

BRITISH HANDBALL ASSOCIATION

SAFEGUARDING AND CHILD PROTECTION POLICY



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FOREWORD

The British Handball Association (BHA) Chair and Board of Directors believe all young people involved in handball have a fundamental right to be protected so that they can enjoy the sport free from all forms of abuse and exploitation. It therefore seeks to help protect and promote the welfare of all young people in handball by having in place clear policies and guidance for anyone involved in its international squads.

The BHA Chair and Board of Directors view all those within handball as part of the sports family. This includes the England Handball Association (EHA), Scottish Handball Association (SHA), all clubs, associations, other organisations and individuals with any involvement at any level. The BHA believes that all members of the handball family have responsibilities to help protect young people. The BHA Board aims to ensure that all staff honour and understand the procedures in place. On that basis this Safeguarding and Child Protection policy has been developed to help ensure that this happens at all levels within the elite elements of the sport including the partners with whom the association works.

Promoting the safety and welfare of young people is a key element of the BHA Board and staff promise. Safeguarding underlines this intention as the term is wider than “Child Protection” in that it is used to incorporate staff understanding of good practice. Child protection is still an essential element of this policy and is about acting on the concerns of a young person or individual. The BHA will not discriminate against any persons and all groups or individuals have equal rights to be protected and safeguarded.

The BHAs Safeguarding and Child Protection Policy will be updated every three years or more frequently as required and in line with changes to legislation, government guidance and industry best practice.

We hope that the policy will assist your club/association as we all provide a safer environment for the future of our sport and the people involved in its delivery.

Paul Bray

Chairman

British Handball Association

Acknowledgements

British Handball would like to thank the England Handball Association and Scottish Handball Association for their significant contribution to this document.

1. INTRODUCTION

Safeguarding and British Handball

The welfare of children and young people is everyone's responsibility. Everyone involved in British Handball – officials, coaches, volunteers, players, parents/carers, friends, family and children themselves – can help. If you have any concerns about poor or abusive practice or suspect that a child may be being abused or is at risk, please contact our Lead Safeguarding Officer, in confidence.

For more information, please refer to our Safeguarding Policy, and accompanying Guidance Notes.

In addition to promoting the welfare and safety of children and young people and helping to minimise the risk of child abuse, these documents provide guidance to all those involved in the sport about acceptable behaviour and good practice. Best practice protects everyone involved in sport. The codes of conduct have been developed to support people by helping to make it clear to all what is expected of them and others involved in British Handball.

We are continually trying to improve our procedures and make our documents as "user friendly" as possible. If you have any comments, please contact our Lead Safeguarding Officer.

Essential Contacts

Organisation	Contact Details	Website
British Handball	01925-246482 office@britishhandball.com	www.britishhandball.com
BHA Lead Safeguarding Officer – Lucy McClements	lucy@finwellcoachconsult.com	
England Handball	01925-246482 office@englandhandball.com	www.englandhandball.com
EHA Lead Safeguarding Officer	01925-246482 safeguarding@englandhandball.com	
Scotland Handball	07519-944184	www.scottishhandball.com
SHA Child Welfare & Protection Officer -	childprotection@scottishhandball.com	
ChildLine	0800 1111 For children and young people	www.childline.org.uk
NSPCC	0808 800 5000 or help@nspcc.org.uk For adults concerned about a child	www.nspcc.org.uk
CPSU	0116 234 7278 For enquiries or advice on safeguarding children in sport	www.thecpsu.org.uk
Thinkuknow	Online site with information for young people and adults, including how to report concerns	www.Thinkuknow.co.uk
Kidscape Charity	Established to protect children and prevent bullying	www.kidscape.org.uk
LADO	See local phone directories, internet search engines or via Local Authority directly	
Police	In emergency dial 999 or see local directories	
Children's Social Care	See local phone directories, internet search engines or via Local Authority directly	

Abbreviations

BHA – British Handball Association

EHA – England Handball Association

SHA – Scottish Handball Association

CMG – British Handball Case Management Group

CWO – Club Welfare Officer

CPSU – Child Protection in Sport Unit

DBS – Disclosure and Barring Service

LSCB – Local Safeguarding Children Board

LADO – Local Authority Safeguarding Officer

NGB – National Governing Body

NSPCC – National Society for the Prevention of Cruelty to Children

LSO – Lead Safeguarding Officer

CWPO – Child Welfare and Protection Officer

PVG – Protection of Vulnerable Groups

VSDS - Volunteer Scotland Disclosure Services

In December 2012, the Criminal Records Bureau (CRB) merged with the Independent Safeguarding Authority (ISA) to become known as the Disclosure and Barring Service (DBS).

See <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

In this document the term 'parent' will be used but also refers to carers or guardians.

'Staff' refers to anyone in a paid or voluntary role in the organisation and delivery of handball for the elite British teams.

2. POLICY STATEMENT

This policy is mandatory and provides guidelines to everyone involved in British Handball, whether working in a professional or voluntary capacity. It is recognised that child abuse is a very emotive and difficult subject; however everyone in handball has a duty of care towards children and young people and can help to protect them from abuse.

All individuals involved in handball under the jurisdiction of the BHA including players, match officials, coaches, administrators, club officials and spectators agree to abide by this policy as well as all other BHA policies. All such individuals, by participating, attending or being involved in handball, are deemed to accept and agree to these policies and as such recognise and accept their responsibility to be aware of the relevant principles and accountabilities. The policies and accompanying Guidance documents are available through the BHA website or on request from the BHA office. A copy will be sent to all those involved in the British Handball squads.

The BHA's approach to safeguarding and child protection is based on the principles recognised within the UK and International legislation and Government guidance. The following has been taken into consideration:

- The Safeguarding Vulnerable Groups Act 2006
- Protection of Vulnerable Groups (Scotland) Act 2007
- The Children Act 1989 and 2004
- The Protection of Children Act 1999
- The Every Child Matters strategy (DfES, 2004)
- Working Together to Safeguard Children 2013 (HM Government)
- Working Together to Safeguard Children 2015 (HM Government)
- No Secrets – Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse 2000
- The Human Rights Act 1998
- The Sexual Offences Act 2003
- The Rehabilitation of Offenders Act 1974
- The Data Protection Act 1998
- The Police Act 1997
- Criminal Justice and Court Services Act 2000
- The Protection of Freedom Act 2012
- UN Convention for the Rights of a Child (1989)
- What to do if you are worried a child is being abused (2006)

Responsibilities

All BHA affiliates will:

- accept the moral and legal responsibility to implement procedures to provide a duty of care for young people, safeguard their wellbeing and protect them from abuse;
- respect and promote the rights, wishes and feelings of young people;
- recognise that some young people could face additional barriers to getting help because of additional vulnerabilities which could include their ethnicity, gender, age, religion, disability, sexual orientation, social background or culture;

- ensure they adopt best practice to safeguard and protect young people from abuse, and to reduce the likelihood of allegations being made against themselves;
- accept and abide by the Safeguarding Policy and Guidance and the BHA Code of Ethics and Conduct as well as all other policies and procedures;
- respond appropriately to any complaints about poor practice or allegations of abuse.

Principles

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

- the child's welfare is paramount;
- all young people, regardless of any personal characteristic including their age, gender, ability, any disability they may have, culture, racial origin, religious belief and sexual identity have the right to protection from abuse;
- a child is recognised as being under the age of 18 years (Children Act 1989 definition);
- an adult has a moral and statutory duty for the care, custody and control of any person under the age of 18 under their supervision;
- all incidents of poor practice or suspicions of poor practice and allegations of abuse will be taken seriously and responded to swiftly and appropriately;
- all young people within the British Handball squads have a right to play the game of handball in an enjoyable and safe environment;
- young people have a right to expect appropriate support in accordance with their personal and social development with regard to their involvement in the game of British Handball;
- it is the responsibility of the child protection experts and agencies to determine whether or not abuse has taken place but it is everyone's responsibility to report any concerns.

Working in partnership with children, their parents and other agencies is essential for safeguarding; the BHA recognises the statutory responsibilities of the appropriate bodies such as Children's Social Care Services, the Police, the Local Authority Designated Officers (LADO) and the Local Safeguarding Children Board (LSCB) to ensure the welfare of children.

All those involved in the management of young players in British Handball have a duty to ensure they are:

- allowed access to the game in a way that is appropriate for their age and ability;
- coached and trained by appropriately qualified people;
- not required to play in too many games, or to attend training sessions, as to become a threat to their well-being;
- not subjected to verbal or racial abuse from any source, especially from the bench and spectator gallery, including references to height, weight etc.;
- not subjected to bullying, threats or undue pressure from any source;
- encouraged to achieve their full potential at all levels;
- instructed on how to behave, both on and off the court;
- afforded respect and value in a playing and training situation and any other British Handball environment.

Equality

All people have the same rights to be safeguarded from abuse but it should be recognised that some children may face additional vulnerabilities and extra barriers to getting help. This could be because of their personal characteristics such as race, gender, age, religion, disability, sexual orientation, social background or culture. There should be awareness that these characteristics may mean that they are at greater risk of abuse because of factors such as prejudice, discrimination, reduced ability to resist or report abuse, communication barriers or myths based on stereotypes.

3. PROMOTING GOOD PRACTICE

Child abuse, particularly sexual abuse, can generate strong emotions in those having to deal with such an allegation. It is important to understand these feelings and not allow them to interfere with your judgement about what action to take. Abuse can occur within many situations including the home, school and the sporting environment. Some individuals will actively seek employment or voluntary work with young people in order to harm them.

A coach or volunteer may have regular contact with young people and be an important link in identifying cases where protection is needed. All concerns about poor practice or alleged abuse should be reported following the guidelines in Section 5 of this document.

All personnel are encouraged to demonstrate exemplary behaviour in order to protect young people and to protect themselves from allegations. The relevant sections of the BHA Code of Ethics and Conduct should be studied. In addition, the following are common sense examples of good practice and how to create a positive culture when working in British Handball:

- always putting the welfare of each young person first, before winning or achieving goals;
- always working in an open environment (e.g. avoiding private or unobserved situations and encouraging an open environment with no secrets);
- building balanced relationships based on mutual trust which empowers young people to share in the decision-making process;
- making sport fun, enjoyable and promoting fair play;
- giving enthusiastic and constructive feedback rather than negative criticism;
- treating all young people equally and with respect and dignity;
- maintaining a safe and appropriate distance both emotionally and physically (e.g. it is not appropriate for an adult to have an intimate relationship with a young person or vulnerable adult or to share a room with them);
- keeping up to date with the technical skills, qualifications and insurance in sport;
- ensuring that at tournaments or residential events, adults should not enter a child's room or invite children into their rooms unless in an emergency. If an adult is working in a supervisory capacity, they should only enter a child's room when accompanied by another adult;
- being an excellent role model - this includes not smoking or drinking alcohol whilst supervising children and promoting a healthy diet;
- recognising the developmental needs and capacity of children – avoiding excessive training or competition and not pushing them against their will;
- securing parental consent in writing to act in loco parentis, if the need arises to give permission for the administration of emergency first aid and/or other medical treatment;
- keeping a written record of any injury that occurs, along with the details of any treatment given, which is then reported to the parents at the first opportunity.

Appropriately qualified and vetted staff

It is essential that all people working or volunteering with children are appropriately vetted. The BHA has a safe recruitment process that includes procedures such as checking documents to confirm the person's identity, obtaining references and conducting an interview if possible. For all roles which are eligible (including all staff and volunteers involved with teams that have children), an enhanced Disclosure and Barring Service (DBS) check (previously known as a CRB disclosure) is completed or an Enhanced PVG check in Scotland.

It is essential that those working with children are appropriately experienced or mentored/ supervised until they have gained experience. People in any role at British Handball which involves working/volunteering with children will undertake regular safeguarding training to refresh and update their knowledge. Coaches working with children must hold appropriate coaching qualifications and be proactive in safeguarding by taking responsibility for familiarising themselves with any relevant guidance, policies or procedures.

Through the online DBS application system currently used by the BHA, for England and Wales applicants and the PVG application system in Scotland, the DBS system can be monitored when a disclosure is issued and whether it is clear of relevant information or not. When there is content on the disclosure, the BHA will need to see the original disclosure to conduct a risk assessment on the information and decide if the individual is suitable to take up their role. It is the individual's responsibility to send their DBS or PVG to the BHA when requested. Failure to do so within the specified period may lead to a temporary suspension with the official's relevant Club or Association also informed of the reasons.

Please see the accompanying guidance notes covering vetting or contact the BHA Lead Safeguarding Officer for further information.

Coaching ratios

Coaches working with young people do not work in isolation. It is important to have the correct level of supervision from a health and safety point of view so that coaches reduce the risk of injury to players and ensure adequate cover remains in case of an emergency. Good practice means at least one other adult in addition to the head coach will be present at every BHA organised coaching session to supervise. The additional adults will not necessarily be qualified coaches as long as the ratio of coaches: players are met. Participants aged under 17 are not included in staffing ratios even if they have coaching qualifications.

The level of supervision takes account of:

- the ability and experience of the players;
- the age and any disabilities or special requirements of any of the young people;
- the activity being undertaken;
- the geography of the facilities being used (i.e. restricted access to sports hall or outdoor court);
- the 'risk assessment' of the activity and facility.

When working with young people aged over 8 years old the ideal coaching ratio is one coach for every 8-12 players. However, to ensure there are enough people remaining to supervise the group in the event of an accident or incident, BHA organised sessions will have at least two adults present.

All BHA coaches are at least Level 2 qualified (for which you have to be 18 years old).

Parents as supervisors

Parents are not included in supervision calculations unless they are acting in an official volunteering role or other capacity. In these circumstances, they should meet all appropriate requirements in terms of:

- Appropriate background checks;
- Clarity about their role and responsibilities;
- Who has overall responsibility for the group;
- What is acceptable practice.

Relationships of trust

“The inequality at the heart of a relationship of trust should be ended before any sexual relationship begins.” Caring for Young people and the Vulnerable - Guidance for preventing abuse of trust (Home Office, 1999).

This statement recognises that genuine relationships can occur between the different levels of participants in a group. However appropriate boundaries should be upheld, especially when one person is aged under 18 or a vulnerable adult. Those working/volunteering in a position of authority with children under 18 years of age are considered to be in a ‘position of trust’ and therefore should be careful to ensure that the appropriate boundaries remain in the relationship. The power and influence that a member of staff or volunteer such as a coach has over someone attending a group or activity cannot be under-estimated. The dependency is only increased in elite and competitive activities where one person is responsible for the other’s success or failure to some extent. It is therefore vital that people recognise the responsibility they must exercise in ensuring that they could not be considered to have abused their position of trust.

Although children aged over 16 years can legally consent to sexual activity, it is inappropriate and extremely poor practice for an adult to pursue a relationship with a young person with whom they are in a position of trust. In some cases an ‘abuse of trust’ is a criminal offence (Sexual Offences Act 2003 - UK wide). Whilst the coach- player relationship exists, coaches must not enter into an intimate relationship with players aged under 18 years old. This would be a breach of the BHA Codes of Ethics and Conduct and a basis for disciplinary action.

All those in a position of trust should be aware that sending messages or images deemed inappropriate and/or sexually provocative by text, email, web-cam or other electronic media to children under 18 years of age is a breach of this policy and may be a criminal offence.

Photography

The BHA is committed to ensuring young people are protected from the inappropriate use of their images. No images should be taken at junior games, training or events without the necessary consent being obtained first, including on how the images will be used, especially if this is on websites and in other publications.

There is no intention to prevent coaches using videoing as a legitimate coaching aid, but players and their parents should be aware that this is part of the coaching programme and informed consent will be gained in writing, with care taken in the storing of such images.

Please see the accompanying photography guidance for further information.

Changing rooms

Where practical, children should be supervised at all times in the changing rooms by two members of staff. Adult staff should not change or shower at the same time using the same facility as players. Staff of the opposite gender should not be present whilst players are showering or changing. If a young person is uncomfortable changing or showering in public, no pressure should be placed on them to do so and they should be encouraged to do this at home.

All players and staff should be aware that no photographic equipment (including cameras, video cameras, and mobile phones) should be used in the changing room environment.

Late collection

It is not the responsibility of coaches or volunteers to transport children home on behalf of parents who have been delayed. The following procedure should be adopted:

- Provision of a staff contact number for parents to phone if there is any likelihood of late collection. Coaches may not be able to answer their phone during training/games but it should be possible to leave a message.
- All parents to provide an alternative contact name and number.

In cases of late collection, staff **will**:

- attempt to contact the child's parent on their contact numbers;
- use the alternative contact name/number if possible;
- wait with the child at the sport facility, with other staff or parents present if possible;
- remind parents of the policy relating to late collection.

In cases of late collection, staff **will not**:

- take the child home or to any other location without speaking to their parents;
- send the child home with another person without permission from a parent;
- leave the child on their own;
- ask the child to wait in a vehicle or sport facility with you alone.

The elite sporting environment

Talented players need to be exposed to appropriate competition and training in order to achieve their potential and allow their talent to develop. This may involve young people competing against or with older players, including adults.

It is recognised that elite athletes may be additionally vulnerable due to increased time spent training and competing compared to other young people. Consideration will be given not only to the physical risks because of shortened recovery times, but also to the potential impact on the young person's education as well as the emotional and social impact on them and their family.

4. RECOGNITION OF POOR PRACTICE AND POSSIBLE ABUSE

Staff and volunteers in British Handball are not expected to be experts at recognition of child abuse. However, they do have a responsibility to act if they have any concerns about the behaviour of someone (an adult or young person) towards a child and to follow the reporting procedures in this document.

Poor practice

Allegations may relate to poor practice where an adult's or another young person's behaviour is inappropriate and may be causing concern/harm to a child. In the application of this policy, poor practice includes any behaviour bringing the game into disrepute of a child protection nature or contravening any BHA policy or guidance, infringing an individuals' rights and/or is a failure to fulfil the highest standards of care.

Examples of poor practice never to be sanctioned include:

- using excessive, physical or humiliating punishments;
- failing to act when you witness possible abuse or bullying;
- being unaware of or breaching any BHA policy such as the Code of Ethics and Conduct;
- spending excessive amounts of time alone with young people away from others;
- inviting or allowing young people into your home where they will be alone with you;
- engaging in rough, physical or sexually provocative activity, including horseplay;
- allowing or engage in any form of inappropriate touching; allowing young people to use inappropriate language unchallenged;
- making sexually suggestive comments even in fun;
- reducing a person to tears as a form of control;
- allowing allegations made by a young person to go unchallenged, unrecorded or not acted upon;
- doing things of a personal nature for young people that they can do for themselves;
- sharing a bedroom with a young person you are not related to, even with parental permission.

If any of the following incidents should occur, they must be reported immediately to another colleague and a written note recorded of the event. Parents should also be informed of the incident.

This includes:

- if you accidentally hurt a player;
- if he/she seems distressed in any manner;
- if a player appears to be sexually aroused by your actions;
- if a player misunderstands or misinterprets something you have said or done.

Abuse

Somebody may abuse a young person by inflicting harm, or by failing to act to prevent harm. Young people may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger.

The effects of abuse can be extremely damaging and if untreated, they may follow a person into adulthood. For example, a person who has been abused as a child may find it difficult or impossible to maintain stable, trusting relationships, become involved with drugs or prostitution or attempt suicide.

Indications that a young person may be being abused include the following:

- unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries;
- an injury for which the explanation seems inconsistent;
- the young person describes what appears to be an abusive act involving him/her;
- someone else (a young person or adult) expresses concern about the welfare of another;
- unexplained changes in behaviour (e.g. becoming very quiet, withdrawn or displaying sudden outbursts of temper);
- inappropriate sexual awareness;
- engaging in sexually explicit behaviour;
- distrust of adults, particularly those with whom a close relationship would normally be expected;
- has difficulty in making friends;
- is prevented from socialising with other young people;
- displays variations in eating patterns including overeating or loss of appetite;
- sudden weight change;
- becomes increasingly dirty or unkempt.

It should be recognised that this list is not exhaustive and the presence of one or more of the indicators is not proof that abuse is actually taking place. A good working relationship with parents/guardians will help to identify any concerns that a young person may be experiencing, e.g. family bereavement which could cause some of the changes listed above.

Remember it is not the responsibility of those working in British Handball to decide if child abuse is occurring but it is their responsibility to act on any concerns by reporting them.

Additional vulnerabilities

Deaf or disabled children have the same rights to protection as any child but they could be more vulnerable to abuse because they may have impaired capacity to resist, avoid, understand or report abuse.

Although the great majority of carers have the child's best interests at heart, some will use their vulnerability as an opportunity to abuse. Sometimes it may be difficult to tell that a disabled child is being abused as people might think a child is behaving differently because of his or her disability - not realising that they are being abused.

Electronic communication

Staff and volunteers must not contact a young person under 18 years of age through electronic media (including but not limited to social media, emails and text messages) where that young person

is known to them through British Handball other than for legitimate handball participation or administration related reasons.

All contact should be:

- Professional and avoid over-familiarity
- Never contain any offensive, abusive or inappropriate language or images
- Not sent overnight (between midnight and 6 am)

Inappropriate contact may be considered grooming which could be reported to the statutory services and possibly lead to disciplinary action including suspension. See the further advice available on Appropriate Communication in the accompanying guidance documents.

5. REPORTING PROCEDURES

Two procedures are explained in this policy, one for reporting concerns within British Handball and another for concerns outside of British Handball. If you are unsure which applies, please contact a helpline (see Essential Contacts on Page 4 of this policy) or the BHA Lead Safeguarding Officer for advice.

How to respond to a disclosure from a child

If you witness or become concerned about someone's behaviour, or someone tells you they or another person is being or has been abused you should:

- react calmly so as not to frighten or deter the disclosure;
- listen carefully and take what they say seriously;
- keep any questions to the absolute minimum and for clarification only;
- tell them they are not to blame and that they are right to tell;
- reassure them and explain you have to share what they have said;
- report the concerns but not decide if abuse has taken place;
- make a record of everything said and any actions taken as soon as possible.

If you think the situation is an emergency, contact the BHA's Lead Safeguarding Officer. If they are not immediately available then you should contact your local Children's Social Care, LADO or Police without delay. Expert advice can also be provided by the NSPCC Helpline on 0808 800 5000 24 hours of the day. Contact information for local social services and statutory agencies can be found in local phone directories, via the Local Authority or through use of an internet search engine.

Actions to avoid

The person receiving the disclosure *should not*:

- panic or allow their shock to show;
- ask questions other than to clarify that you have enough information to act;
- speculate or make assumptions;
- make promises or agree to keep secrets;
- make negative comments about the alleged abuser;
- approach the alleged abuser;
- discuss the allegations with anyone who does not have a need to know;
- take sole responsibility;
- delay in reporting the concerns.

It should be noted that not all young players are able to express themselves verbally. Communication difficulties may mean that it is hard for them to explain or be understood. Sometimes it is difficult to distinguish the signs of abuse from the symptoms of some disabilities or conditions, in relation to the nature of an individual's impairment. However, the welfare of the child is paramount and where there are concerns about the safety of a young player, record what has been observed in detail and follow the procedures to report these concerns.

Records and Information

Information passed to the Children's Social Care or the Police must be as helpful and comprehensive as possible, hence the necessity for making a detailed record at the time of the disclosure/concern. Ideally this information should be compiled utilising the Incident Referral Form, which is included in the accompanying Templates and Forms section.

Information which may be required at the referral stage:

Young person

- Name/age/gender/address/ethnicity and details of any disabilities;
- Details of parents and any agencies already working with the family;
- Relationship between them and accused.

Accused

- Name/age/gender/address;
- Position in sport/occupation;
- Any other allegations/previous incidents.

Primary evidence

- Facts from the person making the allegation including dates/times/venue/witness details;
- Records with dates, including any documents such as emails;
- Has anyone else been informed or is anyone else already involved in the investigation.

Reporting the matter to the Police or Children's Social Care department should not be delayed by attempts to obtain more information. Wherever possible, referrals telephoned to Children's Social Care should be confirmed in writing within 24 hours. Details of whom the concerns were passed to should also be recorded including the name and title of the Children's Social Care member of staff or Police officer as well as the time and date of the call in case any follow up is needed. A copy of this information should also be sent directly to the BHA Lead Safeguarding Officer and stored in a secure place.

Confidentiality

Every effort should be made to ensure that confidentiality is maintained with information shared on a 'need to know basis' only. This includes but is not limited to the following people:

- the Club Welfare Officer (if applicable);
- the parents of the person who is alleged to have been abused (only following advice from Children's Social Care);
- Children's Social Care/Police;
- the BHA Lead Safeguarding Officer and members of the BHA Case Management Group (CMG), Safeguarding Disciplinary Group (SDG) and Safeguarding Appeals Group (SAG).
- the alleged abuser (and parents if the alleged abuser is a young person) following advice from Children's Social Care.

Information should be stored in a secure place with limited access to designated people, in line with data protection laws (e.g. that information is accurate, relevant and secure).

The seven golden rules of information sharing are:

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared. Seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being. Base your information sharing decisions on considerations of the safety and well-being of the person, and others who may be affected by their decisions.
6. Necessary, proportionate, relevant, 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 people who need to have it, is accurate and up-to-date, is shared in a timely fashion and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to be shared or not. If you decide to share, record what you have shared, with whom and for what purpose.

Procedures

It is acknowledged that the suggestion that a child has/is being abused can evoke strong emotions. It can be very difficult to hear suspicions or allegations but it is important that concerns are acted on. There are different procedures set out for reporting concerns about behaviour within British Handball and another for concerns outside of British Handball.

It is not for you to decide if abuse has taken place but to report the concerns. It is helpful if an incident referral form is completed as this sets out the sort of information which is useful. Please see the Templates/Forms for the BHA Incident referral Form template. You should be careful to report as much detail as possible but avoid hearsay or assumptions. The alleged perpetrator will need to be informed of the specific allegation to give them the opportunity to respond, but only after advice from statutory agencies.

The BHA Case Management Group (CMG) will decide if it is appropriate and/or possible to protect the identity of the complainant, although it should be noted that in some cases this may be apparent or necessary. If a complainant is particularly concerned about their name being disclosed this should be discussed when making the referral. Where possible, those who have provided information will be informed about the progress and conclusion of the investigation.

Suspension

In order to ensure the safety and welfare of anyone involved in British Handball, the Case Management Group (CMG) may decide to take the neutral act of temporarily suspending an individual (also known as imposing a Temporary Suspension Order) for such duration and on such

terms as considered to be appropriate. Recommendations will be received by the Safeguarding Disciplinary Group (SDG) who will review the information and confirm any action deemed necessary.

A Temporary Suspension Order may be imposed due to:

- receipt of serious allegations
- notification that an individual is subject to an investigation by the Police, Social Care or any other authority in relation to an allegation or offence
- receipt of information which suggests a person may pose a risk of harm
- failure to comply with any aspect of British Handball's vetting procedures

This list is not intended to be exhaustive.

The BHA will not be liable to any suspended individual, club, affiliated association or any other organisation for any loss of any nature arising as a result of or in connection with a temporary suspension.

Following any statutory services (e.g. Children's Social Care or Police) investigation, the BHA will assess the available information to decide whether the individual can be reinstated to their role in British Handball. This may be a difficult decision; particularly where there is insufficient evidence for the statutory services to act or obtain a conviction. In such cases, the CMG or SDG will reach a decision based upon the available information which could suggest that on a balance of probability; it is more likely than not that the person poses a risk. Anyone suspended on a permanent basis must be referred to the Disclosure and Barring Service for consideration to appear on the appropriate Barred List.

The CMG may decide that an individual should undertake certain actions such as further training or completing a new DBS disclosure, with failure to comply resulting in suspension on such terms and for such period as stipulated.

Appeals

An individual who is subject to a disciplinary sanction or final outcome made by the CMG or SDG has the right to appeal. Appeals are heard and considered by the Safeguarding Appeals Group (SAG).

Anyone wishing to appeal must do so in writing, to be received by the BHA Lead Safeguarding Officer within the specified period (usually 14 days unless stated differently) of the notification being sent. The letter of appeal should set out clearly the grounds for the appeal.

An individual may appeal in writing against their temporary suspension within the specified period (usually 14 days unless stated differently). The original terms of any temporary suspension will continue to apply during the appeal process.

All members of the SAG will not have been a member of the CMG or Safeguarding Disciplinary Group which considered the case. The SAG may ratify the original outcome, vary or dismiss it with their decision being final and binding.

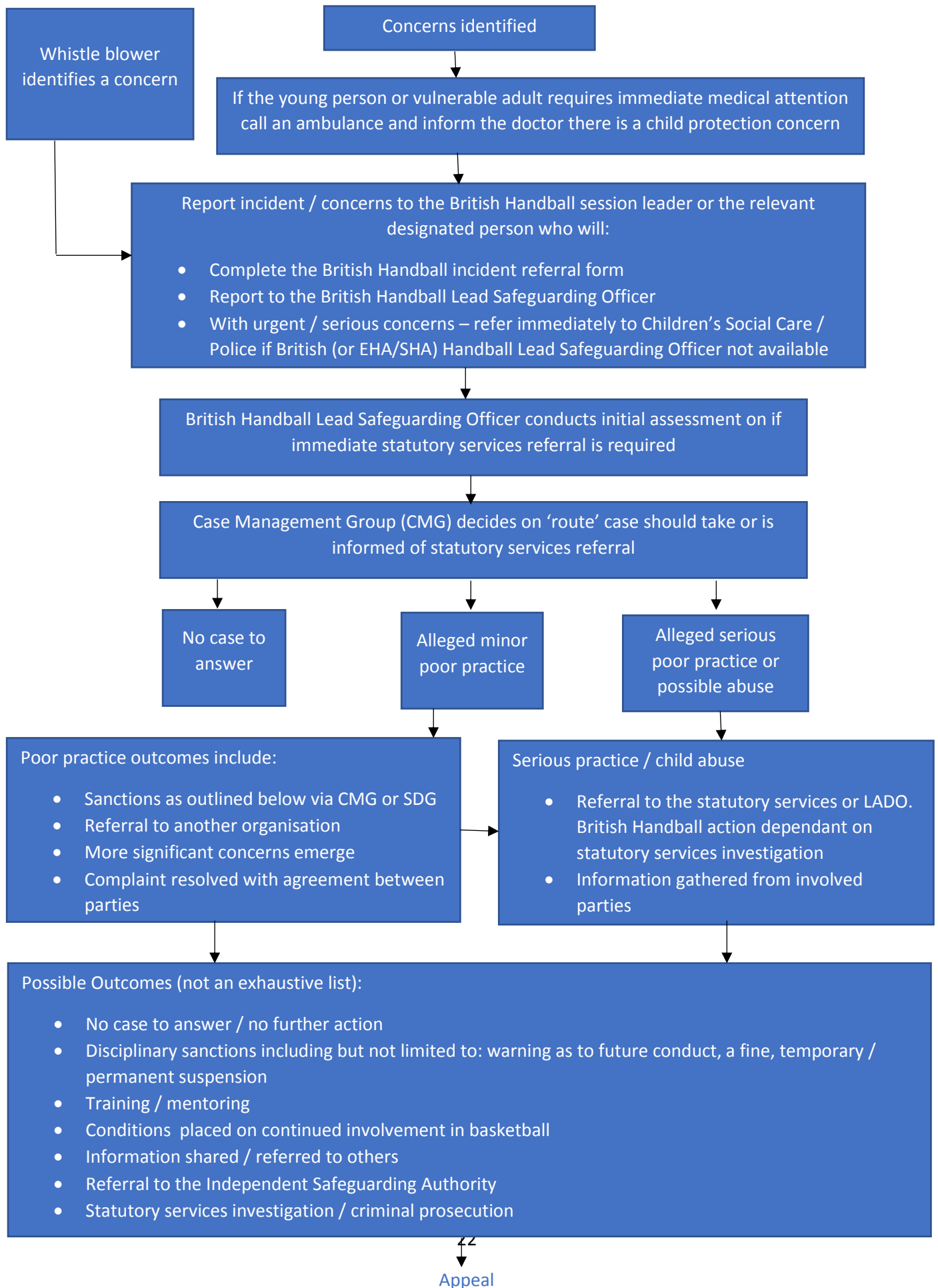
Monitoring and Evaluation

During and following the conclusion of a case, members of the CMG will evaluate if changes need to be made to policies, procedures or guidance documents. All involved in a case are able to offer feedback so lessons can be learnt and safeguarding processes can be continually improved.

Support to Deal with the Aftermath

Consideration should be given about what support may be appropriate to young people and others effected such as parents and members of staff. Use of helplines, support groups and meetings will maintain an open culture and help the healing process. Thought should be given about what support may be appropriate to the alleged perpetrator of the abuse. See the list of Essential Contacts on Page 4 of this Policy for expert organisations.

What to do if you are worried about the behaviour of anyone in British Handball



Action to take regarding allegations outside British Handball

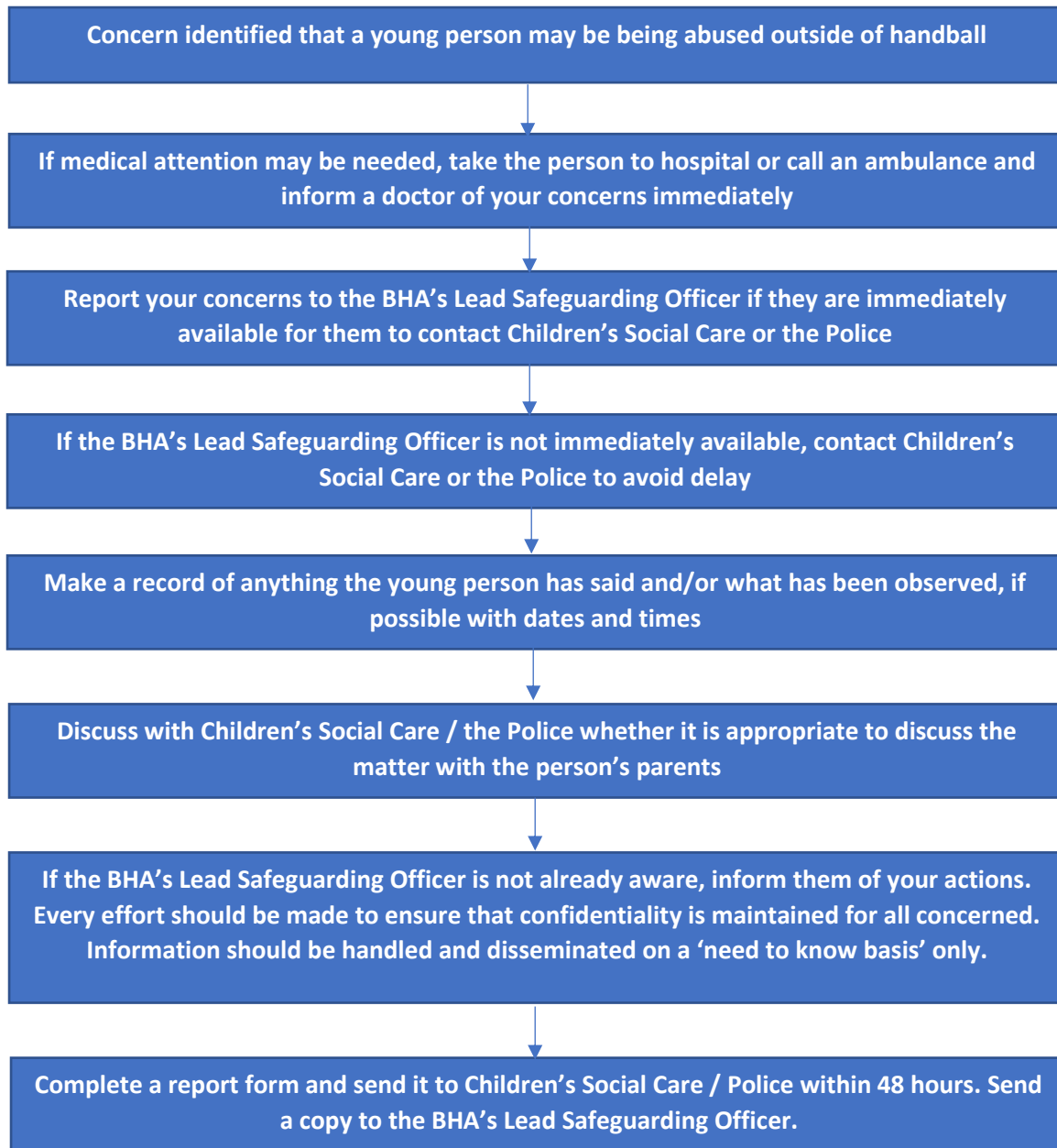
If a young person informs you directly that he/she is being abused or describes abusive behaviour outside the British Handball environment (i.e. at home or some other setting) OR through your own observations or through a third party you become aware of possible abuse outside the British Handball environment you must **REACT IMMEDIATELY**.

- ensure the safety of the young person - if they need immediate medical treatment, take them to hospital or call an ambulance, inform doctors of concerns and ensure they are aware it is a child protection issue;
- if possible, contact the BHA Lead Safeguarding Officer immediately who will follow the reporting procedures detailed below. If this individual is unavailable or cannot be contacted, to avoid delay the person that has concerns should follow the procedures set out below.

Reporting Procedures

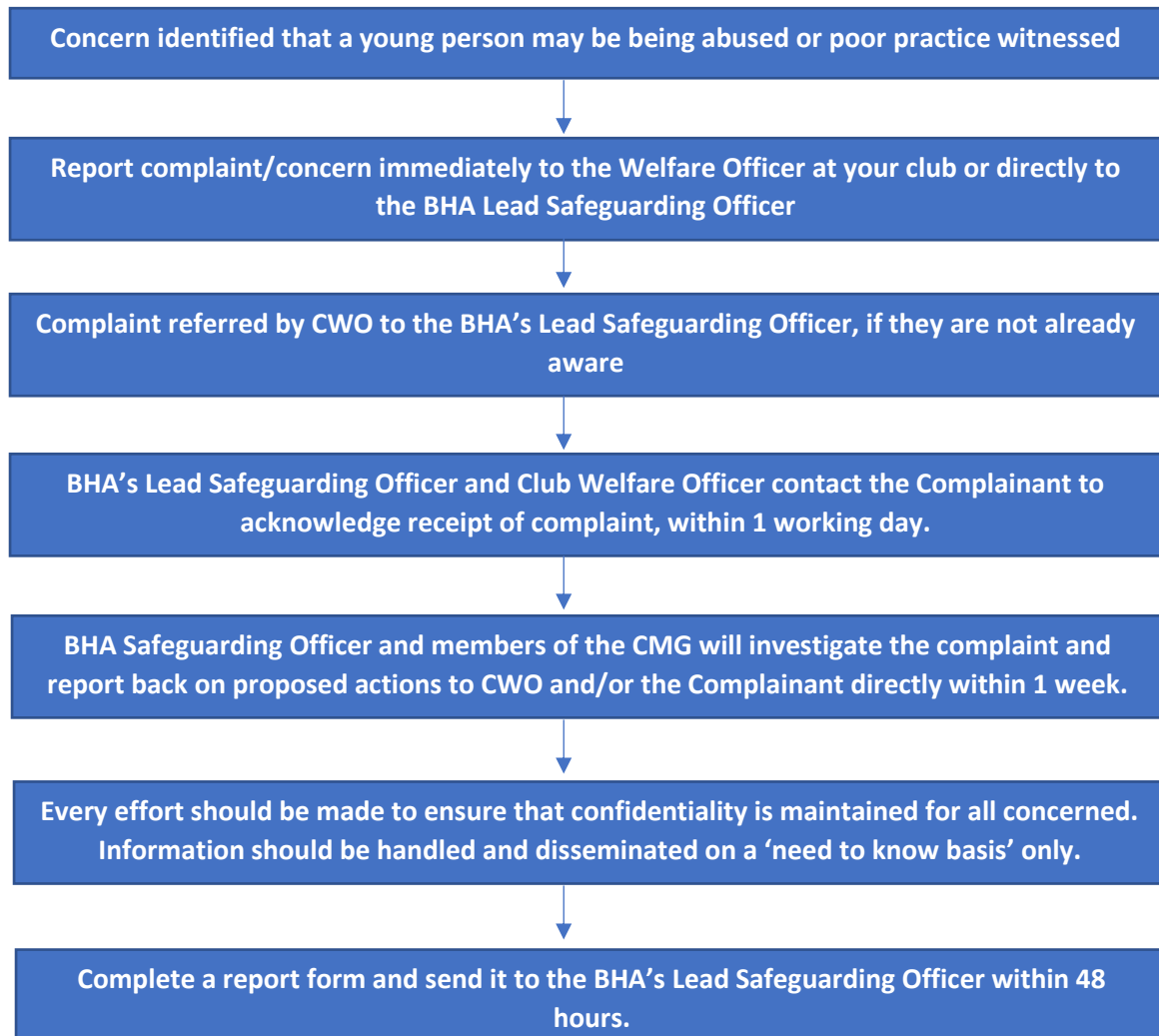
- seek advice immediately from the local Children's Social Care or Local Authority Designated Officer (LADO) who will advise on the action to be taken, including advice on discussing with parents. Expert advice can also be provided by the NSPCC Helpline on 0808 800 5000 or ChildLine on 0800 1111;
- make a full and factual record of events utilising the Incident Referral Form and forward a copy of the recorded information, as directed by the Children's Social Care and/or Police, and also to the BHA Lead Safeguarding Officer. Consideration should also be given to involving the relevant Club Welfare Officer (if applicable).

What to do if you are worried that a child is being abused outside of the British Handball environment (but concern is identified through the child's involvement in British Handball)



Process for making a Complaint

If you are a parent/carer of a child, or have concerns about poor practice or abuse relating to a child (yours or any other), you should follow the following procedure to make your complaint.



General Complaints and Feedback to the BHA

We are committed to ensuring that all our athletes, coaches, staff, and volunteers enjoy the best possible experience in their dealings with British Handball. However we recognise that, sometimes, our delivery may fall short of expectations.

We also recognise that complaints are a valuable form of feedback to improve. We use this feedback to identify the root causes of complaints and to ensure that improvements are made to our processes for the benefit of all stakeholders and ourselves.

These are the promises we make to all stakeholders who raise issues with us:

- we will listen to you, and make every effort to understand the reasons for your complaint,
- we will endeavour to resolve your problem at your first point of contact,
- we will take ownership of your complaint to ensure resolution, and
- we will offer fair solutions quickly.

We also welcome positive feedback from stakeholders.

Informal procedures

If you have a named contact in the BHA, please make your initial complaint or give your feedback to them. If you don't have a named contact, our Office Team will do their best to resolve your complaint there and then. Please contact the BHA on 01925-246482/3 or by e-mail: office@Britishhandball.com

If your complaint cannot be dealt with immediately, or if the matter you are concerned about is very serious, you should use our formal complaints procedure.

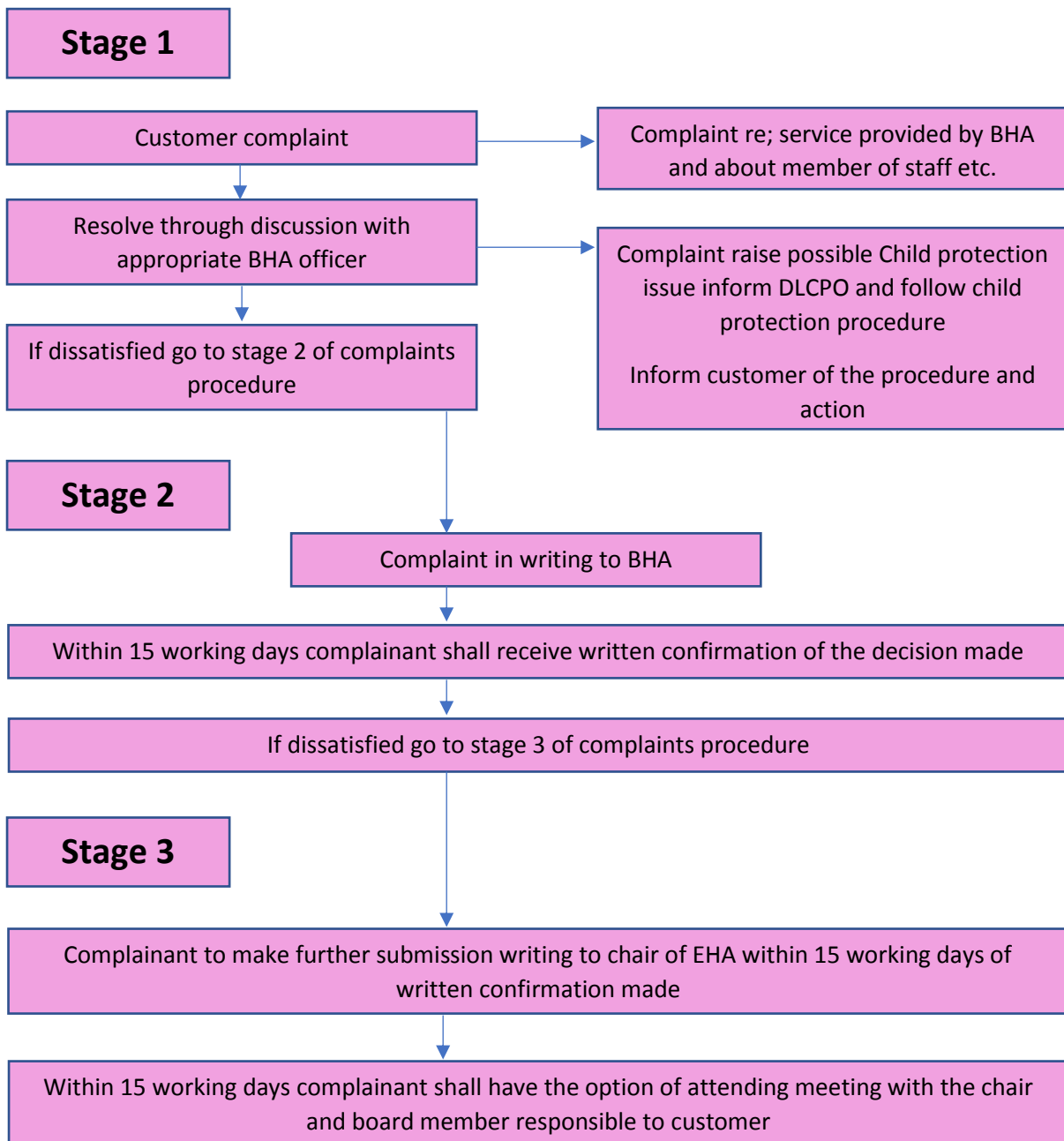
Formal procedures

Formal complaints and feedback can be made in writing or by e-mail to any member of staff. Our staff will make sure that your complaint is entered into our formal complaints process. We will acknowledge your complaint. The flow chart below provides time scales and a quick reference guide to how we will deal with your complaint.

Our target will be to provide you with a considered response within 15 working days of receiving your complaint.

If for some reason we cannot resolve the matter within 15 working days, we will keep you informed of the delay, the reasons for it, and will give you a date by which we will be able to give a full reply. If you are unhappy with the response you receive, please write within the timescales shown below.

Complaints procedure



6. ROLES AND RESPONSIBILITIES

It is never easy to respond to a child who tells you that they are being abused and you may feel upset and worried yourself. Where serious concerns exist over an individual's contact with children or a Police investigation is being conducted, 'Strategy meetings' may be held. Membership of this might include the Police, Children's Social Care, a Local Authority Designated Officer (LADO), health workers and the person's employers. If the allegations of abuse involve British Handball or someone who could have contact with young people through British Handball, it is possible that the BHA would be invited to attend.

Club Welfare Officer (CWO)

The Club Welfare Officer is the person appointed at club level within the UK and provides the essential point of contact for welfare within the club.

British Handball Lead Safeguarding Officer (LSO)

Every NGB should designate a person to promote the welfare of children within the sport. The role includes managing the DBS process, co-ordinating the dissemination of relevant policy, procedures & resources as well as providing support to others in their roles. The Lead Safeguarding Officer also provides administrative support for the Case Management Group as well as managing the administration of cases of poor practice/abuse within the sport. This includes being the central point of contact for enquiries such as from the complainants, LADO, Children's Social Care and the Police. The LSO will also submit reports to the BHA Board for each Board meeting, and prepare and review the annual Safeguarding Training Strategy and Training Needs Analysis.

British Handball Case Management Group (CMG)

The purpose of the Case Management Group is to ensure all decisions relating to safeguarding children are reached following a fair, open and transparent process. The group comprises a minimum of three people, including the BHA Lead Safeguarding Officer and a senior manager/official with the exact membership determined by the nature of the case and availability of members. The group may call upon whatever professional input they feel is required.

Statutory Agencies

Children's Social Care (previously known as the Social Services) have a duty to ensure the welfare of children and a legal responsibility to make enquiries where a child in their area is considered to be at risk of, or actually suffering from, significant harm. Where an allegation relates to a crime against a child, the Police and Children's Social Care will work together to investigate. Usually the LADO is involved throughout to ensure information is shared with those who need to know.

Local Authority Designated Officer (LADO)

The LADO works within Children's Services and will be involved in coordinating information sharing in cases in which it is alleged that a person who works with children (including as a volunteer) has:

- behaved in a way that has harmed, or may have harmed a child
- possibly committed a criminal offence against children, or related to a child
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

Where someone has concerns relating to anyone who holds a position of trust or responsibility with young people, these should be discussed with the LADO.

Local Safeguarding Children Boards (LSCB)

Every local authority has a LSCB which is designed to ensure all agencies involved in safeguarding children work together effectively. They provide local inter-agency guidelines for the procedures that should be followed in cases of actual or suspected child abuse. The roles and responsibilities of LSCBs and the agencies that are represented on them are set out in the government guidance Working Together to Safeguard Children (2013).

Allegations of previous abuse

Allegations of abuse may be made some time after the event (e.g. by an adult who was abused as a young person but felt unable to say anything at the time). Where such an allegation is made, the reporting procedures must be followed because other children, either within or outside sport, may still be at risk from the alleged perpetrator.

The subject of allegations outside British Handball

If a person with a role in handball is the subject of relevant allegations outside of the handball environment, for example through their job as a teacher, the BHA may still be informed by the statutory services even if the allegations do not directly involve British Handball. This is to ensure that the welfare of young people remains the paramount concern. An individual may be suspended from their role in British Handball whilst the investigation is conducted – this should be seen as a neutral act to protect all involved.

7. USEFUL DEFINITIONS

Child: refers to anyone under 18 years of age.

Vulnerable Adult: this is difficult to define briefly but a person over 18 years of age who because of mental or other disability, age or illness; may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.

Staff: any person acting in an official role for a club/organisation whether this is paid or voluntary.

The definitions below, unless otherwise stated, are taken from Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children (June 2015)

Abuse and neglect are forms 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 a stranger for example, 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 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 abuse 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.

The following are taken from Department of Health (2000) No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

Psychological Abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or Material Abuse – including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and Acts of Omission – including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory Abuse - including racist, sexist, that based on a person's disability or other protected personal characteristic as defined in the Equality Act 2010, as well as other forms of harassment, slurs or similar unfair treatment