets.

Case Management of Safeguarding Concerns

In accordance with the Association, the safeguarding of vulnerable groups and safer recruitment, the Safeguarding Lead will act as the lead official in any investigation of an allegation of abuse of a child or adult at risk. The Safeguarding Lead in their absence will deputise this responsibility to a member of the Association's Safeguarding team.

Concerns about poor practice

- Any suspicions or concerns relating to poor practice must be reported immediately to the Safeguarding Lead or the or designated person.
- Information gathering will be completed by the Safeguarding Lead who will consult with the overall Association Lead.
- The head of Safeguarding must be made aware of the outcome including the case management documentation which will be then stored in a secure location with access for Safeguarding Leads only.
- Discipline procedures may be initiated by the club if required.
- The Association's policy and procedures state that affiliated clubs need to send information to the Association Safeguarding Lead or their local authority where repeated poor practice incidents occur.
 - For the avoidance of doubt, action needs to be taken where there are three incidents of poor practice by the same individual.
 - This is whether these repeat incidents are for the same type of poor practice or for different forms of poor practice.
- This is to ensure the Association can support, and prevent any oversights and to further ensure thresholds for poor practice cases are being managed locally.

Concerns about alleged abuse

- Any suspicion or concern that a child or adult at risk has been abused or is at risk of abuse must be reported immediately to the Safeguarding Lead.
- The Safeguarding Lead will take necessary steps to ensure the safety of the child or adult at risk in question and any other individuals who may be at risk.
- Staff and volunteers must not carry out their own investigations.
- The Safeguarding Lead will assess the information disclosed and take appropriate action.
- The Safeguarding Lead will, together with other senior staff where appropriate, assess whether the suspicions or concerns should be referred to the Local Authority and/or the police.
- Throughout the process clear records of decision making will be documented.
- The parents or carers of the alleged victim and/or perpetrator will be contacted as soon as possible and if applicable, following advice from statutory agencies.
- If the Safeguarding Lead is the subject of an allegation, the report must be made to the assistant designated Lead or Senior instructor.
- It is expected that any suspicion or concern arising outside the immediate sporting environment is reported immediately to the Safeguarding Lead.

Management of allegations -

Where there is a safeguarding complaint against a member of staff or volunteer, three types of investigation can be opened:

- A criminal investigation led by the Police.
- An investigation led in a multi-agency approach by the Local Authority.
- A disciplinary or misconduct investigation led by the Association which may also involve the EKF.

It is important to highlight that the results of the Police investigation may well influence the disciplinary investigation.



Following the outcome of a case, the Safeguarding Lead in consultation with other senior club members will support the club to assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled.

This action will be dependent on the outcome of any criminal investigation and due consideration will be taken with any decision made; particularly where there is insufficient evidence to uphold any criminal action by the Police. In such cases, the Association will reach a decision based upon all the available information which could suggest that on a balance of probability; it is more likely than not that the allegation is true. The welfare of the child or the adult at risk should remain of paramount importance throughout the decision making process.

GDPR

The Safeguarding Team will, as part of their responsibilities, collect personal data and therefore data protection rules will apply. The Safeguarding Team therefore has a requirement to process, store and share data in accordance with DPA/GDPR. The Association Welfare and Safeguarding Team are mandated by law to share information with relevant authorities when a child or adult at risk is in danger of being abused or is currently being abused. The sharing of information under these circumstances is permitted under the UK Data Protection Act and General Data Protection Regulations 2018

Yanagi Kai Karate Association Safeguarding Team

Association Safeguarding Officer		Contact Number	Contact Email
Lead Safeguarding Officer	Richard Axtell	07778 854340	rax@richardaxtell.com
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