



SAFEGUARDING POLICY

ROBIN HOOD GYMNASTICS CENTRE

Tel: 0115

Email: info@robinhoodgymnastics.co.uk

REVIEW PERIOD	REVIEW DATE	SIGNED

Robin Hood Gymnastics [RHG] is committed to supporting all young people to enjoy and excel in the sport and fully recognises that children need a safe, protective and nurturing environment if they are to fulfil their potential and remain in the sport.

RHGC aims to achieve a high standard in the safeguarding of its members, and we aim to ensure safeguarding and promoting the welfare of children is a fundamental consideration in everything we do. We recognise that we have a duty of care towards young people and need to ensure that we

offer a protective and child-friendly environment that gives parents reassurance that their children will be happy and safe.

As a Centre, we have two trained Welfare Officers. The Welfare Officer has the designated responsibility for safeguarding. The Welfare Officers play a key role supporting child-centred practice and ensuring robust safeguarding arrangements are in place in the centre.

It is the role of the Centre Welfare Officer(s) to:

Assist to put in place policies and implementation plans for safeguarding and promoting welfare. Be the first point of contact for staff and volunteers, children and parents for any issue concerning safeguarding, poor practice or potential/alleged abuse

Ensure that all incidents are correctly reported and referred in accordance Sport England Safeguarding guidelines

Ensure that all relevant staff have access appropriate safeguarding training

Ensure that recruitment of staff and volunteers are followed, and all appropriate staff / volunteers have up- to-date Disclosure and Barring Service (DBS) disclosures

Maintain local contact details for Children's Social Care Services, the Police and Local Authority Safeguarding panels

Ensure that codes of conduct are in place for staff and volunteers/officials, children and parents

Advise the management on safeguarding issues

Ensure confidentiality is maintained and information is only shared on a genuine 'need to know' basis.

Attend Centre Management meetings as often as possible to provide an update on safeguarding within the centre environment. Report to Centre Meetings to advise and update staff on all and any new developments or updates.

Contact Centre Welfare Officers:

welfare@robinhoodgymnastics.co.uk

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PART 1: POLICY

1. BACKGROUND

1. **1.1** Safeguarding is everyone's responsibility and it is important that organisations work together to protect people who need help and support.
2. **1.2** At Robin Hood Gymnastics, we are committed to safeguarding and protecting all our members from abuse; particularly children whose safety and wellbeing is central in everything we do. Child Protection is part of safeguarding and promoting welfare but is specifically the work done to protect specific children who are suffering or are likely to suffer, significant harm.
3. **1.3** The Children Act 1989 enshrines in law the key principle that the welfare of children is paramount. Article 19 of the United Nations Convention on the Rights of the Child provides the right for all children to be safe from violence.
4. **1.4** The Care Act 2014 provides a statutory framework to safeguarding adults with care and support needs that may be at risk of abuse or neglect. Adults who lack mental capacity will automatically be deemed vulnerable but some adults with capacity may nonetheless be unable to take care of themselves, or unable to protect themselves from significant harm or exploitation.
5. **1.5** The framework for safeguarding children in England is set out in the statutory guidance *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children HM Government*. The guidance applies explicitly to sports organisations and to anyone working within these organisations, whether paid or a volunteer and states in Chapter 2 (page 72 paragraph 63);

"There are many sports clubs and organisations including voluntary and private sector providers who deliver a wide range of sporting activities to children. Some of these will be community amateur sports clubs, some will be charities. All should have the arrangements described in this chapter in place and should collaborate to work effectively with the

safeguarding partners as required by any local safeguarding arrangements. Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children, how they should respond to child protection concerns and how to make a referral to local authority children's care or the police if necessary."

6. **1.6** Working Together highlights that both UK Sport and Sport England make it a condition of funding that national sports governing bodies implement standards for safeguarding children in sport, developed in partnership with the NSPCC Child Protection in Sport Unit (CPSU).
7. **1.7** Recent and non-recent incidents of harassment and abuse in sport have highlighted that elite athletes, even in adulthood, are also vulnerable to abuse.
8. **1.8** Individuals may be targeted for harassment and abuse because of their sex, race, religion or belief, gender identity, sexual orientation, age, disability, appearance and athletic ability or for some other reason that makes them different from their peers. The risk of abuse is greater for those who are disabled or lesbian, gay, bi-sexual or transgender (LGBT).
9. **1.9** Abuse can also take place within a family or in an institutional or other community setting but can also take place in a virtual setting e.g. chatrooms or involve some other type of electronic communication and is usually carried out by someone who is known to the individual being abused. While harassment and abuse are often perpetrated by an individual in a position of trust or power (perceived or actual), young people may also be subjected to abuse including bullying, hazing and exploitation at the hands of their peers.

1.10 The psychological effects of abuse can be life-long, especially if the individual has not been able to disclose the abuse or access support. Anyone who has been abused as a child or young person may find it difficult or impossible to maintain stable, trusting relationships, may become involved with drugs and experience mental health problems or self-harm.

1.11 Although sport can provide significant opportunity to someone who is motivated to abuse, sport clubs can also offer a safe place for those experiencing abuse in a family or institutional setting outside sport.

1.12 It is recognised that people who have regular contact with young people and others at risk are well-placed to notice signs of abuse. This is particularly important where a child or adult is unable or finds it difficult to recognise and/or share concerns and is reliant on adults to be alert to the possibility that they may be experiencing abuse.

1.13 Effective information sharing is a vital part of safeguarding. While data protection law should not be seen as a barrier to sharing information where it is necessary to protect a child or adult at risk from harm, due regard must be given to ensuring personal information is shared in accordance the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

1.14 All sports organisations have an important leadership role in embedding a no-tolerance approach towards all forms of abuse and taking steps to prevent other forms of harm which include:

- Poor or unsafe practice;
- Discrimination, harassment and victimization;
- Bullying or hazing; and • Extremism.

2. PURPOSE

1. **2.1** The overall aim of the policy is to ensure that everyone can take part in gymnastics without fear of harassment and abuse. To achieve this aim, everyone must understand their role and responsibility for preventing and responding to harassment and abuse concerns, including where the abuse may be occurring outside the gymnastics environment. The policy interprets for the gymnastics community any relevant legislation and statutory guidance for safeguarding children and adults at risk to ensure, as a minimum, that we all comply with all applicable legal responsibilities.

The key objectives of the policy are to:

2. **2.2** Ensure everyone in gymnastics understands that any form of non-accidental violence is unacceptable and should not be tolerated.
3. **2.3** Ensure everyone knows what to do if they are concerned about someone's welfare and promote a culture where everyone feels able to raise concerns without fear of recrimination.
4. **2.4** Ensure an appropriate and co-ordinated response to any incidents of abuse within or connected to participation in gymnastics in the UK in line with any relevant statutory framework.
5. **2.5** Ensure that everyone in gymnastics understands their responsibility to report concerns relating to the welfare of a child or adult at risk that relate to an individual or environment outside gymnastics.

2.6 Implement effective measures that minimise the likelihood of incidents of harassment and abuse. **3. SCOPE**

1. **3.1** This policy and associated standards and guidelines are mandatory for all members of Robin Hood Gymnastics. In addition, the policy applies to non-members who are part of Robin Hood such as directors, officials or administrators whether employed, contracted or voluntary.
2. **3.2** The policy applies to incidents of harassment and abuse that arise from participation in:
 - Robin Hood Gymnastics regulated activities; and
 - Robin Hood Gymnastics representative events.
3. **3.3** The responsibility to report also applies to any concerns that a child or adult at risk may be experiencing abuse outside gymnastics.
4. **3.4** The policy applies to any individuals or organisations that is providing a service to Robin Hood Gymnastics; even those within a third-party capacity must also demonstrate that they comply with these standards.

4. POLICY STATEMENTS

1. **4.1** We believe that everyone has the right to participate in gymnastics in an environment free from non-accidental violence regardless of sex, gender reassignment, sexual orientation, age, marriage and civil partnership, parental or marital status, pregnancy and maternity, disability, religion or belief, colour, race including nationality or ethnicity and socio/economic background.

2. **4.2** Robin Hood Gymnastics recognises our duty of care for the welfare of all its members. We believe that the wellbeing of children, adults at risk and athletes should be at the centre of everything we do and recognise the need to ensure that we have a responsibility to promote their welfare.
3. **4.3** We accept our responsibility to ensure that we have effective safeguarding arrangements in place and respond appropriately to any incidents of harassment, abuse and poor practice that arise relating to the activity they provide. All organisations must ensure that any suspected abuse of children or adults at risk are reported to the Police and/or Children's or Adult Services in line with the applicable reporting procedure and in line with local arrangements.

5. DEFINITIONS

5.1 Child/Children

Anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people'.

5.2 Adult at Risk

An adult at risk is defined in the Care Act 2014 as someone who is aged 18 or over and:

5.2.1 Has needs for care and support (whether or not the local authority is meeting any of those needs). **5.2.2** Is experiencing, or is at risk of, abuse or neglect.

5.2.3 As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

5.3 Safeguarding

5.3.1 Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

5.3.1.1 Protecting children from maltreatment.

5.3.1.2 Preventing impairment of children's health or development.

5.3.1.3 Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.

5.3.1.4 Taking action to enable all children to have the best outcomes.

5.3.2 Safeguarding adults at risk involves:

Protecting their rights to live in safety and to be free from abuse and neglect; People and organisations working together to prevent the risk of abuse or neglect, and to stop these from happening.

5.4 Abuse

5.4.1 Any non-accidental act or failure to act that causes harm. The categories of abuse that apply to children are set out in Working Together as follows:

5.4.1.1 Physical abuse.

5.4.1.2 Emotional abuse.

5.4.1.3 Sexual abuse including sexual exploitation. **5.4.1.4** Neglect.

5.4.1.5 Extremism.

5.4.2 The Care and Support Statutory Guidance identifies the following types of abuse and neglect that are applicable to adults at risk:

5.4.2.1 Physical.

5.4.2.2 Domestic violence when the victim is an adult at risk. **5.4.2.3** Sexual abuse;

5.4.2.4 Psychological including emotional abuse.

5.4.2.5 Financial or material abuse.

5.4.2.6 Modern slavery.

5.4.2.7 Discriminatory abuse.

5.4.2.8 Organisational abuse.

5.4.2.9 Neglect and acts of omission.

5.4.2.10 Self-neglect including hoarding.

5.4.3 The IOC Consensus Statement (2016) identifies five forms of harassment and abuse that apply to athletes which may occur in combination or in isolation:

5.4.3.1 Psychological. **5.4.3.2** Physical.

5.4.3.3 Sexual harassment. **5.4.3.4** Sexual abuse. **5.4.3.5** Neglect.

5.4.4 Full descriptions of the categories of abuse that apply to children and adults at risk are set out in Appendix 1 and Appendix 2.

5.5 Bullying

Intentional behaviour usually repeated over time that hurts another individual or group.

5.6 Hazing

Hazing behaviours are known to occur in many different types of social groups, including sports teams as a way of initiating a new person when they join the group or want to be socially accepted by their peers.

5.7 Poor Practice

Poor practice is behaviour of an individual in a position of responsibility which falls below the required standard as set out by Robin Hood Gymnastics' **Codes of Conduct**. Poor practice may not be immediately dangerous or intentionally harmful to a child but is likely to set a poor example. Specific examples of poor practice are set out in Appendix 3.

5.8 Position of Trust

A position of trust exists where an adult, by virtue of their role, is in a position of power or influence over another person. Although an adult engaging in any sexual activity with a young person under the age of sixteen would be committing a criminal offence, in some circumstances, engaging in sexual activity within a relationship of trust with a young person between the age of 16-18 years is also a criminal offence. For the purposes of this policy and procedure we regard coaches, welfare officers, judges and other officials as being in a position of trust even where the legal definition does not specifically include that role.

5.9 Extremism

Extremism goes beyond terrorism and includes people who target the vulnerable, including the young, by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

6. ROLES & RESPONSIBILITIES

6.1 Overall

The overall responsibility for safeguarding children and adults at risk at Robin Hood Gymnastics rests with the Senior Management Team and Board of Directors, who are responsible for the implementation of this policy. The Operations Manager will be developing her Welfare Officer qualifications and will liaise, when required with external safeguarding bodies such as Notts City, County LADO and the NSPCC.

6.2 Robin Hood Gymnastics

Robin Hood Gymnastics is accountable for having in place arrangements that reflect the importance of safeguarding and promoting the welfare of children and others who may be at risk. As such, Robin Hood Gymnastics is responsible for:

6.2.1 Ensuring a senior individual takes leadership responsibility for the organisation's safeguarding arrangements.

6.2.1.1 The Management Team takes the lead on safeguarding arrangements at Robin Hood Gymnastics.

6.2.2 Designating an individual with responsibility for safeguarding (Welfare Officer) whose role is to promote safeguarding and provide a safe environment for children and adults at risk and to respond to any concerns of harassment and abuse that are brought to their attention. The roles and responsibilities of these roles are outlined in Appendix 4.

6.3.2.1 Robin Hood gymnastics centre have 2 appointment Welfare Officers – Ali Oldham and Timea Grof.

6.2.3 Promoting the safeguarding and welfare of all participants, in particular those who are children and adults at risk

6.2.4 Ensuring that young people and adults at risk are listened to and are involved in decision making **6.2.5** Undertaking regular risk assessments and put in place appropriate safeguarding arrangements to minimise any risks

6.2.6 Implementing safe recruitment practices including the use of Disclosure and Barring Service (DBS) disclosures

6.2.7 Ensuring staff and volunteers receive appropriate supervision and safeguarding training and are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and adults at risk

6.2.8 Ensure any suspicions and allegations of abuse to children and adults at risk involving a member of Robin Hood Gymnastics are reported to the relevant statutory authorities

6.2.9 Take action to address any poor practice and behaviours such as bullying and harassment that occur within Robin Hood Gymnastics.

6.2.10 Ensure everyone knows what to do if they are concerned about someone's welfare and

promote a culture where everyone is encouraged to raise concerns without fear of negative repercussions

6.2.11 Ensure, where appropriate that children and adults at risk are aware of behaviour that is not acceptable and how they can help to keep themselves safe

3. **6.3 Everyone**

6.3.1 It is essential that everyone involved in gymnastics is fully aware of the early signs of abuse and understands the appropriate steps to report these concerns

6.3.2 All RHGC participants or outside users, renters, must comply with RHGC policy and applicable standards of conduct and specifically not engage in, allow, condone, or ignore incidents of harassment and abuse and be supportive of other participants who report concerns

6.3.3 Anyone who has reason to believe that a child or adult at risk has or is experiencing abuse has a duty to report it to the relevant statutory authority and to RHGC where the abuse is connected to their role in the sport

6.3.4 Failure to comply with the policy and associated procedures will be investigated and may ultimately result in disciplinary action against the individuals concerned

4. **6.4 Monitoring & Review**

The policy will be annually monitored. A policy review may also be conducted in response to any of the following occurrences:

6.4.1 Changes in governance, legislation or guidance, as passed down Sport England / NSPCC **6.4.2** Changes in the nature or size of RHGC.

6.4.3 A procedural review taking place following a significant case

PART 2: PROCEDURES FOR REPORTING 1 OVERVIEW

This document sets out the steps that should be followed where there is concern that a child, adult at risk or athlete who is taking part in gymnastics activity may be at risk of or is experiencing abuse or neglect. The flow chart below summarises the RHGC process for reporting safeguarding and child protection concerns. RHGC adopt this process.

1. **1.1 Concerns may arise following:**

1.1.1 A disclosure from a child or adult.

1.1.2 Direct or reported observations of possible abuse, neglect, suspicious behaviour or poor

practice, including those of colleagues.

1.1.3 Significant changes in an individual's behaviour, appearance, attitude or relationship with

others.

1.1.4 Reports from external agencies or individuals.

2. **1.2 Safeguarding allegations fall into two categories:**

1. **1.2.1** Gymnastics related i.e. allegations about a member or someone who is in a position of trust in

the sport.

2. **1.2.2** External to the sport i.e. allegations that involve someone who is not connected to the

sport, e.g. a concern that someone is being abused or neglected by a family member who

is not involved in gymnastics.

3. Concern may relate to a current situation or to non-recent events and may be about allegations or disclosures of abuse or poor practice by an individual.
4. **1.3** Safeguarding concerns that relate to the perceived failure South Durham Gymnastics to safeguard others can be reported to the CPSU.

2 SAFEGUARDING RESPONSIBILITIES

1. **2.1** All staff and volunteers at RHGC need to be aware of their safeguarding responsibilities and ensure that children and adults in their care are kept safe and must report concerns and understand when it is appropriate to make a referral to the local authority, social services or the police.
2. **2.2** It is important to remember that some children and adults are unable to recognise or share concerns and are more reliant on adults with whom they are in contact to be alert to the possibility that they may be experiencing harm in some area.
3. **2.3** The Centre Welfare Officer(s) (CWO) should be the first point of contact for any concerns that relate to a member of the club. **The CWO's for RHGC are Ali Oldham and Timea Grof.**

3 RECOGNITION OF SIGNS AND INDICATORS OF ABUSE

1. **3.1** Everyone must be alert to the signs and triggers of abuse and neglect. Sometimes an individual may disclose a specific concern but in many cases the indicators may be less obvious and only become apparent over time.
2. **3.2** Identifying abuse of people with disabilities and who often present with challenging behaviours or who have learning disabilities that make it difficult to communicate is not straightforward.
3. **3.3** It is important to be aware of the signs and indicators of abuse and neglect, but also to be alert for any unexplained changes in behaviour. Appendix 5 describes some of the key indicators of abuse.
4. **3.4** Accurate and timely recording of any unexplained indicators that may be a sign of abuse is fundamental to effective safeguarding. Appendix 6 provides an example of the type of information that should be recorded.
5. **3.5** It is essential that everyone accepts the responsibility to report any information that may indicate that an individual is being abused or neglected or is abusing. Where a safeguarding concern is disclosed to a member of staff or volunteer as part of their role in an organisation, the responsibility for that information rests with the organisation and not the individual.

6. **3.6** The individual who is made aware of a safeguarding concern should share their concerns with the Centre Welfare Officer. In some cases, it may be appropriate to seek advice from an appropriate manager in the first instance, however, where there is an immediate risk to an individual, reporting must not be delayed. Welfare Officers must maintain records of any concerns reported to them and review this information if further relevant concerns are reported.
7. **3.7** It is vital to maintain confidentiality and ensure information is only disclosed within the organisation to those individuals who have specific safeguarding responsibilities and have a legitimate “need to know”.

4 POOR PRACTICE

1. **4.1** It is essential that everyone challenges poor practice within gymnastics, even where there is a belief that the motives of an individual are well meaning. Failure to challenge poor practice can lead to an environment where abuse is more likely to remain unnoticed and accepted.
2. **4.2** Poor practice includes actions that would be considered unacceptable as part of routine/regular practice e.g. being alone with a child or adult at risk but that may be appropriate in unforeseeable or emergency circumstances.
3. **4.3** Where an event arises where a coach or other person in a position of responsibility, having assessed the options, concludes that it is in the best interest of a child, or adult at risk, the individual involved must provide a written report of the incident to the relevant Welfare Officer without unreasonable delay. Where appropriate, a parent or carer should also be informed. This is particularly important if a situation arises where an individual was hurt or distressed, may have misunderstood or misinterpreted something that was said or done or may appear to have become sexually aroused.

5 RESPONDING TO A DISCLOSURE

1. **5.1** If an individual discloses a concern, it is important that they are provided with appropriate support and guidance but in a way that does not jeopardise any potential investigations.
2. **5.2** Appendix 7 provides guidance on how to respond if an individual makes a disclosure that they have been abused.
3. **5.3** Where a member of staff or volunteer receives information about a safeguarding concern, they should explain to the individual to whom it relates that they have a responsibility to share the concern with the appropriate Welfare Officer or manager. It is important to reassure the individual, who may be fearful of any repercussions and provide appropriate support to help them understand why it is necessary to share this information.

6 INFORMATION SHARING

1. **6.1** Information sharing between organisations can be essential to protect individual rights, facilitate access to support and services and may be vital in protecting people from being harmed.
2. **6.2** While the focus here is on information sharing about abuse or neglect concerns, information sharing may also be appropriate in other circumstances to promote the welfare or wellbeing of a ‘child in need’ or an adult at risk.
3. **6.3** The third-party organisations with whom safeguarding concerns may need to be shared include:
 - 6.3.1** Statutory Authorities e.g. police and social care

6.3.2 Sport organisations i.e. CPSU

6.3.3 Other organisations e.g. other sports organisations or community clubs where risks posed by an individual cannot be managed without the disclosure of information

4. **6.4** Where an individual receives information that he or she knows or ought to know is being given in confidence there is a duty to ensure this information is kept confidential. Generally, this means that such information should not be shared without the individual's permission. However, confidential information can be shared with other organisations where there is an overriding justification to do so without consent, for example where there is a significant safeguarding concern.
5. **6.5** The sharing of personal information is regulated principally by the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. These laws provide a legal framework for the use of personal information about living and identifiable people.
6. **6.6** Data protection laws should never be a barrier to sharing information that is necessary to protect children or adults at risk, or to prevent a crime. However, any decision to share information needs to balance the individual privacy and human rights and consequences for those whose personal information is being shared against the potential impact on children or others at risk, if information is not shared. If an individual did not want information about them to be shared, it is important to consider if there is another equally effective means of protecting the individual and other vulnerable people that can be achieved without sharing the information.
7. **6.7** If you would share the information irrespective of whether the individual consents because of safeguarding concerns about the individual or about others who may be at risk if the information is not shared, it is not appropriate or necessary to ask for consent. However, it is always best practice to be open and honest with the individual from the outset as to the reason why and with whom their information will be shared and try to get their agreement to share, where it is appropriate and safe to do so, especially where the individual may not expect their information to be shared.
8. **6.8** In the context of safeguarding a child or young person, the principles of the Children Acts 1989 and 2004, that state that the welfare of children is paramount mean that the needs of children who may be at risk must always be the key consideration.
9. **6.9** Anyone who makes decisions about whether to disclose confidential information to a third-party organisation is accountable under data protection law for these decisions. Decisions about who needs to know and what information needs to be shared should always be taken on a case by case basis and the justification for any sharing decisions should be recorded.
10. **6.10** Where a safeguarding concern is external to the sport and RHGC is not clear if the information should be shared, advice about whether sharing is appropriate can be sought from the police or local authority without disclosing the identity of the person in the first instance. Appendices 8 & 9 provide further detailed information to the circumstances when it is lawful to share personal information for safeguarding and welfare purposes.

7 REPORTING CONCERNS

1. **7.1** It is not RHGC role to investigate where it is suspected that a child or an adult at risk may be experiencing abuse or neglect, but it is our role to refer and share information where appropriate, with the relevant statutory authority.
2. **7.2** If an individual is at immediate risk of significant harm a referral should be made without delay to the Local Authority Social Services, or to the Police who are responsible for the investigation of suspected criminal offences.

3. **7.3** Reporting the matter should not be delayed by attempts to obtain more information. Wherever possible, referrals made by telephone should be followed up with a copy of the incident report form at Appendix 10 within 48 hours.
4. **7.4** In the event that there is any uncertainty as to whether a referral is appropriate the NSPCC 24-hour helpline can provide guidance for concerns about children or Adult or Children's Social Care – 0808 800 5000.
5. **7.5** There are some specific considerations and differences in reporting arrangements for concerns dependent on whether they relate to a child or an adult and whether the adult falls within the statutory definition of an adult at risk. These are detailed in the Procedures sections of this policy document.
6. **7.6** If an allegation is made about a Robin Hood Gymnastics Participant, employee, official or anyone else covered under the scope of this policy, the matter **must** be reported to the Centre Welfare Officer.

Part 1 sets out the reporting guideline that applies to any concerns that relates to a child or children; Part 2 sets out the reporting guideline that applies to any concerns about an adult(s) at risk; and

8 WHISTLEBLOWING

1. **8.1** Although incidents can be reported directly by the affected individual, the term “whistle blowing” is often used to describe a complaint relating to the conduct of an individual that is made by someone other than the affected person.
2. **8.2** RHGC recognises that some individuals may be fearful of the consequences of making a complaint under these procedures, particularly where the perpetrator is in a position of authority. In these circumstances, where possible, the identity of the whistle blower will remain confidential.
3. **8.3** Any person or their child, if a participant reports a concern in good faith must not be subject to reprisal or other adverse consequences. These protections shall not apply to a person who intentionally makes a complaint that is false, vexatious, retaliatory or frivolous.

9 RESPONDING TO INCIDENTS

1. **9.1** It is not unknown for safeguarding incidents to occur within a gymnastics training or competition environment. If an abusive situation arises in a gymnastics environment, the individuals involved should be approached immediately preferably by two adults, one of whom should ideally be the Centre Welfare Officer (if they are on site).
2. **9.2** If the incident is on-going, the person(s) involved must be instructed to stop the behaviour immediately with the priority being to ensure that anyone who is at risk is made safe. The Centre Welfare Officer or another responsible adult must remain with anyone at risk until their needs have been fully addressed.
3. **9.3** If an incident cannot be controlled, the police should be called. If anyone requires immediate medical treatment this should be sought without delay. It is important that anyone providing medical treatment is aware that this is, or maybe, a safeguarding incident.
4. **9.4** If the matter of concern is felt to be serious poor practice rather than abuse and there is no immediate risk, a different approach would be appropriate, and the Centre Welfare Officer may not need to be involved in the first instance. Consideration should be given to informing the individual in a manner that will not compromise their right to privacy or undermine their position.

5. **9.5** Serious allegations of sexual abuse may be made some time after the event, particularly where the person experiencing the abuse was a child. All sexual cases can be dealt with as if they have a recent complaint.
6. **9.6** RHGC will advise the individual of their right to make a formal complaint to the Police and may share the information with the statutory authorities.
7. **9.7** If it is decided that the information needs to be shared, the adult who made the disclosure should be informed of the reason why it is necessary to share this information to the statutory authorities. RHGC will make the referral or where appropriate will assist the adult to report the matter and will provide information about relevant support services.

10 INVESTIGATION

1. **10.1** Where concern or complaint of abuse or poor practice is made there may be a number of types of investigation:
 - Criminal - conducted by the Police.
 - Child Protection - carried out by Social Care under section 47 of the Children Act 1989.
 - Adult Protection - carried out by Social Care under Section 42 of the Care Act 2014.
 - Those that may be convened within a multi-agency process via the Designated Officer (LADO) arrangements.
 - CPSU (NSPCC)
2. **10.2 Interim Measure**

As part of any investigation and in order to afford protection for all parties concerned, RHGC may impose interim protective measures, including the temporary suspension of employment / membership pending the outcome of investigations.

11. 11 CRIMINAL CONVICTIONS

Where a participant is convicted of a criminal offence, this may be sufficient to conclude that harassment and abuse has occurred without further investigation.

12. 12 RETENTION OF RECORDS

Any information relating to safeguarding concerns must be stored securely. Any safeguarding concerns that have been reported to RHGC will be retained as is deemed necessary to safeguard that individual. In the case of children, records will normally be retained until the child reaches the age of twenty-one.

PART 3: PROCEDURES

SECTION 1: REPORTING CONCERNS ABOUT A CHILD OR CHILDREN

1. **1.1** Anyone who has concerns about a child's welfare can make a referral to the relevant Local Authority Children's Social Care, on where the child lives or report the concerns to the relevant Welfare Officer.
2. **1.2** If a child is suffering significant harm or is likely to suffer significant harm, the referral should be made to the Local Authority and/or the police without delay.
3. **1.3** If a child is at immediate risk and action needs to be taken urgently, contact the Police by dialling 999. If concerns are identified out of hours, the Police and Children's Social Care Services provide an out-of-hours service.

4. **1.4** All Local authorities should have a Designated Officer (formerly known as the Local Authority Designated Officer, or LADO), or team of officers to be involved in the management and oversight of allegations against people who work with children who:
 - 1.4.1** behave in a way that has harmed a child, or may have harmed a child;
 - 1.4.2** possibly committed a criminal offence against or related to a child; or
 - 1.4.3** behave towards a child or children in a way that indicates they may pose a risk of harm to children.
6. **1.5** The Designated Officer is responsible for managing and overseeing cases and will be involved from the initial phase of the allegation through to the conclusion of the case but is also available to discuss any concerns and to advise whether to make a referral and/or take any immediate management action to protect a child.
7. **1.6** Local authorities are also responsible for providing advice and guidance to employers and organisations on how to deal with allegations against people who work with children.
8. **1.7** Any safeguarding concerns about a child that are reported to the **Centre** Welfare Officer should review the matter and determine, where appropriate, in consultation with senior managers whether information should be shared with the statutory authorities or any other organisations.
9. **1.8** When a referral is made to Children's Social Care, they have a legal responsibility to make enquiries where a child may be at risk of significant harm. This may involve gathering information from others who know the child or talking to the young person and their family. Enquiries may be carried out jointly with the Police where a criminal offence is suspected.
10. **1.9** Anyone who makes a referral should always follow up their concerns if they are not satisfied with the response.

SECTION 2: REPORTING CONCERNS ABOUT ADULTS AT RISK

1. **2.1** Local Authorities are required under the Care Act 2014 to make enquiries or ensure that enquiries take place, if they reasonably suspect an adult who would meet the criteria of being at risk, has been abused or neglected or is at risk of being abused or neglected.
2. **2.2** Anyone who has concerns about an adult at risk can make a referral to the relevant Local Authority Adult's Social Care, on where the adult lives or report their concerns to the relevant Welfare Officer.
3. **2.3** A key difference between safeguarding adults and safeguarding children is that all adults, including those at risk have a right to independence, choice and self-determination and should be able to decide whether any information about them is shared.
4. **2.4** Where a concern is reported to the **Centre** Welfare Officer, prior to making a referral to the Local Authority or the Police, consideration should be given to whether the adult at risk is able to understand the concerns and has the mental capacity to consent to these concerns being shared.
5. **2.5** Prior to making a referral to Adult Social Care, it is important to consider carefully whether the adult at risk has the mental capacity to understand the nature of the concerns and make an informed decision.
6. **2.6** If the adult at risk has capacity but does not give their consent for the concern to be reported to Adult Social Care, although their wishes must always be considered, there are circumstances where information can be shared without consent which are outlined in the information sharing section of this document.
7. **2.7** Where there is a serious safeguarding concern, there are only a limited number of circumstances where it would be acceptable **not** to share information with relevant organisation with safeguarding responsibilities including where:

1. **2.7.1** Nobody else is at risk or the risk is not significant enough to warrant sharing information without consent.
2. **2.7.2** No serious crime has been or may be committed.
3. **2.7.3** The concerns do not relate to someone that has no care and support needs.
4. **2.7.4** The concerns do not relate to a person in a position of trust.
5. **2.7.5** No coercion or duress is suspected.
6. **2.7.6** No other legal authority has requested the information.
8. **2.8** Where it is determined that information should be shared, the adult at risk should be informed of this decision and be told with whom the information will be shared unless it would increase the risks of harm. The adult's decision to withhold consent to share information must be recorded, along with other information relating to the decision to share information.
9. **2.9** In respect of adults without capacity, abuse concerns should always be shared with relevant statutory authorities.
10. **2.10** Where it is considered that an adult lacks the mental capacity to make that decision, this must be properly explored and recorded in line with the Mental Capacity Act 2005 which is explained in Appendix 8.
11. **2.11** When the adult at risk has the capacity to make the decision, it should be up to them to decide what information is disclosed to their parents, carers, partner or other family members. No information should be provided without the consent of the adult at risk.
12. **2.12** When the adult does not have the capacity, it may not always be appropriate to share information with carers/parents of the adult at risk. Consideration must be given to the relationship between the carers/parents and the alleged abuser and whether it is appropriate for information to be shared. In these circumstances, advice should be sought from Adult Social Care.

APPENDIX 1: CATEGORIES OF ABUSE DEFINED IN WORKING TOGETHER TO SAFEGUARD 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 persistent 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 cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though 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.

Child Sexual exploitation is a form of child sexual abuse that occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 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 sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

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 caregivers) or
- ensure access to appropriate medical care or treatment.

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

APPENDIX 2: CATEGORIES OF ABUSE AND NEGLECT AS DEFINED BY THE CARE AND SUPPORT STATUTORY GUIDANCE

Physical abuse

Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanction.

Domestic violence

Psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse

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 has not consented or was pressured into consenting.

Psychological/emotional abuse

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.

Financial or material abuse

Theft, fraud, internet scamming, coercion in relation to an adult at risk'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.

Modern slavery

Slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse including hate crime

Forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse

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.

Neglect and acts of omission

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

APPENDIX 3: POOR PRACTICE

Poor Practice is behaviour or actions that may fall short of abuse and neglect but is still unacceptable. Poor practice can be split into different types. These include: -

Practices that may be on the fringe of abuse and/or if repeated, could amount to abuse. Most of the examples are linked to emotional abuse. Examples include:

- Name-calling including sarcasm and racism.
- Excessive monitoring of weight.
- Constant criticism.
- Exerting excessive pressure.

- Forcing a child to do something against their will.
- Use of inappropriate language.
- Harassment.
- Being ostracised or ignored.

Emotional abuse

Within Gymnastics examples of emotional abuse may include: -

- Continually belittling a participant's efforts.
- Placing extreme pressure on a participant to perform.

Breaches of RHGC Safeguarding Policy and procedures. Examples include:

- No Welfare Officer within a club.
- Inadequate safeguarding arrangements.
- Providing inadequate supervision and/or care.
- Failure to respond appropriately to concerns.
- Expelling anyone from the club who raises a concern.
- Excluding parents from observing or asking questions about training.
- Inappropriate use of photographic equipment or materials, including live streaming with external access viewing.

Neglect

Neglect in a sports situation might occur if a teacher or coach fails to ensure participants are safe or exposes them to unduly cold temperatures at their training venue or not taking action to stop young people from doing things that put them at risk of injury.

Breaches of recognised best practice in coaching include:

- Providing coaching, or running a session, without another responsible adult present.
- Exceeding level of competence and/or qualification.
- Employing practices that are inappropriate for the stage of psychological and physical development of the

individual.

- Excessive training or competition.
- Inappropriate/excessive supporting or stretching.

In Gymnastics an example of physical abuse could include: -

- Provision of performance enhancing drugs.
- Setting a training regime that exceeds the capacity of a child's immature and growing body.
- Inflicting pain on a participant that is beyond an acceptable level of discomfort involved in physical

preparation and training.

- Forcing a participant into a highly restricted and unhealthy diet that may lead to extreme weight loss.

Practices that are known to be significant risk factors in cases of abuse include:
Taking a child or adult at risk home or other secluded place unaccompanied by others.

- Engaging in rough, physical or sexually provocative games.
- Sharing a room with a child or adult at risk.
- Allowing or engaging in any form of inappropriate touching.
- Making sexually suggestive remarks.
- Reducing a participant to tears as a form of control.
- Allowing participants to use inappropriate language unchallenged.
- Allowing allegations made by a participant to go unchallenged, unrecorded or not acted upon.
- Carrying out personal care for a child or adult at risk that they can do unaided.
- Departing from the premises without first supervising the safe dispersal of children or adults at risk.
- Abusing a privileged position of power or trust.
- Resorting to bullying tactics, or verbal abuse.
- Causing a participant to lose self-esteem by embarrassing, humiliating or undermining the individual.
- Spending excessive amounts of time alone with children or adults at risk away from other adults.
- Having children or adults at risk as 'friends' or 'followers' on social networking sites such as Facebook,

Twitter and Instagram.

- Engaging with children or adults at risk on 'one to one' personal electronic communications.
- Sending inappropriate text messages or social media messages to children or adults at risk.

The above is not exhaustive. Any practices which raise a concern should be considered and advice sought from the Club Welfare Officer or other statutory authorities.

There may be circumstances in a club, competition or visit which may contain risk factors, which may or may not be in the control of the organisers. In such circumstances, an appropriate Risk Assessment should be completed. The Risk Assessment must identify the risk(s) or potential risk(s), what measures are to be adopted to prevent, reduce or minimise the risk and who is responsible for its management.

APPENDIX 4: WELFARE OFFICE ROLE PROFILE

The following Roles and Responsibilities are to be adhered to by the designated person/s, as appointed:

CENTRE Welfare Officer

- Assist the club to put in place policies and implementation plans for safeguarding and promoting welfare.

- Be the first point of contact for club staff and volunteers, children and parents for any issue concerning safeguarding, poor practice or potential/alleged abuse.
- Ensure that all relevant participants access appropriate safeguarding training.
- Ensure that thorough procedures for recruitment of staff and volunteers are followed and all appropriate existing staff or volunteers have up-to-date Disclosure and Barring Service (DBS) disclosures.
- Maintain local contact details for Children's Social Care Services, the Police and Local Authority Safeguarding panels.
- Ensure that codes of conduct are in place for all staff and volunteers/officials, children and parents.
- Advise management on safeguarding issues.
- Ensure confidentiality is maintained and information is only shared on a genuine 'need to know' basis.
- Attend Management meetings to provide an update on safeguarding within the club environment.

APPENDIX 5: KEY INDICATORS OF ABUSE

The following guidance has been provided by the NSPCC, which describes various indicators of abuse and neglect in different age groups:

All ages

- Talks of being left home alone or with strangers.
- Poor bond or relationship with a parent, also known as attachment.
- Acts out excessive violence with other children.
- Lacks social skills and has few if any friends.

Under 5s

- Doesn't cry or respond to parent's presence or absence from an early age
- Reaches developmental milestones late, such as learning to speak, with no medical reason
- Significantly underweight but eats well when given food.

5-11-year-olds

- Becomes secretive and reluctant to share information.
- Reluctant to go home after school.
- Unable to bring friends home or reluctant for professionals to visit the family home.
- Poor school attendance and punctuality, or late being picked up.
- Parents show little interest in child's performance and behaviour at school.
- Parents are dismissive and non-responsive to professional concerns.
- Is reluctant to get changed for sports etc.
- Wets or soils the bed.

11-16-year-olds

- Drinks alcohol regularly from an early age.
- Is concerned for younger siblings without explaining why.
- Becomes secretive and reluctant to share information.
- Talks of running away.

- Shows challenging/disruptive behaviour at school.
- Is reluctant to get changed for sports etc.

Further

information can also be obtained via [NSPCC website](#).

APPENDIX 6: RECORDING CONCERNS

Reports of concern at South Durham Gymnastics are recorded on Safeguarding Incident Report Forms.

Any information passed to the Centre Welfare Officer, Children's Social Care Services and/or the Police must be as accurate and helpful as possible and, ideally, should be accompanied by a detailed record providing:

- Details of the person receiving the disclosure/recording the information including their role.
- Details of parent/carer and an indication of what, if any, information has been shared with them.
- Full details of the person about whom the concern/allegation is made including full name, date of birth, address, relationship to the child concerned and/or position held in the club, if any.
- Details of the place, date and times of the incident(s) or other relevant information.
- The nature of the allegation(s).
- Description of any visible injuries or bruising.
- Detailed description of the child's account of how the injuries or bruising occurred.
- Details of any online or social media involvement including the types of any devices, applications, formats used and whether any photographs and or text used.
- A clear distinction between what is fact, hearsay or opinion.

Reporting the matter to Police or Children's Social Care Services should not be delayed by attempts to obtain more information. Wherever possible, referrals made by telephone should be followed up with a copy of the incident report form within 48 hours. The Welfare Officer should record on the incident form the name and designation of the Children's Social Care Services member of staff or Police Officer, including their rank and department to whom the concerns were passed, together with the time, date and reference of the call.

APPENDIX 7: RESPONDING TO A DISCLOSURE

From a Child

If a child indicates that he/she is being abused, or information is received which gives rise to concern that a child may be being abused, the person receiving the information should:

- Stay calm and ensure that the child is safe and feels safe.
- Listen carefully to what is said and actively listening.

- Explain that it is likely the information will have to be shared with others – do not promise to keep secrets.
- Allow the child to continue at his/her own pace.
- Keep questions to a minimum to ensure a clear and accurate understanding of what has been said.
- Reassure the child that they have done the right thing in disclosing the information.
- Show and tell the child that what he/she says is being taken seriously and recognise any difficulties inherent in interpreting what the child says.
- Tell the child what will be done 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.
- The following information should be recorded:
 - Place, date time of disclosure.
 - Place, dates and times of incidents.
 - Any names mentioned.
 - To whom the information was given.
 - Information that is fact, (hearsay or opinion should be noted as such, but never the less passed to the relevant statutory agency).
- Ensure the record is signed and dated and provided to the relevant Welfare Officer and statutory agency

If the child indicates that he/she does not wish others to be informed about the allegation, carefully and tactfully explain the reasons why it may be in the interests of everybody if the matter is referred to the appropriate person or department, (i.e., Children's Social Care). Similar discussions should also be held regarding informing the child's parent(s) or guardian, as long as they are not the subject of the disclosure.

The person to whom the disclosure is made is presented with a great responsibility and it is advisable, if there is any uncertainty, to seek advice on how to deal with the issue, from the Club Welfare Officer, Children's Social Care or the NSPCC.

Actions to Avoid:

- Dismissing the concern.
- Ridiculing or being judgmental of the information being disclosed.
- Panicking.
- Allowing shock or distaste to show.
- Probing for more information than is offered (this could be construed as leading a child).
- Making promises that cannot be kept, such as agreeing not to tell someone else.
- Speculating or make assumptions.
- Approaching the person who is the subject of an allegation or suspicion, (this may put a child or young person at further risk and/or jeopardise a criminal investigation).
- Conducting a personal investigation of the case.
- Making negative comments about the accused person. Irrespective of whether the person receiving the information personally believes what has been said, they must always report the disclosure.

From an Adult At Risk (Other information can be found at Appendix 8)

Additional considerations when responding to a disclosure from an adult at risk may include:

- Establishing what they want to do.
- Establishing whether they want the matter reporting.
- Establishing who they want to be informed or not.

APPENDIX 8: INFORMATION SHARING TO PROTECT OR PROMOTE THE WELFARE OF CHILDREN AND ADULTS AT RISK

The purpose of this guidance is to assist individuals and organisations to make information sharing decisions by clarifying when and how personal information can be shared lawfully.

It is vital that data protection law is not seen as a barrier to sharing information that is necessary to protect individuals at significant risk of harm from abuse or neglect. However, sometimes information sharing is important in other circumstances as it can help to improve the outcomes for children and adults at risk, for example to highlight a need that then enables individuals to access support services.

This guidance is aimed in particular at welfare officers and other individuals working or volunteering in gymnastics who may have to make decisions about sharing personal information on a case-by-case basis.

Data Protection law does not prevent the sharing of personal information within organisations but if the information is confidential, any sharing with managers or other internal recipients must be justifiable i.e. the information that is shared should be minimised and limited to those individuals for whom the sharing is necessary to undertake their role.

Key definitions

The key terms used in the guidance are defined as follows:

Personal data/information: Any information relating to an identified or identifiable living individual (data subject). An identifiable living individual is one who can be identified directly or indirectly, in particular by reference to an identifier such as a name, an ID number, location data, online identifier or one or more factors specific to the physical, psychological, genetic, mental, economic, cultural or social identity of that person.

Special category of personal information: Information that because of its nature, requires greater protection. Examples include health information, racial or ethnic origin, religious or philosophical beliefs and sexual orientation and other information about sex life. Criminal records information is not special category of personal data but should be treated as such.

Controller: The individual or organisation who alone or jointly with others determines the purpose and means of the processing of personal data.

Processing: An operation or sets of operations performed on personal data e.g. collection, storing, sharing, deleting etc.

Third party: An individual or organisation who is not the data subject, the controller or the processor or anyone under the direct authority of the controller or processor (i.e. excludes staff and volunteers of the controller or processor).

Lawful sharing of personal data

Data protection law requires that there is a justifiable legal reason to share personal information with a third-party organisation.

Article 6 of the General Data Protection Regulation (GDPR) identifies six legal bases that permit the processing of personal data. A data processing activity is only lawful if the controller has identified at least one of the following legal bases applies:

- The data subject has consented.
- The processing is necessary for the performance of a contract to which the data subject is party, or to take steps prior to entering into a contract at the request of the data subject.
- The processing is necessary for the controller to comply with a legal obligation to which they are subject.
- The processing is necessary to protect the vital interests of the data subject or another individual.
- The processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.
- The processing is necessary for the legitimate interests pursued by the controller or a third party.

The lawful bases that are most likely to apply when considering sharing information for safeguarding or welfare purposes are consent, legal obligation, vital interests, public task and legitimate interest.

When considering whether to share information about a child, if the child is at risk, the common law duty of care is likely to apply and as such there would be a legal obligation to share this information with the police and/or children's services who have a public duty to protect children in these circumstances. In this case, information can be shared with these public bodies as it is necessary for their public task.

Where information relates to an adult, it is important to remember that adults have a general right to independence, choice and self-determination including control over information about themselves. Therefore, if an adult says that they do not want information about them to be shared with the police or social care, their wishes should be respected.

However, in the context of adult safeguarding there are circumstances where it would be reasonable to share confidential information without consent. When deciding whether there is a legitimate reason to override an adult's wishes, the following should be considered:

- Does the person lack the mental capacity to make that decision?
- Is the person under the inappropriate influence of another party?
- Are other people, including children at risk or could be if the information is not shared?
- Has a serious crime been committed or could sharing the information prevent a crime?
- Is the alleged perpetrator a child or adult at risk and may themselves be at risk?
- Has a serious allegation been made about someone in a position of trust?
- Has a court order or other statutory authority e.g. the Police requested the information?

Data protection law permits information to be shared where it is in the vital interests of the individual i.e. in an emergency or life-threatening situation where the individual is unable to consent. Information may also be shared where it is necessary for the purposes of the legitimate interests pursued by the data controller or a third party. However, the interests of the controller need to be balanced against the rights of the data subject. If the data subject objects, the controller would need to have a compelling reason to override their objection.

When sharing of personal information to protect a child or children, this can often also involve sharing information about adults, which may include the identified or identifiable individual who has allegedly abused/harmed the child.

Whether to alert the adults or anyone with parental responsibility for the child will depend on circumstances but it is essential to avoid any action that could tip off the accused person.

Special Category of Personal Data

The processing of special category of personal data is unlawful except where one of the specific conditions set out in Article 9 of the GDPR applies. This includes when the data subject has given their explicit consent, when it is necessary for legal proceedings and when it is necessary for reasons of substantial public interest. The Data Protection Act 2018 identifies safeguarding of children and adults at risk as a specific condition where there is a substantial public interest. It is lawful to sharing special category of personal information in circumstances where:

- a) the individual to whom the information relates (the data subject) cannot consent; or
- b) it would be unreasonable in the circumstances to expect that consent was obtained
- c) or where obtaining consent would place the child or adult at risk e.g. seeking consent of the accused

person to share information about them with the police would alert them to the fact that they were being investigated and could lead to them harming others.

Consent is only appropriate in circumstances where the person has a genuine choice about whether information about them is shared. It would not be appropriate or necessary to seek consent where any of the above applies.

Where the purpose of information sharing is to facilitate access to services or to promote individual wellbeing, it is more likely that consent would be the appropriate legal basis. Under data protection law, consent must be 'freely given, specific, informed and unambiguous', otherwise it will be invalid. For more information, please see the guidance on Consent and Mental Capacity (Appendix 9).

Golden Rules for information sharing

HM Government Information Sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018) provides non-statutory guidance to support decisions relating to the sharing of information with other organisations. The Advice includes the following seven golden rules for information sharing that are generally applicable to all non-routine sharing of confidential personal information about safeguarding concerns:

The General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

1. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

2. Seek advice if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
3. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
4. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
5. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
6. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

APPENDIX 9: CONSENT & MENTAL CAPACITY

The purpose of this guidance is to help understand when individuals are able to lawfully consent to a course of action and/or information about them being shared with third party organisations.

For consent to be valid, the individual who is making the choice must have the mental capacity to be able to make an informed decision without coercion from others.

Those with parental responsibility (generally but not always the child's parents) are able, in many circumstances, to make decisions on behalf of their child. However, as a child becomes more mature, the law supports the child to make their own decisions providing that the child understands fully the choice to be made and the consequences of their decisions.

Therefore, children under the age of 16 can consent if they are considered to have the intelligence, competence and understanding which is often known as being 'Gillick competent'.

Young people over the age of 16 years and adults are presumed competent to provide consent, unless there is evidence to suggest otherwise. In some cases, individuals may not have the mental capacity to provide such consent e.g. because of impaired mental or physical health or condition or temporary intoxication from alcohol or drug use.

There is no specific age when a child under 16 is considered competent as it depends on the child and the nature and implications of the decision but in Scotland, children from the age of 12 are legally considered sufficiently mature to form a view, even if they are not considered fully competent to give consent in all circumstances. However, it is good practice to ensure children and young people, whatever their age, are involved in the decision-making process whenever possible.

In the case of a young person over 16 but under the age of 18 who is not considered competent to provide consent, where appropriate, a person with parental responsibility can legally provide consent on their behalf. This is not the case once an individual reaches the age of 18.

People who may lack capacity

The Mental Capacity Act 2005 aims to be enabling and supportive of people who may lack capacity to maximise their ability to make decisions, or to participate in decision-making, as far as they are able to do so.

The Act sets out the following five principles that apply to anyone over the age of 16:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Capacity to consent must always be assessed and incapacity should never be presumed. Only people that have an impairment of the mind or brain, or some sort of or disturbance that affects the way their mind or brain works can be assessed as not having mental capacity.

Examples include:

- conditions associated with some forms of mental illness
- dementia
- significant learning disabilities
- the long-term effects of brain damage
- physical or medical conditions that cause confusion, drowsiness or
- loss of consciousness
- delirium
- concussion following a head injury, and
- the symptoms of alcohol or drug use.

The impairment or disturbance would need to a degree that the individual is unable to make a specific decision when needed.

A person is unable to make a decision if they cannot:

- a) understand information about the decision to be made.
- b) retain that information in their mind
- c) use or weigh that information as part of the decision-making process, or
- d) communicate their decision (by talking, using sign language or any other means).

The person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made.

The following questions will help you decide whether an individual is competent to give valid and informed consent to the sharing of their information.

- Do they understand the question being asked of them?
- Do they have a reasonable understanding of the following?

- a) What information might be shared?
- b) The key reasons for sharing the information?
- c) Implications of sharing that information and of not sharing it?
- And can they:
 - a) consider the options that are open to them to agree or disagree?
 - b) weigh up one side of the decision against the other?
 - c) express their own opinion on the matter and not just repeat what someone else thinks they should do?
 - d) be reasonably consistent in their opinion on the matter and not constantly changing their mind?
 - e) fully understand the implications of their decision for themselves and others?

When deciding whether an adult at risk has capacity, the person who is responsible for making that decision must have a 'reasonable belief' that the adult at risk lacks capacity to agree to the action or decision to be taken.

The Mental Capacity Act 2005 Code of Practice (available on the Gov.uk website) provides further detailed guidance on how to assess capacity and who should make these judgements. Anyone who is working regularly with adults at risk should ensure they are familiar with the Code of Practice and feel confident to make appropriate decisions about sharing information, should a need arise.

APPENDIX 10: SAFEGUARDING INCIDENT RECORDING FORM

If an incident or concern is immediate and there is a risk of significant harm to a child or that they are in need of protection, then call your local Police and/or Social Care. Once the matter has been referred, complete this form and submit to the Centre Welfare Officer

This form or forms in reception should be used by RHGC officials to record the details of any concerns raised. All efforts must be made to keep the information confidential. The information should only be shared with those that need to know if it is in the best interest of the child or vulnerable adult. The form should be completed for all levels of concern, even where no immediate action may be necessary.

DATE OF INITIAL FORM COMPLETION:

DETAILS OF THE PERSON COMPLETING THE FORM:

DATE:
NAME:
POSITION HELD: <i>e.g. Coach/Welfare Officer</i>
CONTACT NUMBER:
EMAIL ADDRESS:
ADDRESS (INC. POST CODE)
NAME / DETAILS OF PERSON WHO RAISED CONCERN: <i>If different from above</i>

DETAILS OF THE PERSON CONCERN IS ATTRIBUTED TO:

NAME:
POSITION:
RELATIONSHIP TO ALLEGED VICTIM:

DETAILS OF THE ALLEGED VICTIM:

NAME:
SQUAD / SESSION:
DATE OF BIRTH:
AGE AT TIME OF INCIDENT:
PARENT / CARER DETAILS:
<i>Inc. name, contact number, email and address</i>
ANY IDENTIFIED SPECIAL NEEDS OF DISABILITY:
ETHNIC BACKGROUND:

DETAILS OF INCIDENT:

DATE(S) OF INCIDENT(S):
DESCRIPTION OF THE INCIDENTS:
<i>Please include as much detail as possible. If a child talked to you, write down the exact details of the conversation – remember not to lead the child. Please include any other information including location, number of incidents, any witness details etc. – please continue on a separate sheet of paper if necessary</i>
DETAIL OF ANY ACTION TAKEN:
<i>Please indicate if you are in contact with any other bodies concerning this incident and include a contact name, telephone number & email address. This could include Children/Adult Social Care or the Police.</i>
ADDITIONAL INFORMATION:

AUTHORISATION:

SIGNED:
DATE:

Suggested Review Date: After significant changes, or annually

Reviewed By: Claire Barbieri and Ali Oldham.
Date: October 2023
Comments: Initial completeness of policy.
Next Suggested Review Date: November 2024.

Reviewed By:
Date:
Comments:
Next Suggested Review Date:

Reviewed By: Date: Comments:

