



Safeguarding Policy & Procedure

2025

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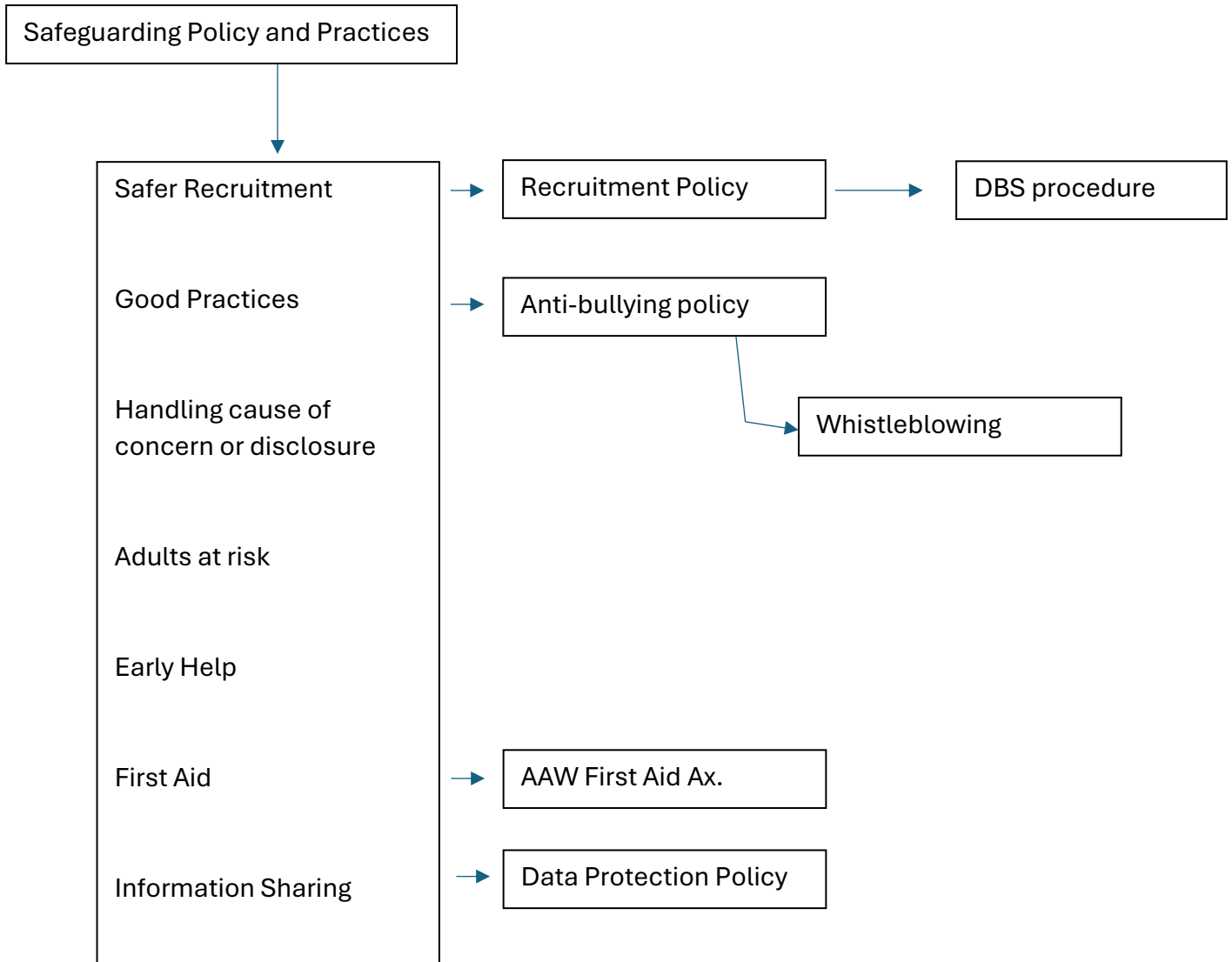
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Policy Layout

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1. Policy Statement

All-Aboard Watersports (AAW) carries out activities which bring our employees and people working on behalf of our organisation into regular supervised contact with children and/or adults at risk.

This policy is part of a set of related policies that aims to create and maintain the safest possible environment for the children and adults at risk with whom we deal, as well as for our staff. All reasonable steps will be taken to prevent all parties from harm and discrimination.

The overall aim of this policy is to provide clear direction for employees, workers (including subcontractors), volunteers, participants and site visitors about expected behaviour in dealing with safeguarding issues, ensuring concerns and referrals are handled sensitively and professionally in supporting children and vulnerable adults. We also ensure parents and carers are aware of our policies and procedures.

Definitions:

Staff:

An All-Aboard staff member is someone considered to be the following; any paid individual employed by All-Aboard. A staff member is any paid employed individual by All-Aboard, Volunteer, Trustee or third-party individuals working on AAW premises.

Third-party Instructor: A qualified instructor from one of our associated National Governing Bodies (NGB) who are running sessions on our behalf of AAW, and are fully vetted and qualified to run sessions by said NGB.

Visitor: A visitor is an independent contractor or individual who will on-site for a short time. e.g. WESPORT contact, surveyor.

Child:

A child (Children Acts 1989 and 2004 respectively) is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection under the Children Act 1989.

Adult at Risk: Adults at risk, formally referred to as 'vulnerable adults' is a person aged 18 years or over who may be in need of community care services by reason of disability, age or illness and who is; unable or at risk of not being able to take care of themselves, or unable to protect him or herself against significant harm or exploitation, *No Secrets (DH/Home Office 2000)*.

The ADASS National Framework of Standards (2005) suggests that local safeguarding adults' procedures should apply to "every adult who is or may be eligible for community care services".

The Safeguarding Vulnerable Groups Act (2006) refers to adults at risk in a much wider context to apply to people using certain types of services or residing (even temporarily) in certain types of places (i.e. women's shelters, halfway houses for addiction services)

Therefore, AAW will define an adult at risk to be someone aged 18 years and over who meets one or all of the following criteria. Is:

- At risk of or is experiencing abuse, harm, neglect, exploitation

- Has care and support needs due to age, illness or disabilities; such as mental health conditions, disabilities (i.e. physical, learning, social), health conditions, neurodiversity, communication impairments, elderly
- Resulting from their care and support needs is unable to protect themselves against harm, abuse or exploitation

It may be a person who is unable to take care of themselves independently or protect themselves. They may be elderly or frail, have learning disabilities, live with a disability, medical or mental health condition, is a carer, receive direct payments, are homeless or under lawful custody of a probation officer, in an abusive relationship or is in early recovery.

AAW is committed to safeguarding children and adults at risk taking part in its activities from physical, sexual or emotional harm, neglect or bullying and other forms of abuse. We recognise that the safety, welfare and needs of the child or adult at risk are paramount and that everyone, irrespective of age, disability, race, religion or belief, sex, sexual or gender identity or social status; has a right to protection from discrimination and abuse.

AAW takes all reasonable steps to ensure that, through appropriate procedures and training, children and adults at risk participating in activities organised by AAW do so in a safe and enjoyable environment.

AAW actively seeks to:

- Create a safe and welcoming environment, both on and off the water, where children and adults at risk can have fun and develop their skills and confidence.
- Run organised training, activities and events to the highest possible safety standards.
- Treat all children and adults at risk with respect and celebrate their achievements.
- Promote knowledge of who is in the Safeguarding Team

AAW:

- Recognises that safeguarding children is the responsibility of everyone, not just those who work with children and adults at risk.
- Recognises that all children and adults at risk have an equal right to protection from all sorts of abuse, harassment and discrimination and should be listened to if they express any concerns.
- Carefully recruits and selects all AAW employees, contractors and volunteers in roles involving close contact with children and adults at risk and provides them with appropriate information or training.
- Responds swiftly and appropriately to all complaints and concerns about poor practice or suspected or actual abuse.
- Regularly reviews safeguarding procedures and practices in the light of experience or to take account of legislative, social or technological changes.
- Communicates changes and shares good practices with training centres, clubs and class associations.

We also recognise that all children and adults at risk should have access to all policies so they feel safe and able to raise concerns and complaints. Our staff and Designated Safeguarding Officers (DSO) are well-trained and experienced in reassuring, listening to and dealing with issues and complaints from children and adults at risk.

AAW's Designated Safeguarding Officer should be notified of all relevant concerns, allegations or complaints.

This policy will be reviewed by the AAW Safeguarding Team annually. Governance documents will be scrutinised dynamically following an incident, near-miss, or industry call to action, and changes will be applied and distributed appropriately.

Signed:

Safeguarding Trustee: _____

Operations Manager: _____

Designated Safeguarding Officer: _____

2. Designated Safeguarding Officer / Safeguarding Team

AAW's Safeguarding Trustee is:

Pete Truss

p.truss@live.com

Operations Manager is:

Luke Hoather

operations@allaboardwatersports.co.uk

AAW's Designated Safeguarding Officer (DSO) is:

Blaire Hannan – Human Resource & Safeguarding Officer

volunteering@allaboardwatersports.co.uk

AAW Safeguarding Officer is:

Glyn Norris – Seasonal Instructor

AAW Safeguarding Officer is:

Jemma Corbett – Administrator

AAW Safeguarding Officer is:

Imogen 'Gen' Sargent – Instructor

AAW Safeguarding Officer is:

Craig Beard

AAW Safeguarding Officer is:

Grant Coleman

The DSO's role description includes:

- Maintaining up-to-date policy and procedures, compatible with the RYA's (and other NGB's).
- Ensuring that staff are made aware of safeguarding procedures and relevant safe are aware of how to adopt and follow safer recruitment procedures.
- Make sure service users and their parents know who they can talk to and understand what action the organisation will take.
- Advising the management committee on safeguarding and child protection issues.
- Maintaining contact details for local Children's Services, Local Authority Designated Officers (LADOs), Local Authority Safeguarding Children and Adults at Risk Boards and other local agencies such as the Police.
- Ensure there are clear processes to record concerns or disclosures.
- Take a lead on responding to information that may constitute a child protection/adult at risk concern, by informing appropriate agencies and sharing relevant information in accordance with GDPR.

If there is a concern, the DSO would:

- Be the first point of contact for any concerns or allegations, from children or adults, ensuring that confidentiality is maintained in all cases.
- Decide on the appropriate action to be taken in line with AAW's procedures and will notify the Trustee Board and Operations Director accordingly.
- Keep the relevant NGB's and Local Authority Designated Officer (LADO) informed as necessary (see *flowcharts in Appendix C*).

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3. Safer Recruitment

AAW will prevent people who pose a risk of harm from working with children or adults at risk by adhering to statutory responsibilities to check staff who work with children or adults at risk and ensure all staff except third-party instructors) will be asked to complete the safer recruitment process and appropriately supervised as outlined in the **Safer Recruitment and Selection Policy**. Third-party instructors will have undergone the safer recruitment process of the NGB they work for. No staff members will be able to work unless all certificates are in date and they have completed the safer recruitment process.

For zero-contract hour Instructor roles, AAW will ensure they have had adequate safeguarding training and ask safeguarding-related questions in the interview. For all other paid roles that require working with children and/or adults at risk our DSO or Safeguarding Trustee, trained in Safer Recruitment, will sit on the interview panel.

Our recruitment process will embed safeguarding at all stages from initial job applications to confirmation in post by ensuring:

- Job Adverts and Job Description refers to their responsibility for safeguarding
- Face-to-face interviews are undertaken (no appointments are made without)
- Safeguarding scenarios and questions form a key part of the interview process
- Take up 2 references (verbal and/or written - must be documented).
- Pre-employment requirement for original qualification certificates is met
- Self-disclosure form while waiting for a Standard or Enhanced DBS check (as applicable) to be completed,
- Right to Work Check is clear

- Prohibition Order checks or further checks on people who have lived or worked outside the UK e.g. No Criminal Record Checks and Certificates of Good Character and checks on the right to work in the UK.
- To agree and sign AAW's Code of Conduct

Those who are involved in work situations where they have sustained or prolonged unsupervised access to children or adults at risk are exempt from the Rehabilitation of Offenders legislation. This means that prospective employees, self-employed contractors and volunteers must declare all criminal convictions, however long ago; and these will be taken into account when deciding on their suitability for working with children or vulnerable adults.

No one will be permitted to undertake a role which involves regular contact with children or adults at risk without an enhanced satisfactory Disclosure and Barring Service (DBS) check and other checks as detailed above unless directly supervised by a Staff member who holds an Enhanced DBS Check with a Child Barring List Check. If a newly appointed staff already hold a DBS check, AAW will accept the check if; it holds the correct level of check, workforce, is on the update service or has been done within 6 months, the check is clear and the original certificate has been witnessed. If their DBS certificate meets all requirements but the time it was issued was over 6 months and under 1 year, a risk assessment can be done to determine if it is appropriate to accept. A new DBS check will be required if these standards are not met.

It is AAW policy to renew DBS checks every three years for individuals not registered with the DBS Update Service, and annually for those who are registered with the Update Service.

Newly appointed staff

Paid instructors must provide a reference from their previous employer, when applicable. On rare occasions when all efforts to obtain 2 references has failed, one reference and a clear risk assessment may be accepted.

Each staff member will receive a personalised risk assessment at the time of recruitment, and be given a HIGH, MEDIUM or LOW risk status, based on previous DBS checks, references, Right-to-work checks etc. Staff will only be able to work unsupervised when they are classified as LOW risk. Please refer to the AAW Safer Recruitment Policy for more information on the procedure.

AAW will not recruit any volunteers younger than 14 years old. Any volunteer or instructor aged under 18 years old, will be supervised by an adult instructor who has an enhanced DBS check. This is for their welfare and for the clients.

4. Staff Support & Training

Abuse is clearly devastating for a child or adult at risk and will cause stress and anxiety for families and for staff. We recognise that working with children and adults at risk can sometimes be stressful and potentially traumatic and we support staff by providing an opportunity to talk through anxieties with their DSO who will organise regular check-in and create a well-being plan if required, with the individual with support from the Mental Health First Aider (i.e. buddy system, refer to support groups, NSPCC helpline etc).

Staff training is not only crucial in protecting children and adults at risk but also helps make staff aware of how their own behaviour can protect themselves against allegations.

All new staff are required to:

- Read and accept this Safeguarding Policy & Procedure as part of our induction process,
- Receive online safeguarding training (RYA Safe & Fun course) or equivalent and attend internal safeguarding refresher training every 2-3 years.

Staff should also be made aware in training that some children/adults at risk can have additional vulnerabilities (e.g., a non-English speaking child or participant who is Deaf would find disclosure hard without an interpreter).

Our DSO will have undertaken a 2-day NSPCC safeguarding training course and regular refresher training every 2 years. In addition, to NSPCC training and any specific training via local safeguarding boards, our DSO will ensure all staff are made aware of any changes in safeguarding policies and procedures.

In the event of an allegation, we will support the member of staff involved through line management advice and signposting to them to the appropriate National Governing Body. The DSO will provide advice and information leaflets from Bristol City Council and will be allocated as the point of contact to update them.

5. Good Practice

All AAW staff should follow AAW's Code of Conduct (see Appendix E) and agree to abide by AAW's Good Practice guidelines for children and adults at risk. It is the responsibility of all staff to be aware of the safeguarding policies and procedures and how to recognise abuse (Appendix A & B) and handle it appropriately (see Section 8. Concerns).

Photographs and videos of our charitable work are sometimes taken for publicity purposes, coaching purposes and/or at a funder's request but we always seek prior consent from adults to take any image of their children and their permission to do so is recorded on Booking Live, Upshot or AAW's Photo / Video Consent form (Appendix G). When permission is given, we still do not use children/ adults at risk' names or other personal information (i.e. school, address) against any image, unless explicit consent is given.

AAW does not use any technology to communicate with participants who are children or adults at risk This is to avoid any risk of cyberbullying and/or sexting occurring. Some social network sites, chatrooms and websites are a clear source of inappropriate material and we do not allow that on our premises. All participants will be encouraged to lock their phones away during the session.

Any communication that does occur with an individual under the age of 18 years old (i.e. a volunteer or work experience student) will have a parent or guardian corresponded into every email unless written consent is given for permission for independent correspondence and/or for them to them be added to the Volunteer WhatsApp Groups. If any inappropriate messaging or bullying is found across any communication method, this will be dealt with seriously and in accordance with AAWs Safeguarding and anti-bullying policy.

AAW reserves the right to require that children do not have access to phones with cameras during sessions, and no cameras are permitted in the changing areas. Should the parent and child need to contact each other during the session, this should be done through the Centre Manager / Instructor.

AAW will adopt positive and inclusive language across all forms of communication and publicity. No staff should allow inappropriate language to occur unchallenged unless it is a result of a medical condition (i.e., Tourette's). In this situation, they will do their best to limit exposure to children.

All our staff will:

- Use VHF Radios and only use their mobile to communicate with other consenting staff when out of range for safety reasons.
- Contact participants through AAW business mobiles or the office phone, not their personal mobile, except in out-of-office hours and the AAW office phones are not accessible. In this situation, staff must use *67 with the number to remove caller ID.
- Discourage participants from taking photos or videos of any participants who do not belong to their friends or family group.
- Ensure that any photographs and videos are only taken of those who have given consent or consent is given on behalf of the child or vulnerable adult; and that content will immediately be deleted from any personal device, once given to AAW after the session. If content is found this will lead to disciplinary action.
- Report any inappropriate use of images to the Centre Manager or DSO
- Ensure that adults will not enter the showers or changing rooms at times when children are changing. They will be invited to change in the Harbour Master changing rooms.
- Avoid spending any significant time working with children or vulnerable adults alone, and out of view of co-workers.
- Wear their ID badge and/or uniform to highlight they are a staff member and therefore a safe individual to go to.
- Will always respond to an allegation appropriately (never delay)
- Support children and adults at risk with kit (i.e. wetsuits/ buoyancy aids) with minimal contact and only if they have an Enhanced DBS check with a Barring List Check and are in the presence of another staff member if a friend or family member is not available to do so.
- Make it clear when they take on loco parental responsibility, particularly if a parent is present during a session.
- Sit outside of the Quiet Room with the door window open to monitor the safety of the child/adult at risk.

All staff will not:

- Use any form of corporal punishment under any circumstances.
- Take any participant alone in a car, however short the journey.
- In unique circumstances (i.e., external trip or extenuating family circumstances) then written consent from the parent/guardian must be provided beforehand and at least two staff members with an Enhanced DBS check with a Barring List Check must be present.
- Do not take any participant to your home
- Design sessions that are not within the ability of the individual and will not force children or vulnerable adults to participate or belittle them for their mistakes. Instructors are responsible for highlighting participants' improvements and valuing their performance and sportsmanship conduct, not just results.
- Make any unnecessary physical contact and will only do so with consent.
- Engage in rough, physical or sexually provocative games or make sexually suggestive comments to any participant or other staff member
- Allow adults to change in the changing rooms when occupied by children. Adults can use the Harbour Master's changing rooms and vulnerable adults can use the shower room or toilet. In an emergency, for a male to enter a female changing area or vice versa, it is advised that they are accompanied by another adult of the opposite sex.

AAW will always promote the awareness that any child or adult at risk who requires support to perform tasks of a personal nature, should be accompanied by their parent or carer. AAW does not expect staff to be involved in this activity and actively discourages it. However, in unique emergent circumstances or when their carer requires support, consent will be obtained by the adult at risk/child and parents/carers before help is given. The staff member must have an Enhanced DBS with a Barring List Check and be the same sex of the child/ adult at risk. They will not be left alone with children/adults at risk during this activity.

Office Staff will ensure visitors sign in to the 'Sign-in' book and are given a 'Visitors' badge, receive a short safety and safeguarding brief and they will be monitored by staff during their visit. Third-party instructors will be expected to follow our centre-specific safeguarding procedures and report any concerns to the DSO or Operations Manager.

6. Early Help

Many children and adults at risk face disadvantages which affect their development, future health and ability to reach their full potential. "Early Help" (aka Early intervention), involves providing support at any stage of the child's/ adult's at risk's life to prevent further issues from developing. It can offer support to individuals or the entire family, but the main objective is to improve outcomes for the child/ adult at risk by reducing risk factors and increasing protective factors.

Protective factors include; developing strong social and emotional skills, a strong support network, good parental mental health, income support/advice, and good community services.

Statutory advice highlights the importance of Early Intervention (Department of Education, 2018) and research has shown it to; protect children/ adults at risk from further harm, reduce the need for a referral to Child Protection Services and improve long-term outcomes even into adulthood (e.g., improved relationships, mental health, performance at school, family/personal circumstances) (Hayes et al, 2015, EIF,2021). Therefore, providing timely support by recognising who requires an early help referral and when is crucial.

AAW recognises the importance of Early Help and will introduce Early help into training and promote awareness amongst staff to raise their concerns about the personal circumstances of a child/adult at risk which could develop into a safeguarding concern and that the family could benefit from an early help referral.

Recognising need

Staff should be alert to the potential need for Early help for a child/ adult at risk who:

- Is disabled or has specific additional needs
- Is a Young Carer or in the Care System
- Is showing signs of or being drawn into disruptive, anti-social or criminal behaviour including being bullied or bullying, gang involvement or association with organised crime groups
- Frequently missing/goes missing from care, home or school
- Is at risk of being radicalised, being groomed, or subject to modern slavery, trafficking or exploitation (occurs across all ages, genders and nationalities, though exploitation is more prevalent amongst the most vulnerable in society and within minority or socially excluded groups)
- Has poor general health including mental health issues (i.e. anxiety/depression)

- Is experiencing difficulties at home (i.e. Substance misuse, adult mental health, health issues, financial issues, domestic abuse etc.)
- Has a broken relationship with parents and is unusually independent
- Has a parent/carer/family member in custody

(Department of Education 2018)

If a concern is raised the DSO will ensure it is recorded on the Cause of Concern Sheet (Appendix D) and will make a referral or seek advice from the Early Help Team, as appropriate. The Early Help team is specific to the child's/adult at risk's home address. Appendix F lists the details of the Early Help for each county in the South West.

7. Managing Concerns / Allegations

Complaints, concerns or allegations can come from a number of sources; the child, parents, staff or someone within or outside the organisation. It can involve the behaviour of a staff member or someone outside the organisation or sport (i.e., at home or school). AAW recognises that children and adults at risk will confide in adults they trust and in an environment they feel at ease, thus AAW will make every effort to promote a safe and open environment.

Anyone who is concerned about a participant's welfare, either outside or within AAW, should inform a member of the safeguarding Team as soon as possible, who will pass it on to the DSO immediately. If the DSO is not available, the Operations Manager should be informed. The DSO will follow the attached procedures (see Flowcharts 1 and 2 in Appendix C).

Anyone failing to comply with AAW's Safeguarding policy and any relevant Codes of Conduct may be subject to disciplinary action.

Allegation of abuse outside the organisation

For cases where abuse or harm is suspected to have occurred outside the organisation (Flowchart 1), the information will be classified as either:

Low-level concern: Information where the concern does not indicate abuse itself but could be a feature/aspect of abuse. i.e. a child regularly arriving with no lunch could indicate neglect.

Significant concern: A significant concern would be information which indicates the child or adult at risk has experienced or is at risk of experiencing abuse or harm.

For low-level concerns, AAW will investigate internally, and make an action plan on how to address the situation. A low-level concern may develop into a significant concern as more evidence is collected, particularly if the frequency or severity of the concern increases or more information is gathered during an internal investigation. If abuse is suspected (significant concern), AAW will immediately notify Child/Adult Social Services and if necessary, the Police and NGB safeguarding team. The Police or Children's Social Care will decide who else needs to be informed, including the child's parents/carers, teachers etc.

It is the DSO's overall responsibility to ensure any concerns have been reported to the Police or the Children/ Adult Social Services. However, if the DSO is not available, staff should not hesitate to call the authorities if the child or adult at risk is in immediate danger.

If an AAW staff member suspects abuse in the home they should be aware that talking to the family/carers/ guardians can make it worse for them. It is NOT the staff's responsibility to decide if abuse is taking place, BUT it is their responsibility to act on their concerns.

Allegation of abuse inside the organisation

For cases which involve an allegation made against a member of staff for poor practice or abuse, Flowchart 2 should be followed and the 'LADO Record Form' in Appendix D completed.

The Local Authority Designated Officer (LADO) or local authority adult team must be notified within 1 working day if an adult who works or volunteers at AAW with children or adults at risk:

- 1) behaved in a way that has harmed, or may have harmed a child/adult at risk,
- 2) possibly committed a criminal offence against, or related to, a child/adult at risk;
- 3) behaved towards one or multiple children/adults at risk in a way that indicates they may pose a risk of harm to them;
- 4) behaved or may have behaved in a way that indicates that they may not be suitable to work with children/adults at risk.

The individual to whom the allegation has been made against can be informed an allegation has been made but no details will be shared. The only people informed will be:

- The child's/adult at risk's parents/guardians/carers
- AAW's Safeguarding Team (the DSO and Safeguarding Trustee) and Centre Manager
- The relevant authorities (including Police, Child / Adult Social Services and Local Authority Designated Officer)
- The National Governing Body's Safeguarding Team

In circumstances, where immediate action is needed to protect the child/adult at risk or a criminal investigation is required, the Police and Child / Adult Social Services must be informed first, then the LADO and NGB safeguarding team. In less serious cases contact the LADO first, they will inform the Police or Social Service if necessary. The authorities involved will create a Case Management Team, who along with AAW will investigate the allegation and decide on the best of action (Refer to Flowchart 2). Employment of all accused staff (paid or voluntary) will be suspended until a result occurs from an investigation. The DSO is responsible for providing support and updated information to both parties involved, however, the case should not be discussed by anyone within the organisation other than the person who received or initiated the allegation and AAW's Safeguarding Team.

The Disclosure and Barring Service (DBS) maintains the lists of people barred from working with children or with vulnerable adults in England and Wales and in Northern Ireland. If AAW permanently dismisses or removes someone from regulated activity/work, or would have dismissed them if they had not resigned, retired, been made redundant, or changed roles because they have harmed a child/ adult at risk or placed them at risk of harm; we have a duty to refer them to the DBS. It is a criminal offence not to make such a referral.

In circumstances which are not clear advise on whether a referral is required, the DSO should visit <https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs#legal-duty-to-refer-the-two-conditions-that-must-be-met> or call the DBS Helpline – **0300 0200 190** for clear advice.

Allegations involving Adults at Risk

Consent from the adult at risk to report and share information is required if they are believed to have capacity and are not in immediate danger. However, their decision can be overridden if they lack capacity, or circumstances would consider it lawful to share. Such circumstances include; public interest is at risk, the adult or someone else is at very serious risk of harm, a very serious crime has been committed, it would prevent a serious crime, or you suspect duress or coercion has influenced their decision. Mental capacity can be assessed in accordance with the two-stage test highlighted in the Mental Capacity Act (2005). If a person has no history of injury or disturbance in the functioning of their brain and they are able to understand, retain, weigh up consequences and communicate their decision, they are said to have capacity.

Consent affects the management of each case. Flowchart 3 illustrates how to address all scenarios. Reassurance and appropriate support along with gentle persuasion may help to change the adult's view on whether it is best to share information. However, if the adult has capacity and it would not be lawful to share their information, their decision to decline consent must be respected and the following points covered:

- * Support, and information on resources and services given if welcomed
- * Ensure the adult is aware of the risk level and possible outcomes
- * Ensure the adult understands they have the support of the safeguarding team and can change their mind to report at any time
- * Offer to arrange peer support in sessions and discuss how AAW can support them to build confidence, self-esteem and a feeling of safety.
- * Record the reasons for not intervening or sharing information
- * Record disclosures and concerns and log conversations, reviews and meetings - file securely
- * Regularly review the situation

All information should still be recorded, despite the absence of consent to report to the information, so all information is ready to share if consent is later given or circumstances become lawful to share without consent.

When consent is given, but the adult at risk lacks capacity they lack capacity or their decision can be lawfully overridden, the appropriate services will be informed i.e. Police or referral to Adult Social Service if they have care needs.

Anyone failing to comply with AAW's Safeguarding policy and any relevant Codes of Conduct may be subject to disciplinary action.

Should there be uncertainty on how to handle concerns, advice can be sourced from the NSPCC free 24-hour helpline (**0808 800 5000**) or First Response (**0117 903 6444**) for concerns referring to children or contact the National Governing Body's Safeguarding Team or Care Direct (**0117 922 2700**) for concerns referring to adults at risk

Handling an allegation/disclosure

Always:

- Stay calm – ensure that they are safe and feel safe
- Show and tell the person you are taking them seriously

- Reassure them and stress that they are not to blame
- Be careful about physical contact - it may not be what they want
- Listen and show acceptance of what they are saying – don't react in horror
- Remove distractions and give full attention
- Make a record on the disclosure/cause of concern sheet (as appropriate) and inform the DSO at the earliest convenience. Record exactly what was said, including time, date, location, and who was present. Record facts, not opinions.
- Consider if medical attention is required.
- Follow AAW procedures

Never:

- Rush into actions that may be inappropriate
- Make promises you cannot keep - be honest you will need to tell someone to stop the alleged abuse
- Ask leading questions, instead ask them to explain in their own words and use open-ended phrases i.e. "what happened next?"
- Take sole responsibility – consult someone else (ideally the DSO or the person in charge) so that you can begin to protect the child/adult at risk and gain support for yourself.

If an allegation against the DSO occurs, they will immediately step down from that role until the investigation has been completed and the Safeguarding Trustee or Operations Manager will follow the procedure.

Recording and handling information

If AAW staff suspects any form of abuse or neglect, they should complete the Cause of Concern sheet (including for low-level concerns) and if a disclosure of abuse occurs the staff member must complete the Disclosure Form (see Appendix D). The forms should be returned to the DSO or Operation Manager in a secure manner and at the earliest availability. A record of conversations, meetings or actions regarding a case must be logged. The DSO will complete the appropriate Safeguarding Record Form in Appendix D for cases involving other authorities. All new cases and events of poor practice must be added to the AAW Safeguarding Database by the DSO. However, details of the case will be stored in the child's/adult's at risk personal file. All records must be securely stored under the Data Protection Act (2006).

All information must be treated as confidential and only shared on a need-to-know basis. Methods of sharing information with the relevant authorities/services may be done face-to-face, over the phone or electronically. Conversations sharing sensitive information should be handled in discrete and private environments (i.e. quiet office). Any information shared electronically should be done so using highly secure means i.e. password protected files on a secure platform.

Only relevant and accurate information will be shared with individuals or agencies/organisations that have a role in safeguarding the child and/or providing their family with support, and only the information they need to support the provision of their services. AAW recognises that sharing information with a third party rarely requires sharing the entire case file - only information that is necessary, relevant adequate, accurate and proportionate for the intended purpose. When information sharing occurs AAW will log in the child/adult at risk's file, (using Appendix D) who the information was shared with, by whom what was shared, when, and if necessary why.

The UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 (DPA) provide a framework which supports information sharing when it is believed that a failure to share information could result in significant harm. This framework has been consolidated into '7 golden rules to information sharing' (Department of Education, 2024) (See Appendix G). AAW will ensure any information shared will be done so on a lawful basis (see Article 6 of the UK GDPR).

As consent is not required from the child or parent to share information if the child's safety or welfare could be seen as at risk; AAW will only notify the individual that their information was shared if safe and appropriate to do so. However, when practicable and safe, engage with the child and/or their carer(s), and explain who you intend to share information with, what information you will be sharing and why.

Consent to share information for adults at risk is required, unless the person lacks capacity (Mental Capacity Act, 2005), staff will refer to Flowchart 3 for adult at risk cases.

Confidential information must be stored securely. As per NSPCC guidelines the information will be retained until the child reaches the age of 25 years old. Any information regarding concerns of an adult's behaviour (i.e. AAW staff member), will be kept at least until the adult is at normal retirement age or for 10 years – whichever is longer. Information will be destroyed by secure means, e.g., by shredding or burning, or wiping any electronic information. AAW will respect everyone's right to request a 'right to erasure' and will respond in writing with a month of the request. AAW has the right to decline this request, if it would interrupt a current/open investigation, or there are legitimate safeguarding reasons to do so i.e. this person could be a threat to public safety.

Historical allegations

If someone raises a child protection/ adult at risk concern relating to incidents that took place some time ago, follow the same procedures, even if the person about whom the allegation is being made is no longer active within your organisation. If the concern appears to relate to a criminal offence, the Police should be informed on **101**.

8. Child on Child Abuse

Child-on-Child Abuse can be defined as inappropriate behaviours between children under the age of 18 years that are abusive in nature, including physical, sexual or emotional abuse, exploitation, sexual harassment, bullying of any kind, hazing/initiation rituals. The abuse can occur both online and offline.

Staff will follow Flowchart 1 (See Appendix C) except for occasions where the alleged abuser is under 18 years old, where Flowchart 2 will be followed (See Flowchart 2). The following considerations will need to be made with child-on-child abuse. The welfare of both children will need to be investigated. Children often abuse other children as they do not understand the behaviour as being abusive or they are acting out as they are being abused themselves. Both children will be given the NSPCC helpline number ([0808 800 5000](tel:08088005000)) if they need counselling

It is important that staff do not label the child displaying the abusive behaviour as an 'abuser'. This can compound feelings of guilt and cause them to internalise the label. Instead use the 'Code of Conduct for participants' in the Terms and Conditions, to discuss their behaviour and help them understand how we expect them to behave and how they can change their behaviour. For alleged staff aged under 18 years refer to the Code of Conduct signed at the recruitment stage (see Appendix in Safer Recruitment Policy).

9. First Aid

All Office workers and Instructors will refresh their First Aid Qualifications and volunteers will be trained after their probation period. All First Aiders will gain consent before providing treatment unless the person is unconscious, where they will assume consent to perform first aid. All first aid will be given with the upmost intent to preserve the patient's dignity and modesty. In the event, that a child/ adult at risk needs to be monitored the first aider will sit in the room with them with the door open.

AAW will have dry bags for medications, so medications (i.e. Inhaler, Epi-pen, GTN Spray) can be taken out on the safety boat with the instructor. They will never be stored in the First Aid boxes, instead will remain in the dry bag for the duration of the session and when not out on the water they will be locked in the Safeguarding office cabinet. Parents/ Guardians will sign a 'Medication Consent – Self-administration Form' (see appendix H) giving consent for their child to self-administer their prescribed medication. Under no circumstances will non-prescribed medications be prescribed to a child.

Participants who require emergency seizure medication will be accompanied by their carer during the session, who will be responsible for administering that drug. It will remain with the carer.

10. Handling the media

If there is an incident at AAW which attracts media interest, or if AAW is contacted by the media with an allegation concerning an AAW volunteer or employee, do not give any response. Any statement which is given will be cleared by the Trustee Board, LADO and or Statutory services. Relevant NGB's Communications department can be contacted for professional advice on handling the media.

Any external photographer or member of the press or media should wear identification that they are PRESS and an AAW Visitor badge at all times and should be fully briefed in advance on your expectations regarding his/her behaviour and the issues covered by these guidelines. They will be supervised by a staff member when on the premises.

Recognising Abuse (Children)

Appendix A

(Based on the statutory guidance 'Working Together to Safeguard Children' 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 others (including via the internet). They may be abused by an adult or adults, or another child or children.

Physical abuse may involve adults or other children inflicting physical harm:

- By hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating
- Giving children alcohol or inappropriate drugs
- In sport, physical abuse might also occur when the nature and intensity of training exceed the capacity of the child's immature and growing body.

Emotional abuse is 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, unloved or inadequate
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- Imposing expectations which are beyond the child's age or developmental capability
- Overprotection and limitation of exploration and learning or preventing the child from participating in normal social interaction
- Allowing a child to see or hear the ill-treatment of another person
- Serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger
- The exploitation or corruption of children
- Emotional abuse in sport might also include situations where parents or coaches subject children to constant criticism, bullying or pressure to perform at a level that the child cannot realistically be expected to achieve.
- Some level of emotional abuse is involved in all types of maltreatment of a child.

Sexual abuse. Sexual abuse involves an individual (male or female, child or adult) forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening, to gratify their own sexual needs. The activities may involve:

- Physical contact (eg. kissing, touching, masturbation, rape or oral sex)
- Involving children in looking at, or in the production of, sexual images
- Encouraging children to behave in sexually inappropriate ways or watch sexual activities
- Grooming a child in preparation for abuse (including via the internet)
- Sport situations which involve physical contact (e.g. supporting or guiding children) could potentially create situations where sexual abuse may go unnoticed. Abusive situations may also occur if adults misuse their power over young people.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely resulting in the serious impairment of the child's health or development. Neglect may involve a parent/ carer failing to:

- Provide adequate food, clothing and shelter
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision

- Ensure access to appropriate medical care or treatment
- Respond to a child's basic emotional needs
- Neglect in a sailing situation might occur if an instructor or coach fails to ensure that children are safe, or exposes them to undue cold or risk of injury.

Bullying (including 'cyber-bullying' by text, e-mail, social media etc) may be seen as deliberately hurtful behaviour, usually repeated or sustained over a period of time, where it is difficult for those being bullied to defend themselves. The bully may often be another young person. Although anyone can be the target of bullying, victims are typically shy, sensitive and perhaps anxious or insecure. Sometimes they are singled out for certain features or characteristics - being overweight, having a disability or belonging to a different race, faith or culture.

The acronym **STOP** – Several Times On Purpose - can help you to identify bullying behaviour. Please refer to AAW's Bullying Policy for further detail.

Grooming is when someone develops a relationship with a child over a period of time to gain their trust for the purposes of sexual abuse or exploitation. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example, a family member, friend or professional. For more information on possible signs of grooming, see <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/grooming/> Sometimes the perpetrator grooms the entire family, building a relationship with the child's parents/carers so that they are allowed more access to the child than would normally be the case.

Similar behaviour could be used to radicalise young people and recruit them to a religious or political cause, and can sexually exploit a child.

Female Genital Mutilation (FGM) and Forced Marriage

Children who belong to certain cultures or religious groups can be at more risk for specific forms of abuse, such as FGM and Forced Marriage. To learn the specific risk factors and signs that FGM has occurred visit <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/female-genital-mutilation-fgm/>.

Forced Marriage is often planned in secret by family and religious leaders and is an abuse of human rights as the individual has no choice. Children and adults can be subject to this type of abuse. Arranged marriage is different as marriage occurs when the individuals are ready, legally of age and have the opinion to decline. Arranged marriage can lead to a Forced Marriage. Signs can include absence, a change in mood or behaviour, self-harm, failure to return from their country of origin or surveillance from their family.

Recognising Abuse

It is not always easy, even for the most experienced carers, to spot when a child has been abused. However, some of the more typical symptoms which should trigger your suspicions would include:

- 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
- Sexually explicit language, actions or play
- Sudden change in behaviour (e.g. becoming very quiet, withdrawn or displaying sudden outbursts)
- The child describes what appears to be an abusive act involving him/her
- A change observed over a long period of time (e.g. the child losing weight or becoming increasingly dirty or unkempt)

- A general distrust and avoidance of adults, especially those with whom a close relationship would be expected
- An unexpected reaction to normal physical contact
- Difficulty in making friends or abnormal restrictions on socialising with others.

It is important to note that a child could be displaying some or all of these signs, or behaving in a way which is worrying, without this necessarily meaning that the child is being abused. Similarly, there may not be any signs, but you may just feel that something is wrong. Any concerns should be reported to the DSO immediately.

(Based on the statutory guidance supporting the implementation of the Care Act 2014)

Abuse is a violation of an individual's human and civil rights by another person or persons.

Adults at risk may be abused by a wide range of people including family members, professional staff, care workers, volunteers, other service users, neighbours, friends, and individuals who deliberately exploit vulnerable people. Abuse may occur when an adult at risk lives alone or with a relative, within nursing, residential or day care settings, hospitals and other places assumed to be safe, or in public places.

The following is not intended to be an exhaustive list of types of abuse or exploitation but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern:

Physical abuse - including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence. This won't happen at a club/centre, but there could be concerns about a participant's home situation.

Sexual abuse - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjections 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 abuse - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal from services or supportive networks. In a club context, this might include excluding a member from social activities.

Financial or material abuse - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. People with learning disabilities or dementia are particularly vulnerable to this type of abuse. An example might be encouraging someone to book and pay for training courses that are inappropriate for their level of ability, or to purchase sailing clothing or equipment they don't need.

Discriminatory abuse - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Neglect and acts of omission - including 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; or in a watersports context, failing to ensure that the person is adequately protected from the cold or sun or properly hydrated while on the water.

Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect might indicate that the person is not receiving adequate support or care, or could be an indication of a mental health issue such as depression.

Organisational abuse – including 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.

Modern slavery – encompasses 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. Key signs include isolation, restricted freedom of movement, reluctance to seek advice/help, unusual travel arrangements and good poor housing and physical health. For further information visit <https://www.unseenuk.org/about-modern-slavery/spot-the-signs/>.

Not included in the Care Act 2014 but also relevant:

Bullying (including ‘cyber bullying’ by text, e-mail, social media etc) - may be seen as deliberately hurtful behaviour, usually repeated or sustained over a period of time, where it is difficult for those being bullied to defend themselves. The bully may be another vulnerable person. Although anyone can be the target of bullying, victims are typically shy, sensitive and perhaps anxious or insecure.

Mate Crime – a ‘mate crime’ as defined by the Safety Net Project is ‘when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual’. Mate Crime is carried out by someone the adult knows. There have been a number of serious cases relating to people with a learning disability who were seriously harmed by people who purported to be their friends.

Recognising abuse

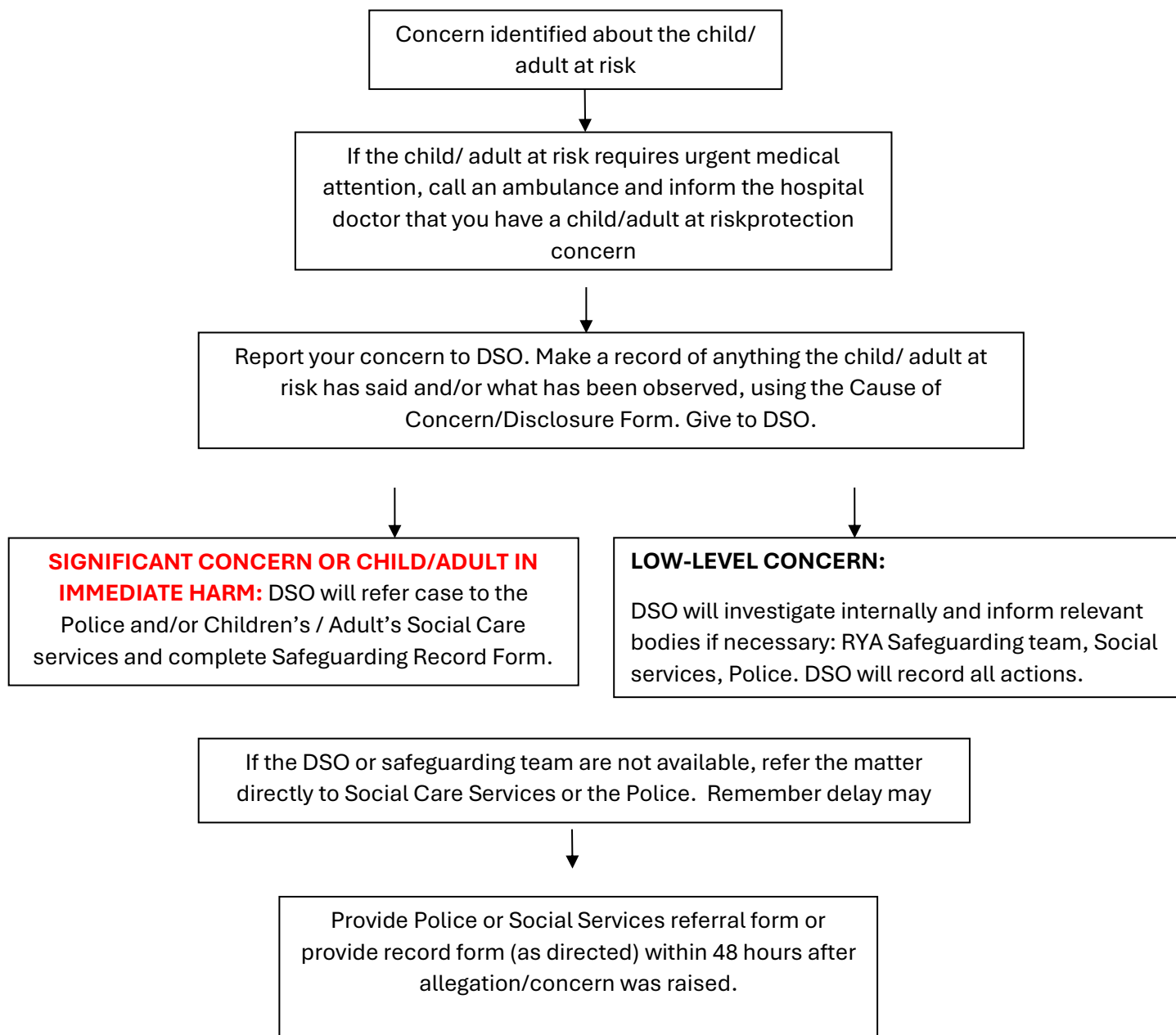
Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- Opportunistic abuse such as theft occurring because money or valuable items have been left lying around.

Signs and indicators that may suggest someone is being abused or neglected include:

- Unexplained bruises or injuries – or lack of medical attention when an injury has occurred
- Someone losing or gaining weight, or an unkempt appearance
- A change in behaviour or confidence
- Self-harming
- A person’s belongings or money go missing
- The person is not attending, or no longer enjoying, their sessions
- A person has a fear of a particular group or individual
- A disclosure – someone tells you or another person that they are being abused.

Flowchart 1
Concern about a child / adult at risk outside the centre's environment



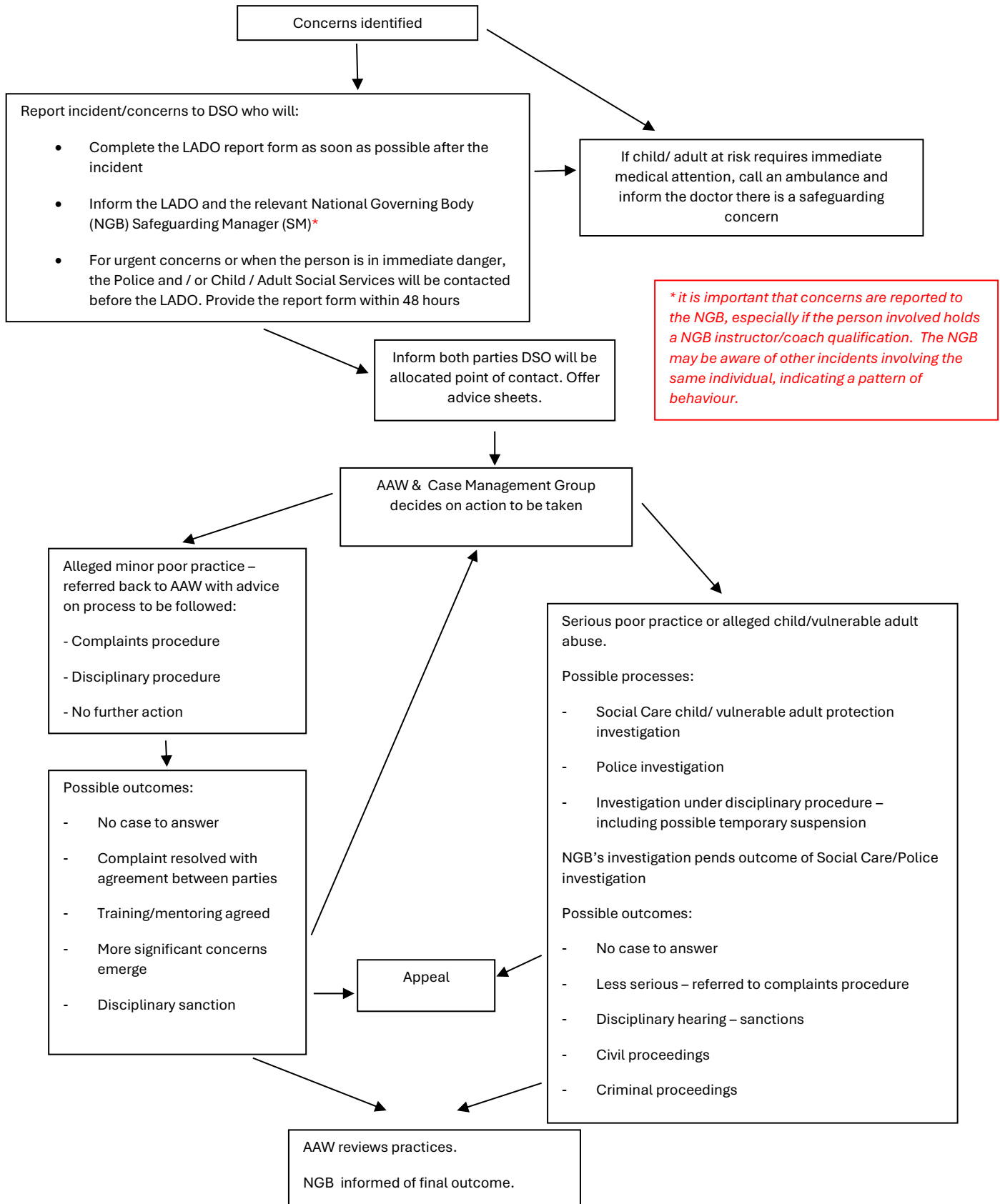
If you are uncertain what to do at any stage, contact the **NSPCC free 24-hour helpline (0808 800 5000)** or **First Response (0117 903 6444)** for concerns referring to children or contact **Care Direct (0117 922 2700)** for concerns referring to adults at risk.

Key:

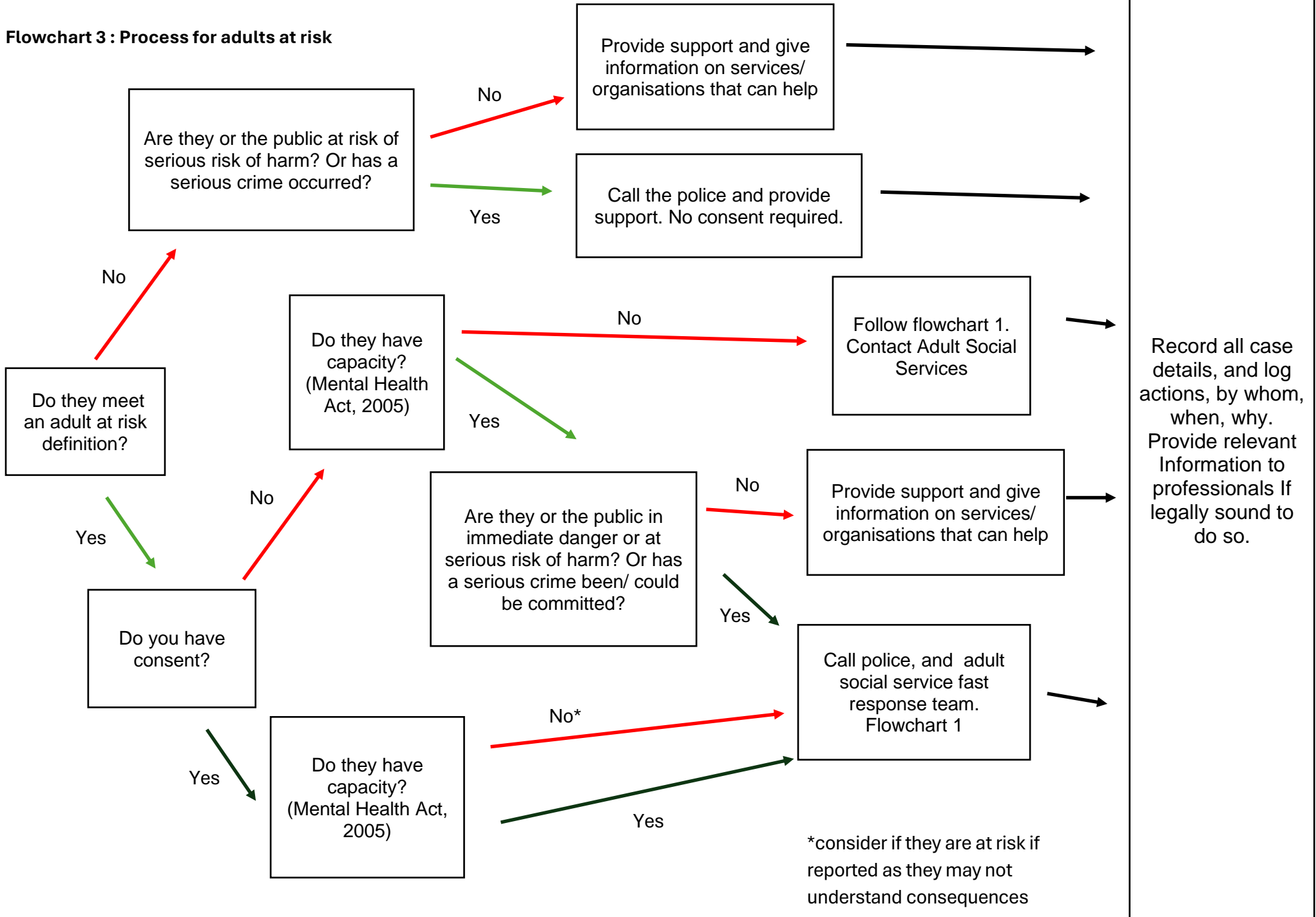
Low Level concern = signs suggesting harm from abuse which can be explained i.e. arrives without lunch.

Significant concern = child/adult at risk is considered to be at risk of/experiencing abuse, harm, exploitation.

Flowchart 2 Concern about the behaviour of someone at AAW



Flowchart 3 : Process for adults at risk



Safeguarding Referral / Record Form**Appendix D**

Please complete this form immediately if you have any concerns over the safety or welfare of a child / young person.

Actions:

- Receive, reassure and react to the person at risk
- Record on form and refer to the DSO
- Reflect and seek support if required

Date and time of incident(s)	
Name and position / relationship of person about whom report, complaint or allegation is made	
Name and age of person at risk (state DOB)	
Name of school / club/ organisation (if relevant)	
Name and contact details of parents / guardian/ carers	
Nature of incident, complaint or allegation <i>(Continue on separate page if necessary)</i> <i>(Note if any extra documents have been provided and attached to case file i.e. disclosure form)</i>	
Have there been previous concerns? Refer to previous reports if appropriate. <i>(Continue on separate page if necessary)</i>	

<p>If Police are informed:</p> <p>*Name & number of Case Officer</p> <p>* The Crime Reference Number</p> <p>* Date / Time of report</p> <p>* Reported by whom</p>	
Date and Time referral to Children's / Adult's Social Services	
Name of contact at Child / Adult Social Care service and position	
Contact Number <i>(list working hours if appropriate)</i>	
Name, organisation / role of person who raised concern (i.e. parent)	
Contact telephone number E-mail address	
Name, position and organisation of person completing form	
Signature of person completing form	
Date and time form completed	
Name of AAW's DSO	
Contact telephone number E-mail address	

DSO informed at/..... hrs

Safeguarding Trustee informed at/..... hrs

Date/...../20.....

Date/...../20.....

Signature

Signature

Centre Manager informed at/..... hrs

Mark 'Private and Confidential' when sending to the relevant statutory authorities (if they have been informed of the incident) within 48 hours of the incident.

Date/...../20.....

Signature

.....

Action Taken Log

Log any referrals, actions, plans, conversations with Police or social services and outcomes etc.

<u>Date / Time</u>	<u>Detail</u>

Date and time LADO Team were informed/contacted (if necessary)	
Name of LADO Officer	
Date LADO Referral form completed and submitted (if necessary)	
Name, organisation and position of person completing form	
Contact telephone number (Person completing form)	
Signature of person completing form	
Date and time form completed	
Name and position of DSO	
Contact telephone number (DSO)	

To be complemented by DSO

Outcome

Outcome on how to proceed following initial following allegation (tick one):

No further action after initial consideration		Internal Investigation		Criminal investigation	
------------------------------------------------------	--	-------------------------------	--	-------------------------------	--

Reasoning if no further actions is decided:

Action Taken Log

Log any referrals, actions, plans, conversations with LADO / social service etc

<u>Date / Time</u>	<u>Details</u>

Investigation Outcome

Detail any suspension/employment termination, periods of mentoring or re-training, change of role, temporary/permanent removal from regulated activities etc. and why.

Record the outcome of the investigation - (Tick one of the categories below):

<p>Substantiated: <i>(Sufficient evidence to prove the allegation)</i></p>		<p>Malicious: <i>(Sufficient evidence to disprove the allegation – there has been a deliberate act to deceive)</i></p>	
<p>False: <i>(Sufficient evidence to disprove the allegation)</i></p>		<p>Unsubstantiated: <i>(Insufficient evidence to prove or disprove the allegation – does not imply guilt or innocence)</i></p>	
<p>Unfounded: <i>(No evidence or proper basis which supports the allegation made)</i></p>			

Detail Outcome and Reasoning:

Cause of Concern

Name of Child / Vulnerable Person:

Age:

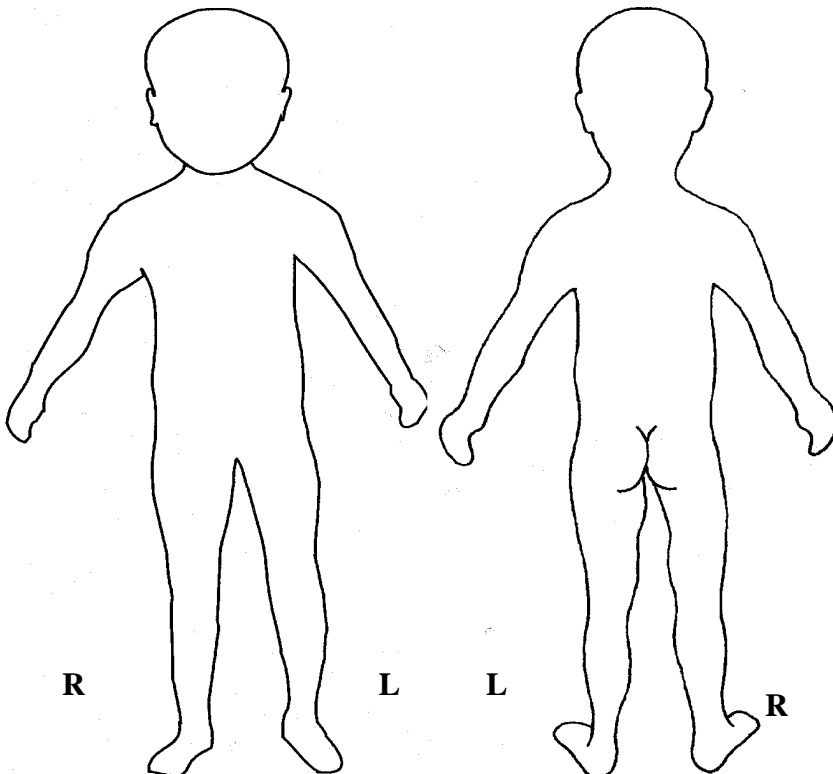
Session they are Attending:

Gender:

Date & Time of incident:

Details on the cause of concern: (Record factual details on the incident)

Observed bodily Injuries (Please mark the location of witnessed injuries on body). Describe above type/size/shape/ colour of injury, and if swelling, broken skin, hot to touch, pain, or a scab is present)



Was First Aid required:

Treatment given:

Given by:

Date/Time:

Name of Person reporting concern:

Position:

Date of Recording:

Time of Recording:

Reported to DSO on (Date/Time):

Signed:

Disclosure Record Form

Name of Child / Vulnerable Person:

Age:

Session they are Attending:

Gender:

Date of Disclosure:

Time of Disclosure:

Location of Disclosure:

Nature of Disclosure (i.e. abuse, neglect, grooming) :

Who was present at time of Disclosure:

Type of Disclosure: Direct Disclosure: *(statement made by child about abuse happening to them)*

Indirect Disclosure: *(one or more ambiguous statements which imply something is wrong)*

Behavioural Disclosure: *(deliberate/inadvertent behaviour indicating something is wrong)*

Non-verbal Disclosure: *(Writing letters, drawing pictures, acting out, trying to communicate non-verbally to let someone know that something is wrong).*

Details of Disclosure: *(State facts and exactly what was said)*

Name of person recording disclosure:

Address:

Telephone Number:

Email Address:

Signed:

Given to DSO / CM on (Date / Time):

Signed:

All-Aboard Code of Conduct

- All instructors / coaches are expected to have read and signed the governing bodies code of conduct / code of ethics:
 - RYA Instructors – [Code of Conduct](#)
 - RYA Coaches – [Code of Conduct](#)
 - British Canoeing – [Code of Ethics](#)
 - British Rowing – [Code of Conduct](#)
- If working with children under 18 years or vulnerable adults, have read and understood ***All-Aboard's Safeguarding and Child Protection Policy.***
- Respect, the rights, dignity and worth of every person and treat them equally within the context of their activity.
- Treat everyone equally and offer the same standard of service no matter what their background, economic status, disability, gender, race, sexuality, religion, personal beliefs or other.
- Place the well-being and safety of the student above the development of performance or delivery of training.
- Tailor the session to the students' needs and abilities.
- Protect sensitive information and only disclose confidential information on a need-to-know basis by following our GDPR guidelines.
- Follow all guidelines laid down by the RYA and other governing bodies' specific training or coaching programmes.
- Encourage and guide students to accept responsibility for their own behaviour and performance.
- Upkeep their relevant governing body qualifications as approved by their NGBs.

- Not develop inappropriate working relationships with students (especially children). Relationships must be based on mutual trust and respect and not exert undue influence to obtain personal benefit or reward.
- Ensure that the activities they direct or advocate are appropriate for the age, maturity, experience and ability of the individual.
- Consistently display high standards of behaviour and appearance.
- Not do or neglect to do anything which may bring the All-Aboard and their Governing bodies into disrepute.
- At the outset, clarify with students (and where appropriate their parents) exactly what is expected of them and what they are entitled to expect.
- Not teach or purport to provide courses or certification outside of the framework of a National Governing Bodies training centre.
- Must disclose any reason why they are not fit to perform their role or declare the support they may need.
- Will not have any images of participants on personal phones/camera/devices and understand disciplinary action can occur if found.
- Notify All-Aboard and governing bodies immediately of any court-imposed sanction that precludes the instructor from contact with specific user groups (for example children and vulnerable adults).
- To not carry out training, examining or coaching activities whilst under the influence of alcohol or drugs; or smoke onsite.

Signed:

Date:

Code of Conduct for Participant Behaviour

The participant will:

- Will use appropriate and friendly language - no swearing, abusive or offensive language.

- Show respect for others by:
 - Being polite and courteous to each other and refraining from bullying, fighting and name-calling.
 - Being polite and honest with staff and listening to and carrying out instructions.

- Act in a responsible manner by:
 - Doing nothing to endanger a healthy, safe and secure environment.
 - Listen to the instructor and follow their instructions. This is for your safety.

- Respect the equipment / kit and building by:
 - Leaving a room clean after use (i.e. throw away rubbish).
 - Avoiding purposeful damage to equipment (i.e. collision)
 - Put away the kit used in designated area.

- Ensuring forbidden items are not brought on site:
 - Mobiles will not enter changing rooms
 - Mobiles will be locked away during a sessions unless a legitimate reason requires access.
 - No weapons or unprescribed drugs will be brought on site.
 - No smoking on site.

Useful Contacts

Appendix F

Bristol Based:

First Response Team – 01179 903 6444

Out of Hours – call Emergency Duty Number on 01454 615 165

Care Direct - 0117 922 2700

Early Help Team

North Bristol Help – 0117 352 14 99

South Bristol Help – 0117 903 77 70

East Central Help – 0117 941 58 86

Bristol LADO

Nicola Laird

Tel: 01179 037 795

Email: childprotection@bristol.gov.uk Website: <https://bristolsafeguarding.org/>

NSPCC 24 hour free helpline

0808 800 5000

E-mail: help@nspcc.org.uk

Website: www.nspcc.org.uk

NSPCC: Child Protection in Sport Unit (CPSU) - England

Tel: 0116 234 7278/7217

Fax: 0116 234 0464

E-mail: cpsu@nspcc.org.uk

Website: www.thecpsu.org.uk

Childline 24 hour free helpline

0800 1111

Website: www.childline.org.uk

Royal Yachting Association Safeguarding & Equality Manager

Katie Loucaides

Tel: 02380 604 100 Ext 4104

Tel (Mob): 07834 546 489

Email: katie.loucaides@rya.org.uk

British Canoeing Safeguarding Lead

Urvashi Naidoo

Tel: 0115 8968842

Email: safeguarding@britishcanoeing.org.uk

British Rowing Lead Safeguarding Officer

Tel: 0208 237 6700

Email: lso@britishrowing.org

Sportscoach UK – provide safeguarding training

Tel: 0113 274 4802

Website: www.sportscoachuk.org

DBS helpline

Tel: 0300 0200 190

Social Services

The participant's address will determine which social service team is contacted. For participants who live outside of Bristol contact:

South Gloucestershire

Child Access & Response Team (*child protection and early help*) – **01454 866 000** (Mon-Fri, 9-5 pm)

Emergency Duty Team – (*Out-of-hours helpline for child/vulnerable adult concerns*) - **01454 868 007**

Adult Social Care Team (*for vulnerable adults*) - **01454 615 165** (Mon-Fri, 9-5 pm)

North Somerset

Child & Young People Team (*Child Protection & Early Help*) – **01275 888 808** (Mon-Fri, 9-5 pm)

Care Connect Adult Team (*for vulnerable adults*) – **01275 888 801** (Mon-Fri, 9-5 pm)

Emergency Duty Team - (*Out-of-hours helpline for child/vulnerable adult concerns*) - **01454 615 165**

Somerset

Children's Social Care Team (*Child Protection*) - **0300 123 2224** or childrens@somerset.gov.uk

Adult Social Care - (*for Vulnerable adults*) – **0300 123 2224** or adults@somerset.gov.uk

Emergency Duty Team - (*Out-of-hours helpline for child/vulnerable adult concerns*) – **0300 123 23 27**

Early Advice Team (*Referral & advice helpline*) – **01823 355 803**

Bath & North-East Somerset

Children & Families Intervention and Assessment Team – **01225 396 312 / 01225 396 313**

Disabled Children's Team – **01225 39 69 67** or ChildCare_Duty@bathnes.gov.uk

Adult Safeguarding Team (*for vulnerable adults*) – **01225 394 200** or safeguarding_Adults@bathnes.gov.uk

Early Help (*Referral/assessment*) – **01225 396 111** or ChildCare_Duty@bathnes.gov.uk

Gloucestershire

Child & Family 'Front Door' Team (*child protection*) – **01452 426 565** (Mon-Fri, 9-5 pm) or childrenshelddesk@gloucestershire.gov.uk

Adult Safeguarding Team - **01452 426 868** or Socialcare.enq@gloucestershire.gov.uk

Emergency Duty Team - (*Out-of-hours helpline for child/vulnerable adult concerns*) – **01452 614 194**

Early Help Team (*Referral /advice helpline*) – **0145 232 80 71** or gloucesterearlyhelp@gloucestershire.gov.uk

Wiltshire

Integrated Front Door (Multi-agency Safeguarding Hub for children and Early Help Services) -

_____ **0300 456 01 08** (Mon - Fri, 8.45-5 pm) or mash@wiltshire.gov.uk

Adult Safeguarding Team (for vulnerable adults) – **0300 456 0111**

Emergency Duty Team - (Out-of-hours helpline for child/vulnerable adult concerns) - **0300 456 0100**

Swindon

Child Protection Team – (Child Protection & Early Help) – 01793 466 903 (Mon-Fri, 8.30 am – 4.00 pm)

Emergency Duty Team (Out-of-hours helpline) – **01793 436 699**

Adult Safeguarding Team (for vulnerable adults) – **01792 463 555** (Mon-Fri, 8.30 am – 4.30 pm) or
adultsafeguarding@swindon.gov.uk

Ann Craft Trust

The Ann Craft Trust (ACT) supports organisations in the statutory, independent and voluntary sectors across the UK to protect disabled children and adults at risk. ‘Safeguarding Adults in Sport and Physical Activity’ is a new project, supported by Sport England, to help sports organisations to develop best practice in safeguarding adults at risk. They provide a range of resources and training.

Tel: 0115 9515 400

Website: www.anncrafttrust.org/safeguarding-adults-in-sport

The following is a small selection of charities that support people with different needs and disabilities. A more comprehensive list can be found in the Resource Pack on the Ann Craft Trust website.

Action on Elder Abuse helpline

Tel: 0808 808 8141

Website: www.elderabuse.org.uk

Dementia UK

Tel: 0800 888 6678

Website: www.dementiauk.org

Mencap Direct

Tel: 0808 808 1111

E-mail: help@mencap.org.uk

Website: www.mencap.org.uk

MIND – mental health charity

Tel: 0300 123 3393

Text: 86463

E-mail: info@mind.org.uk

Website: www.mind.org.uk

National Autistic Society

Tel: 020 7833 2299

Website: www.nas.org.uk

Victim Support

Tel: 0808 168 9111

www.victimsupport.com

Links on technological risks and how to ensure safety online (can be given to parents if appropriate)

www.nspcc.org.uk/shareaware

www.net-aware.org.uk

www.internetmatters.org

www.getsafeonline.org

Cyberbullying

www.thinkuknow.co.uk provides guidance for children and young people in different age groups.

7 Golden Rules to Information Sharing

1. Data protection law and human rights do not stop information being shared - Data Protection Act and GDPR legislation are not a barrier to sharing information - the welfare of the child/adult at risk is the paramount concern. As long as the information can be justified and is in accordance with this information sharing guidance, it should be shared

2. Be open and honest about why you need to share the information - what you are going to share, how you will do it and who you are going to share it with. Unless it is not safe or inappropriate to do so you must seek the person's agreement to this.

3. If you are worried about sharing information seek advice

4. Where possible share information with consent. There are occasions where consent is not required, namely if you are worried that a child is at risk or a crime is going to be or has been committed. Where information is shared or requested (either with or without consent) make sure you are clear why you decided to share it, and equally why you decided not to share information if that is the case. Where you do not have consent bear in mind that the individual may not expect information to be shared.

5. Consider safety and well-being: Decisions to share information should include consideration of the safety and well-being of the person who you are sharing information about and others who may be affected by what happens.

6. Only share the relevant information that is necessary for the purpose for which you are sharing it – Make sure that you share only information that is necessary, that it is only shared with people who need to know, that it is up to date, shared securely and that it is done in a timely way.

7. Record your decision whether to share information or not and the reasons for your decision - The record should also show what you have shared, with whom and why.

AAW Medication Consent Form – Self-Administration

Appendix I

Date:

Permitted Medications:

*Inhalers

*Epi-pens

* GTN spray

I consent that my child is able to administer their own medication as prescribed.

Participant Name	Type / Name of Medication	Parent / guardian name & Contact number	Child able to self-administer?	Parental / Guardian consent - Signature