



SAFEGUARDING CHILDREN & YOUNG PEOPLE

Version 3.0

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**Hampshire and Isle of Wight (including Guernsey)
Squash and Racketball Association (HSRA)**

HSRA Safeguarding Children Policy and Procedures

Introduction

HSRA is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of all children and young people involved in Squash in accordance with the Children’s Act 1989/2004.

This policy refers to Working Together 2015, compiling with duty outlined.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf

The HSRA Safeguarding children and young people’s policy and procedures apply to all individuals involved in Squash at every level of the sport and can be adopted by clubs and counties

HSRA will encourage all members to adopt and demonstrate their commitment to the principles and practice of equality as set out in this Safeguarding Policy.

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2 Principles

- 2.1 The guidance given in the policy and procedures is based on the following principles; anyone under the age of 18 will be considered a child or young person:
- 2.1.1 All children and young people, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or transgender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.
 - 2.1.2 HSRA will seek to ensure that our sport is inclusive and make reasonable adjustments for any ability, disability or impairment. We will also commit to continuous development, monitoring and review of all staff.
 - 2.1.3 The rights, dignity and worth of all children and young people will always be respected. UN Children's rights:
<https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>
 - 2.1.4 We recognise that ability and disability can change over time, such that some children and young people may be additionally vulnerable to abuse, for example those who have a dependency on others or have different communication needs, those not living at home, children develop at different rates.
 - 2.1.5 We recognise that a child or young person with additional needs may or may not identify themselves or be identified having 'additional needs'. Some of these children may have been identified as needing additional support other may have not been; some of these children may receive additional support in other environments.
 - 2.1.6 We all have a shared responsibility to ensure the safety and well being of all children and young people and will act appropriately and report concerns whether these concerns arise within Squash e.g. inappropriate behaviour of a coach, other members of club/county or outside e.g. in the wider community.
 - 2.1.7 All allegations will be taken seriously and responded to quickly in line with HSRA Safeguarding Procedures ([Sections 6, 7, & 8](#)).
 - 2.1.8 HSRA recognises the role and responsibilities of the statutory agencies in safeguarding children and is committed to complying with the procedures of the Local Safeguarding Children Boards, including social care and police.
 - 2.1.9 The England Squash Safeguarding Children's Policy and Procedures is mandatory. Noting the remit of squash and its jurisdiction, England Squash encourages County and Club Committees to adopt this policy.

2.2 Safeguarding duties apply to all

[Working Together to Safeguard Children \(HM Government, 2015; PDF\)](#) states that safeguarding is everyone's responsibility. Working Together outlines the duties of all organisations that work with children. As an organisation we work with other agencies to ensure best practice and information is shared.

- We maintain a professional attitude of 'it could happen here' where safeguarding is concerned. When concerns about the welfare of a child arise, all members/volunteers will always act in the best interests of the child.
- The policy and procedures of HSRA apply to everyone, whether in a paid or voluntary capacity, including coaches, volunteers, parents, other club members, paid staff in clubs and counties, markers and referees, helpers on club and county trips and medical staff. Everyone has a responsibility.
- Everyone who comes into contact with children and their families has a role to play in safeguarding children and young people. We recognise that staff/volunteers play a particularly important role as they are in a position to identify concerns early.
- **HSRA understand their role is crucial in:**
 - **Building resilience** - raising awareness of child protection issues amongst members, equipping all with the skills and knowledge needed to keep children and young people safe. Establishing a safe sports environment in which children can learn and develop within an ethos of openness is key.
 - **Supporting vulnerable athletes** - supporting athletes who have additional needs.
 - **Preventing unsuitable people from working with children** - ensuring we practice safe recruitment in checking the suitability of those that work with children and young people.

3 Guidance and Legislation

The practices and procedures within this policy are based on the principles contained within the Government Guidance and have been developed to complement the Children's Safeguarding Boards policy and procedures, and take the following into consideration:

- The Child Protection Act 1989 and 2004
- The Data Protection Act 1994 and 1998
- The Human Rights Act 1998
- The Safeguarding Vulnerable Groups Act 2006
- The Equality Act 2010
- The Protection of Freedoms Act 2012

- Sexual Offences Act 2003
- Mental Capacity Act 2005
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- Every Child Matters 2003
- The Protection of Children Act 1999
- The Police Act 1997
- The Criminal Justice and Court Services Act 2000
- “Caring for the young and vulnerable” - Home Office guidance for preventing the abuse of trust 1999
- The ‘What to do if you are worried a child is being abused’ - Department of Health 2006
- Working Together to Safeguard Children- HM Government 2015
- The United Nations Convention on the Rights of the Child - 1990
- The Human Rights Act 1998
- The Protection of Freedoms Act 2012
- Prevent Agenda 2015
- Keeping Children safe in Education 2016

What is a child?

The UN Convention on the Rights of the Child defines a child as everyone under 18 unless, "under the law applicable to the child, majority is attained earlier" ([Office of the High Commissioner for Human Rights, 1989](#)). The UK has ratified this convention.

However there are a number of different laws across the UK that specify age limits in different circumstances. These include child protection; age of consent; and age of criminal responsibility.

Vulnerable Groups:

Some especially vulnerable young people are entitled to services beyond the age of 18.

Local authorities in England and Wales must keep in touch with care leavers until they are at least 21. They should also provide assistance with education, employment and training. Local authorities in Northern Ireland also have this same duty

Age of consent:

The age of consent (the legal age to have sex) in the UK is 16 years old.

The laws are there to protect children. They are not there to prosecute under-16s who have mutually consenting sexual activity but will be used if there is abuse or exploitation involved.

To help protect younger children the law says anyone under the age of 13 can never legally give consent. This means that anyone engaging in sexual activity with a child who is 12 or younger will be subject to penalties set out under the Sexual Offences Act 2003.

The law also gives extra protection to young people who are 16 to 17 years old. It is illegal to:

- take, show or distribute indecent photographs
- pay for or arrange sexual services
- for a person in a position of trust (for example, teachers, care workers) to engage in sexual activity with anyone under the age of 18

Childrens wishes:

- Most guidance for services for children, like safeguarding and health care, emphasises how important it is to listen to the wishes of the child.
- However, agencies have a duty to act in the best interests of the child which may mean contradicting their wishes. Legislation in England and Wales asks that due consideration is given to the wishes and feelings of a child as far as reasonable before making decisions on what services to provide or action to take.

Age of criminality responsibility for children:

- The age of criminal responsibility in England, Wales and Northern Ireland is 10 years old.
- Criminal responsibility is based on when a child is considered capable of committing a crime and old enough to stand trial and be convicted of a criminal offence.
- In Scotland the age of criminal responsibility is 8 years old but the age at which a child can be prosecuted is 12 years. Children under 12 may be referred to a social worker and a children's hearing. A children's hearing is a legal meeting and decisions made can become part of a criminal record.

4 Types of Abuse

4.1 At HSRA we are aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. The following outlines numerous types of abuse;

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

Physical abuse: a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

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

Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Poor practice in Sports: Poor practice is behaviour of an individual in a position of responsibility which falls below the organisation's required standard (typically as described in the club/organisation's Code of Conduct). Poor practice may not be immediately dangerous or intentionally harmful to a child, but is likely to set a poor example.

Poor practice is potentially damaging to the individual, the organisation and to children who experience it. For example, coaching with alcohol on the breath, smoking, swearing in front of children, or not paying due care and attention to participants all constitute poor practice.

Poor practice can sometimes lead to, or create, an environment conducive to more serious abuse. It may also lead to suspicions about the individual's motivation, even where no harm is intended. For example, if a coach is giving one child too much attention, regularly transports children in their car, or encourages physical contact with children without obvious justification

Other Safeguarding Issues:

A designated safeguarding officer will hold responsibility for all safeguarding issues - some of which are listed below. HSRA enable its staff and partners to be aware that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting which puts children in danger. Staff are aware of the Designated Safeguarding Lead who is the expert within the organisation and is there to support staff, volunteers and the governing body further.

All staff/volunteers are aware safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting. further guidance on peer on peer abuse can be found in behaviour policy and procedures.

• **Bullying including Cyberbullying** - bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to protect themselves. It can take many forms but the main types are:

- physical (e.g. hitting, kicking, theft)
- verbal (e.g. racist or homophobic remarks, threats, name-calling)
- emotional (e.g. isolating an individual from the activities and social acceptance of their peer group)

"The damage inflicted by bullying (including cyberbullying via the internet) can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm). Information and Communication Technology (ICT), now more commonly referred to as Digital Technology, enables children and young people to learn, play, communicate and explore the world in fantastic new ways and many children and young people are now skilled in using digital technology including computers, tablets, mobile phones and gaming machines. However with this new technology there are new risks. Everyone who is responsible for the welfare and safety of children needs to understand what these risks are and how we can all work together to enjoy these new technologies safely. "As in any other area of life, children and young people are vulnerable and may

expose themselves to danger - knowingly or unknowingly - when using the internet and other digital technologies. Indeed, some young people may find themselves involved in activities which are inappropriate or possibly illegal.

[MORE INFORMATION - CPSU GUIDANCE & RESOURCES ON ANTI BULLYING](#)

- **Child sexual exploitation (CSE)** – “child sexual exploitation (CSE) is when a child/young person is used by being tricked into doing something sexual sometimes receiving something in return like love, affection, money, drugs or alcohol.” National Working Group #SaySomething Campaign

[MORE INFORMATION - GUIDANCE ON CHILD SEXUAL EXPLOITATION](#)

- **Domestic Violence** – 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. This can encompass but is not limited to the following types of abuse:

psychological

physical

sexual

financial

emotional

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Domestic violence and abuse is a generic term to describe a wide range of intentional behaviours used by one individual to control and dominate another with whom they have had, wished to have, or are currently in a close intimate, family or other type of relationship. It does not only relate to married or co-habiting couples, and it frequently continues after a relationship has ended. A significant number of women and children are no safer when they leave an abusive home, and for very many it is known that the level of violence and abuse can escalate.

[MORE INFORMATION – GUIDANCE ON DOMESTIC VIOLENCE](#)

- **Relationship Abuse** – HSRA has agreed to use the Home Office definition of domestic abuse:-

“Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality.”

Other organisations define domestic abuse as:- “All forms of domestic violence - psychological, economic, emotional and physical - come from the abuser's **desire for power and control** over other family members or intimate partners. Although every situation is unique, there are **common factors** involved.”

[MORE INFORMATION – DISRESPECT NOBODY: RELATIONSHIP ABUSE CAMPAIGN](#)

- **Drugs** - there is evidence that children and young people are increasingly misusing alcohol and illegal drugs. Consequences range from non-attendance and poor attainment at school, poor health, committing crime to support 'habits' and also increased risk of being a victim of violent crime and sexual exploitation. For more information visit:

[MORE INFORMATION – DRUGS ADVICE FOR SCHOOLS](#)

- **Fabricated or induced illness** - Fabricated or Induced Illness is a condition whereby a child suffers harm through the deliberate action of their carer and which is attributed by the adult to another cause.

There are three main ways of the parent/carer fabricating or inducing illness in a child:

1. **Fabrication** of signs and symptoms, including fabrication of past medical history.
2. **Fabrication** of signs and symptoms and **falsification** of hospital charts, records, letters and documents and specimens of bodily fluids.
3. **Induction** of illness by a variety of means.

Harm to the child may be caused through unnecessary or invasive medical treatment, which may be harmful and possibly dangerous, based on symptoms that are falsely described or deliberately manufactured by the carer, and lack independent corroboration. The emotional impact of this on the child should always be considered. There may be a number of explanations for these circumstances and each requires careful consideration and review. Concerns about a child's health should be discussed with a health professional who is involved with the child.

[MORE INFORMATION – GUIDANCE ON INDUCED ILLNESS](#)

- **Faith Abuse** – Links to faith or belief includes: beliefs in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and Dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation. This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home. Abuse linked to a belief in spirit possession can be hard for professionals to accept and it may be difficult to understand what children are likely to be experiencing; it can often take a number of visits or contacts to recognise such abuse.

[MORE INFORMATION – ACTION PLAN TO TACKLE FAITH ABUSE](#)

- **Female Genital Mutilation (FGM)** – FGM is known by a number of names including „female genital cutting“, „female circumcision“ or „initiation“. The term female circumcision suggests that the practice is similar to male circumcision, but it bears no resemblance to male circumcision, has serious health consequences and no medical benefits.

FGM is also linked to domestic abuse, particularly in relation to „honour based violence“.

[MORE INFORMATION – GUIDANCE ON FGM](#)

- **Forced marriage** - There are some significant differences between the referral of a concern about a young person being forced into marriage and other child protection referrals. Professionals must be aware that sharing information with a young person’s parents, extended family or members of their community, could put the young person in a situation of significant risk. Any disclosure that indicates a young person may be facing a forced marriage must be taken seriously by professionals who should also realise that this could be ‘one chance to save a life. A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure.

[MORE INFORMATION – GUIDANCE ON FORCED MARRIAGES](#)

- **Gender-based violence/violence against women and girls (VAWG)** -

Too many women are still victims of domestic and sexual violence. We must help young people to understand what a healthy relationship is and to re-think their views of controlling behaviour, violence, abuse, sexual abuse and consent.

[MORE INFORMATION – STRATEGY TO END VIOLENCE AGAINST WOMEN](#)

- **Hate** - A hate crime is a crime committed against someone because of their:
 - disability
 - race or ethnicity
 - religion or belief
 - sexual orientation
 - transgender identity
 - alternative subculture

[MORE INFORMATION – GUIDANCE ON HATE CRIMES](#)

- **Gangs and youth violence** -

The Policing and Crime Act 2009 ('the 2009 Act') contains provisions for injunctions to prevent gang-related violence and gang-related drug dealing activity to be sought against an individual; these were commenced in January 2011.

The Crime and Security Act 2010 contains provisions for breach of an injunction to be enforced against 14 to 17 year olds; the Crime and Courts Act 2013 moved jurisdiction for these proceedings from the County Court to the Youth Court.

The Serious Crime Act 2015 contains provisions that amend the statutory definition of what comprises a "gang", as defined in section 34(5) of Part IV of the Policing and Crime Act 2009, and expands the scope of the activity a person must have engaged in, encouraged or assisted, or needs to be protected from, before a gang injunction can be imposed to include drug dealing activity. Locally, the following definition of gangs, as included within Dying to Belong (Centre for Social Justice, 2009), has been adopted:

A relatively durable, predominantly street-based group of young people who;

1. See themselves (and are seen by others) as a discernible group, and
2. Engage in a range of criminal activity and violence

They may also have any or all of the following factors:

- (3) Identify with or lay claim over territory
- (4) Have some form of identifying structural feature
- (5) Are in conflict with other, similar, gangs.

[MORE INFORMATION – GUIDANCE ON GANGS AND YOUNG PEOPLE](#)

- **Preventing Radicalisation**

The current threat from terrorism in the United Kingdom can involve the exploitation of vulnerable people, including children of all ages, young people and adults to involve them in terrorism or activity in support of terrorism. Violent Extremism is defined by the Crown Prosecution Service (CPS) as: "The demonstration of unacceptable behaviour by using any means or medium to express views, which: Encourage, justify or glorify terrorist violence in furtherance of particular beliefs; Seek to provoke others to terrorist acts; Encourage other serious criminal activity or seek to provoke others to serious criminal acts; Foster hatred which might lead to inter-community violence in the UK."

[**MORE INFORMATION – PREVENTING RADICALISATION GUIDANCE**](#)

- **Sexting** – Sexting is when a young person takes an indecent images of them self and sends this to their friends or boy / girlfriends via mobile phones.

The problem is that once taken and sent, the sender has lost control of these images and these images could end up anywhere. They could be seen by your child's future employers, their friends or even by paedophiles.

By having in their possession, or distributing, indecent images of a person under 18 on to someone else – young people are not even aware that they could be breaking the law as these are offences under the Sexual Offences Act 2003.

[**MORE INFORMATION - GUIDANCE FROM CEOP SAFETY CENTRE**](#)

- **Trafficking** – Human trafficking is defined by the UNHCR guidelines (2006) as a process that is a combination of three basic components:

- Movement (including within the UK);
- Control, through harm / threat of harm or fraud;
- For the purpose of exploitation.

The Palermo Protocol establishes children as a special case for whom there are only two components – movement and exploitation. Any child transported for exploitative reasons is considered to be a trafficking victim – whether or not s/he has been deceived, because it is not considered possible for children to give informed consent.

'Child' refers to children anyone below 18 years of age.

A child may be trafficked between several countries in the EU or globally, prior to being trafficked into / within the UK. The child may have entered the UK illegally or legally (i.e. with immigration documents), but the intention of exploitation underpins the entire process. Child victims may be indigenous UK nationals, European Union [EU] nationals from any country outside the EU.

[MORE INFORMATION – GUIDANCE ON TRAFFICKING](#)

On Line Safety – the use of technology has become a significant component of many safeguarding issues. The internet can be a fantastic place for children and young people where they can talk to friends, be creative and have fun. However, just like in the real world sometimes things can go wrong.

We are aware that the potential for children with SEN-D may have additional barriers when it comes to safeguarding, HSRA recognises that this group can be more vulnerable to abuse and neglect. The warning signs and symptoms of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health. By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.

Heightened vulnerability linked to:

- Communications skills
- Maturity (Lower cognitive ability)
- Perceptions of intent from others
- Lower self-esteem/confidence
- Potential to trust unreservedly
- A need to have “friends” or find a partner
- Differing boundaries
- Online safety – digital technology understanding

A combination of these factors can make children and young people more susceptible to risks.

[MORE INFORMATION – CPSU GUIDANCE ON ONLINE SAFETY](#)

5 Signs and Indicators of Abuse

- 5.1 Abuse can take place in any context and by all manner of perpetrator. In squash, abuse may be inflicted by anyone in the club that a child or young person comes into contact with. Or club members, workers, volunteers or coaches may suspect that a child or young person is being abused outside of the club setting. There are many signs and indicators that may suggest someone is being abused, these include but are not limited to:

- 5.1.1 Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- 5.1.2 Person has belongings or money going missing
- 5.1.3 Different adults collecting and dropping off, without prior notice
- 5.1.4 Person is not attending / no longer enjoying their sessions
- 5.1.5 Someone losing or gaining weight / an unkempt appearance
- 5.1.6 A change in the behaviour or confidence of a person.
- 5.1.7 They may self-harm.
- 5.1.8 They may have a fear of a particular group or individual
- 5.1.9 They may tell you / another person they are being abused – i.e. a disclosure.

SAFEGUARDING PROCEDURES

6 What to do if you have a concern or someone raises concerns with you

- 6.1 All members are encouraged to report any concerns that they have and not see these as insignificant. A referral is justified by a single incident such as an injury or disclosure of abuse. More often however, concerns accumulate over a period of time and are evidenced by building up a picture of harm over time; this is particularly true in cases of emotional abuse and neglect.

[MORE INFORMATION: SAFEGUARDING BOOKLET](#)

- 6.2 You may become aware that abuse or poor practice is taking place, suspect abuse or poor practice may be occurring or be told about something that may be abuse or poor practice and you must report this to the Club Welfare Officer (CWO), or, HSRA Safeguarding Officer.
- 6.3 If you are at an international event and have a concern then speak to the coach or a team official.
- 6.4 If you are concerned someone is in immediate danger contact the police. The below hyper link directs you to your local children's social care contact number.

[MORE INFORMATION – REPORT CHILD ABUSE TO LOCAL COUNCIL](#)

[PLEASE NOTE FOR FULL SAFEGUARDING PROCEDRES HSRA FOLLOWS THE PROCEDURES SET OUT IN THE CPSU FLOWCHART GUIDANCE DOCUMENT.](#)

7. Guidance on responding to a child disclosing abuse.

The following list should be used as advice for staff/coaches in the event that a child discloses information relating to abuse that they may be suffering:

- **Stay calm**
- **Listen carefully** to what is said
- **Do not promise to keep secrets** –find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others. *NB: If the child is Fraser/Gillick competent (i.e. they have a good understanding of the situation and are intelligent enough to deal with the situation on their own.) then the instance should be passed onto the welfare officer who will decide whether or not to inform parents or guardians if the young person doesn't comply.*
- **Allow the child to continue at her/his own pace**
- **Only ask questions for clarification purposes** –at all times avoid asking questions that suggest a particular answer.
- **Reassure** the child that they have done the right thing in telling you.
- **Tell them what you will do next** and with whom the information will be shared.
- **Record in writing what was said** using the child's own words as soon as possible –note date, time, any names mentioned and to whom the information was given and ensure that the record is signed and dated. Use the [incident referral form](#) from England Squash/HSRA.

In the case that a child or young person discloses any information regarding abuse that they may have suffered, the information should be passed onto the Club Welfare Officer. If the Club Welfare Officer is not available, any urgent concerns should be passed on to England Squash at safesquash@englandsquash.com or the relevant social services authority or the Police.

8 How to Record a Disclosure

- 8.1 Make a note of what the person has said using his or her own words as soon as practicable and complete an Incident Form, submit to the Club Welfare Officer. The [incident referral form](#) is on the HSRA website.
- 8.2 Describe the circumstances in which the disclosure came about.
- 8.3 Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.

- 8.4 Be mindful of the need to be confidential at all times, this information must only be shared with the Club Welfare Officer or who will escalate it to HSRA if needed.

In partnership (if applicable), the Club Welfare Officer and/or HSRA will then:

- Inform the parent/carer of referral if in doing so does not put the child/young person at significant risk.
- Information can also be shared without consent where the 'vital interests' of the individual are affected (and he or she cannot give consent or consent cannot reasonably be obtained); or where there is a legal duty.
- Liaise with the family/carers, providing they are not implicated and the person consents

If the matter is urgent and relates to the immediate safety of a child or young person then contact the police immediately.

9 Roles and Responsibilities of those within HSRA

9.1 HSRA is committed to having the following in place:

- 9.1.1 A Lead Safeguarding Officer to produce and disseminate guidance and resources to support the policy and procedures.
- 9.1.2 A clear line of accountability within the organisation for work on promoting the welfare of all children and young people.
- 9.1.3 Procedures for dealing with allegations of abuse or poor practice against members of staff and volunteers.
- 9.1.4 A Case Management Group that effectively deals with issues, manages concerns and refers to a disciplinary panel where necessary (i.e. where concerns arise about the behaviour of someone within Squash).
- 9.1.5 A Disciplinary Panel will be formed as required for a given incident.
- 9.1.6 Arrangements in place to work effectively with other organisations to safeguard and promote the welfare of children and young people, including arrangements for sharing information.

10 Good Practice

Introduction

It can be difficult to distinguish poor practice from abuse, whether intentional or accidental.

It is not the responsibility of any individual involved in Squash to make judgements regarding whether or not abuse is taking place, however, all Squash personnel have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

10.1 Good practice

HSRA strongly advises that those working with children and young people should:

- Fully accept the [England Squash Code of Conduct](#).
- Have completed a [DBS check](#).
- Have completed a [safeguarding course](#) relevant to their role.

Everyone should:

- Aim to make the experience of Squash fun and enjoyable.
- Promote fairness and playing by the rules.
- Not tolerate the use of prohibited or illegal substances.
- Treat all equally and preserve their dignity; this includes giving more and less talented members of a group similar attention, time and respect.

Those working directly with children and young people at risk should:

- Respect the developmental stage of each child or young person and not risk sacrificing their welfare in a desire for team or personal achievement.
- Ensure that the training intensity is appropriate to the physical, social and emotional stage of the development of the child or young person.
- Work with children with medical or special needs to have gained further information and support from the medical adviser and their parents/carers (where appropriate) to develop realistic training and competition schedules which are suited to the needs and lifestyle of the child or young person, not the ambitions of others such as coaches, team members, parents or carers.
- Build relationships based on mutual trust and respect
- Always keeping a professional relationship with all children and young people.
- Always be publicly open when working with children and young people:
 - avoid coaching sessions or meetings where a coach and an individual child or young person are completely unobserved.
- Maintain an appropriate and open environment.
- Avoid unnecessary physical contact with people. Physical contact (touching) can be appropriate so long as:
 - it is neither intrusive nor disturbing
 - the child or young person's permission has been openly given
 - it is delivered in an open environment
 - coach specific to the direction of improvement of technique
- Maintain a safe and appropriate relationship with children and young people and avoid forming intimate relationships with children or young people you are working with as this may threaten the position of trust and respect present between the children or young people and coach.
- Be an excellent role model by maintaining appropriate standards of behaviour.

- Gain the written consent of parent/carer to administer emergency first aid or other medical treatment if the need arises.
- Be aware of medical conditions, disabilities, existing injuries and medicines being taken and keep written records of any injury or accident that occurs, together with details of treatments provided.
- Arrange that someone with current knowledge of emergency first aid is available at all times.
- Gain written consent from the correct people and fill out relevant checklists and information forms for travel arrangements and trips. This should be the parent/carer of child/young person.

10.2 Poor practice

The following are regarded as poor practice and should be avoided:

- Unnecessarily spending excessive amounts of time alone with an individual child/ young person
- Sharing of emails address, phone numbers, texting, social media sites etc
- Engaging in rough, physical or sexually provocative games, including horseplay.
- Allowing or engaging in inappropriate touching of any form.
- Using language that might be regarded as inappropriate by the child/young person and which may be hurtful or disrespectful.
- Making or sharing sexually suggestive comments, even in jest or found in social media.
- Reducing an child/young person to tears as a form of control.
- Letting allegations made by an child/young person go uninvestigated, unrecorded, or not acted upon.
- Taking a child/young person at risk alone in a car on journeys, however short. Parental consent must always be obtained for transporting see form on website.

If, during your care, you accidentally injure a child/young person at risk, they seem distressed in any manner, appear to be sexually aroused by your actions, or misunderstand/misinterpret something you have done, report these incidents as soon as possible to the designated lead officer in the organisation and make a brief written note of it. The designated lead will then ensure this is acted upon and case noted kept securely for any future reference.

11 Further Information

Policies, procedures and supporting information are available on the England Squash website: www.englandsquash.com

County Welfare Officer: Stuart Porter

Review date

This policy will be reviewed every year or sooner in the event of legislative changes or revised policies and best practice.