



Appendices

Creating a Safe Environment in Sport
for Children and Young Persons

Reviewed July 2020

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Appendix A

Definitions of Terms

Child:

A child is defined as anyone under 16 years of age.

16 to 18 year olds:

Young people aged 16 to 18 years are sometimes classified as children in Scotland. In terms of the Children (Scotland) Act 1995, a 16 to 18 year old will be regarded as a child if they are subject to a supervision requirement through a Children's Hearing.

For the purposes of Part V of the Police Act 1997 a child is defined as anyone under the age of 18 years.

A number of studies suggest that children are at increased risk of abuse. Various factors contribute to this such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves or adequately communicate that abuse has occurred.

Types of Abuse

It is generally accepted that there are four forms of abuse. However, in some cases negative discrimination and bullying can have severe and adverse effects on a child. Fraserburgh Football Club Limited is committed to protecting children from all forms of abuse.

Recognising child abuse is not easy and it is not a person's responsibility to decide whether or not a child has been abused. It is a person's responsibility to pass on any concerns and for the Police and/or Social Work Department to investigate.

The signs of abuse listed are not definitive or exhaustive. The list is designed to help Fraserburgh Football Club Limited members to be more alert to the signs of possible abuse.

Children may display some of the indicators at some time; the presence of one or more should not be taken as proof that abuse is occurring. Any of these signs or behaviours must be seen in the context of the child's whole situation and in combination with other information related to the child and his/her circumstances. There can also be overlap between different forms of abuse.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and adverse effects on his/her emotional development. It may involve conveying that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. It may also involve causing a child to frequently feel frightened or in danger, or the corruption or exploitation of a child.

Emotional Abuse in Sport

This may include the persistent failure to show self-respect, build self-esteem and confidence by children that may be caused by:

- Exposure to humiliating or aggressive behaviour or tone.
- Failure to intervene where self-confidence and worth are challenged or undermined.

Signs of possible emotional abuse:

- Low self esteem
- Continual self deprecation
- Sudden speech disorder
- Significant decline in concentration
- Immaturity
- 'Neurotic ' behaviour e.g. rocking
- Self-mutilation
- Compulsive stealing
- Extremes of passivity or aggression
- Running away
- Indiscriminate friendliness

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs. It may involve a parent or carer failing to provide adequate food, shelter, warmth, clothing and cleanliness. It may also include leaving a child home alone, exposure in a manner likely to cause unnecessary suffering or injury or the failure to ensure that appropriate medical care or treatment is received.

Neglect in sport

This could include the lack of care, guidance, supervision or protection that may be caused by:

- Exposure to unnecessary cold or heat.
- Exposure to unhygienic conditions, lack of food, water or medical care.
- Non-intervention in bullying or taunting.

Neglect, as well as being the result of a deliberate act, can also be caused through the omission or the failure to act or protect.

Signs of possible neglect:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Frequent lateness or unexplained non-attendance at school
- Untreated medical problems
- Low self esteem
- Poor peer relationships
- Stealing

Physical Abuse

Physical Abuse may involve the actual or attempted physical injury to a child including hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise harming them.

Physical Abuse may also be caused when a parent or carer feigns the symptoms of or deliberately causes ill health to a child whom they are looking after. This situation is described as Munchausen Syndrome by Proxy. A person may do this because they need or enjoy the attention they receive through having a sick child.

Physical abuse may also be a deliberate act, omission or failure to protect.

Physical Abuse in Sport

This may include bodily harm caused by lack of care, attention or knowledge that may be caused by:

- Over training or dangerous training of athletes.
- Over playing an athlete.
- Failure to do a risk assessment of physical limits or pre-existing medical conditions
- Administering, condoning or failure to intervene in drug use.

Signs of possible physical abuse:

Most children will sustain cuts and bruises throughout childhood. These are likely to occur in bony parts of the body like elbows, shins and knees. In most cases injuries or bruising will be genuinely accidental. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury or the injury appears on parts of the body where accidental injuries are unlikely e.g. on the cheeks or thighs. The age of the child must also be considered. Signs of possible physical abuse include:

- Unexplained injuries or burns, particularly if they are recurrent, improbable excuses given to explain injuries.
- Refusal to discuss injuries.
- Fear of parents being approached for an explanation.
- Untreated injuries or delays in reporting them.
- Excessive physical punishment to themselves.
- Arms and legs kept covered in hot weather.
- Avoidance of swimming, physical education etc.
- Fear of returning home.
- Aggression towards others.
- Running away.

When considering the possibility of non-accidental injury it is important to remember that injuries may have occurred for other reasons e.g. skin disorders, rare bone diseases.

Sexual Abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities whether or not they are aware of or consent to what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. This may include non-contact activities such as forcing children to look at or be involved in the production of pornographic material, to watch sexual activities or encouraging them to behave in sexually inappropriate ways.

Boys and girls can be sexually abused by males and/or females, including persons to whom they are not related and by other young people. This includes people from all walks of life.

Sexual Abuse in Sport

This could include contact and non-contact activities and may be caused by:

- Exposure to sexually explicit inappropriate language, jokes or pornographic material
- Inappropriate touching
- Having any sexual activity or relationship
- Creating opportunities to access children s ' bodies

Not all children are able to tell that they have been sexually assaulted. Changes in their behaviour may be a signal that something has happened. It is important to note that there may be no physical or behavioural signs to suggest that a child has been sexually assaulted.

A child who is distressed may display some of the following physical, behavioural or medical signs that should alert you to a problem. It is the combination and frequency of these that may indicate sexual abuse. Always seek advice.

Signs of possible sexual abuse:

- Behavioural
- Lack of trust in adults or over familiarity with adults
- Fear of a particular adult
- Social isolation -withdrawn or introversion
- Sleep disturbance (nightmares, bed-wetting, fear of sleeping alone, needing a night light)
- Running away from home
- Girls taking over the mothering role
- Sudden school problems e.g. falling standards, truancy
- Reluctance or refusal to participate in physical activity or to change clothes for games
- Low self-esteem
- Drug, alcohol or solvent abuse
- Display of sexual knowledge beyond child's age e.g. French kissing
- Unusual interest in the genitals of adults, children or animals
- Fear of bathrooms, showers, closed doors
- Abnormal sexual drawings
- Fear of medical examinations
- Developmental regression
- Poor peer relationships
- Over sexualised behaviour
- Compulsive masturbation
- Stealing
- Irrational fears
- Psychosomatic factors e.g. recurrent abdominal or headache pain
- Sexual promiscuity
- Eating disorders
- Physical or Medical signs

- Sleeping problems, nightmares, fear of the dark
- Bruises, scratches, bite marks to the thighs or genital areas
- Anxiety, depression
- Eating disorder e.g. anorexia nervosa or bulimia
- Discomfort/difficulty in walking or sitting
- Pregnancy - particularly when reluctant to name the father
- Pain on passing urine, recurring urinary tract problem, vaginal infections or genital damage
- Venereal disease/sexually transmitted diseases
- Soiling or wetting in children who have been trained
- Self-mutilation, suicide attempts
- Itchiness, soreness, discharge, unexplained bleeding from the rectum, vagina or penis
- Stained underwear
- Unusual genital odour

Negative Discrimination (including racism)

Children may experience harassment or negative discrimination because of their race or ethnic origin, socio-economic status, culture, age, disability, gender, sexuality or religious beliefs. Although not in itself a category of abuse, it may be necessary for the purposes of the Child Protection Policy and Procedures, for negative discriminatory behaviour to be categorized as emotional abuse.

Important Note: All organisations working with children including those operating where black and ethnic communities are numerically small, should address institutional racism, defined in the MacPherson Inquiry report on Stephen Lawrence as:

“The collective failure by an organisation to provide appropriate and professional service to people on account of their race, culture and/or religion”.

Bullying

It is important to recognise that in some cases of abuse, it may not always be an adult abusing a young person. It can occur that the abuser may be a young person, for example in the case of bullying. See Appendix K Guidelines for Identifying and Managing Bullying.



Appendix B

Fraserburgh Football Club - Consent Form

Consent To Medical Treatment

The following information and consent is requested to ensure the health and well being of all children participating in **Fraserburgh Football Club Limited** activities. The information contained in this form is confidential and will only be used to safeguard and promote the child's health and well being should the need arise.

Child's Name: _____

Date of Birth: _____

Address: _____

Postcode: _____ **Telephone:** _____

Emergency Contact Name: _____

Relationship to Child: _____

Emergency Contact Tel No: _____

Late Collection Contact: _____

Relationship to Child: _____ **Contact Tel No:** _____

Child's Named Person: _____

Named Person Tel No _____

Name of General Practitioner: _____

Address: _____

Postcode: _____ **Telephone:** _____

A. General & Medical Information

Does your child have a disability / medical condition that will affect their ability to take part in sport? If yes, please give details: _____

Does your child take any medication? If yes, please give details: _____

Does your child have any existing injuries (include when injury occurred and the treatment received)? If yes, please give details: _____

Does your child have any allergies, including allergies to medication? If yes, please give details: _____

Is there any other relevant information which you would like us to know about your child (e.g. access rights, disabilities, etc.)? If yes, please give details: _____

B. Consent – Sharing Information with Child’s Named Person

I consent / I do not consent * to Fraserburgh FC sharing information as deemed appropriate if my child’s wellbeing is impacted with their Named Person.

C. Consent – Medical Treatment

I consent / I do not consent * to my child receiving medical treatment, including anaesthetic, which the medical professional present consider necessary.

D. Consent – Transportation of Children

I consent / I do not consent * to my child being transported by persons representing Fraserburgh FC for the purposes of taking part in football.

I understand that Fraserburgh FC will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children.

E. Consent – Photographs and Publications (Including Website)

Your child may be photographed or filmed when participating in football and this may be published.

I consent / I do not consent * for my child to be involved in photography / filming.

F. Consent – Contact Information

Fraserburgh FC may contact your child from time to time via email, text or social networking sites. I consent / I do not consent * for my child to be contacted via email, text or social networking sites.

Child Email: _____

Child's Mobile Number: _____

G. Consent – Signature

1. I agree to work in partnership with Fraserburgh FC to promote my child's safe participation in football
2. I am aware of Fraserburgh FC's Conduct for safeguarding Children's Wellbeing and their Policies and Procedures in Children's Wellbeing in Scottish Football.
3. I undertake to inform Fraserburgh FC should any of the information contained in this form change.

Parent / Carer's Signature: _____ Date _____

(Please state relationship to child of not parent): _____

Print Name: _____

Email: _____

* (delete as appropriate)



Appendix C

The Law and Medical Consent: Children and Vulnerable Adults

In some cases it may be necessary to obtain consent for medical examination, treatment or procedure to a child, e.g., where an injury has occurred in the course of training or competition or where it is alleged that the child has been abused.

The purpose of this guidance is to provide an overview of the law in Scotland in relation to medical consent and to advise **Fraserburgh Football Club Limited** members on the best practice that must be followed.

Children - who can give consent?

The child

The Age of Legal Capacity (Scotland) Act 1991 allows children under the age of 16 to give their own consent in certain circumstances. Section 2(4) states:

“A person under the age of 16 shall have legal capacity to consent on his/her own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him, he is capable of understanding the nature and possible consequences of the procedure or treatment ”

The decision about competence is entirely one for the doctor or other medical practitioner to make. **This means where a child is assessed as being capable of providing consent, the consent of a parent/guardian is not required.**

The Scottish Executive recommend that efforts should always be made to discuss with the child informing his/her parents/guardians or carers, except where it is clearly not in the child's best interests to do so. If a child refuses to allow parents/guardians or carers to be informed, then this must be respected.

Consent from the following categories would only be required where the child is assessed as incapable of providing consent.

Person with Parental Responsibilities in relation to the child

A person who has parental responsibility of the child would normally be requested to provide consent, as under the Children (Scotland) Act 1995 they have responsibilities that include a duty to safeguard and promote the child's health, development and welfare.

If a child's parents are or have been married to each other, both have parental responsibility and either can give consent. If the parents have not been married to each other, normally only the mother has automatic parental responsibility, including the right to consent. The father will have the right to consent if either:

- He has obtained an order from the court awarding him parental responsibilities.
- He and the child's mother have a registered parental responsibilities agreement.

Where a parent requires to provide consent he or she should, so far as practicable, consider the views of the child.

Person who has care and control of the child

Section 5 of the Children (Scotland) Act 1995 also allows consent to be given by those who have care or control of a child but who do not have either parental responsibilities or parental rights in respect of the child, e.g., a grandparent who is the child's main carer. These people have a duty to do what is reasonable in all the circumstances to safeguard the child's health, development, and welfare. This includes giving consent to treatment or procedures.

Such consent would not be effective however, where

- The child is capable of consenting
- The person knew that the parent would not consent e.g. a parent who is a Jehovah Witness
- The medical examination was for the purpose of establishing child abuse.

If the child is looked after by the Local Authority, the authority can give consent only if it has obtained a Parental Responsibilities Order from the court or consent is authorised by conditions attached to an order or warrant issued by a Court or Children's Hearing.

Vulnerable Adults - who can give consent?

As with children, where a vulnerable adult is capable of consenting to medical treatment, consent will not be required from any other individual such as parent/guardian or carer. Again, it is for the medical profession to determine whether the vulnerable adult is capable of understanding the proposed treatment and consequences.

There are safeguards where a vulnerable adult may not be capable of consenting to medical treatment. This is dealt with in Part 5 of the Adults with Incapacity (Scotland) Act 2000. A medical practitioner must certify that he is of the opinion that an adult is incapable in relation to a decision about medical treatment. They shall then have the authority to do what is reasonable in the circumstances in relation to the proposed medical treatment to safeguard or promote the physical and/or mental health of the adult.



Appendix D

Fraserburgh Football Club Limited - Notification of Incident Form

This form must be completed where someone associated with Fraserburgh Football Club Limited are concerned about an incident involving a child. This form must be completed as soon as possible after the incident that causes concern and must be passed to the Youth Protection Co-ordinator.

Note: Confidentiality must be maintained at all times. Information must only be shared on a need to know basis i.e. only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.

Continue on a separate sheet of paper if required and attach securely to this form.

Details of person making report

Name:
Position:
Contact telephone number:

Details of Child

Name:
Date of Birth:
Address:
Contact telephone number:
Names and address of parents/guardian/carers:

If you are reporting concerns on behalf of someone else, please provide details of that person

Name:
Position:
Address:
Contact telephone number:
Date this person advised you of their concerns/incident:

Details of the incident/concerns

Date of incident/concern arose:
Time
Place
Names and addresses of other people who may have information about the concerns/incident:
Describe in detail what happened:
Describe in detail visible injuries/bruises and concerning behaviour of the child, if any (use diagrams if this helps you to describe):
Was the child asked about the incident: YES/NO If yes, record exactly what the child said in their own words and any questions asked if the situation needed clarified:

Details of action taken

Detail what action, if any, has been taken following receipt of this information:

Other information

Record any other information you have about this matter (it is important that all information is passed on even that which you think is not important or helpful).

Signature: _____

Print name: _____

Date: _____



Appendix E

Child & Vulnerable Adult Protection Good Practice

Guidelines for Identifying and Managing Bullying of Children

In some cases of abuse it may not be an adult abusing a young person. Children and young people may also be responsible for abuse, for example, in the case of bullying. Bullying may be seen as particularly hurtful behaviour usually repeated over a period of time, where it is difficult for those bullied to defend themselves. Bullying can take many forms including:

- Physical e.g. hitting, kicking, theft
- Verbal (including teasing) e.g. racist remarks, spreading rumours, threats or name-calling
- Emotional e.g. isolating a child from the activities or social acceptance of the peer group
- Harassment e.g. using abusive or insulting behaviour in a manner intended to cause alarm or distress.
- Children may be bullied by adults, their peers and in some cases by their families.

Identifying Bullying

Bullying can be difficult to pick up because it often happens away from others and victims do not tend to tell. However you can watch for signs that may indicate the presence of bullying. The following lists common bully victim behaviour.

If a child:

- Hesitates to come to training/programme/session.
- Is often the last one picked for a team or group activity for no apparent reason, or gets picked on when they think your back is turned.
- Is reluctant to go to certain places or work with a certain individual.
- Has clothing or personal possessions go missing or are damaged.
- Has bruising or some other injury.
- Keeps 'losing' their pocket money.
- Is quite nervous, withdraws from everybody else and becomes quiet and shy, especially in the case of those who are normally noisy and loud.
- A usually quiet person becomes suddenly prone to lashing out at people, either physically or verbally.

Action to Help the Victim(s) and Prevent Bullying:

- Take all signs of bullying very seriously.
- Encourage all children to speak and share their concerns. Help the victim(s) to speak out and tell the person in charge or someone in authority. Create an open environment.
- Take all allegations seriously and take action to ensure the victim(s) is safe. Speak with the victim and the bully(ies) separately.
- Reassure the victim(s) that you can be trusted and will help them, although you cannot promise to tell no-one else.
- Keep records of what is said i.e. what happened, by whom and when.
- Report any concerns to the person in charge at the organisation where the bullying is occurring.

Action towards the Bully(ies):

- Talk with the bully(ies), explain the situation and try to get the bully(ies) to understand the consequences of their behaviour.
- Seek an apology from the bully to the victim(s).
- Inform the bully's parents/guardians.
- If appropriate, insist on the return of 'borrowed' items and that the bully(ies) compensate the victim.
- Impose sanctions as necessary.
- Encourage and support the bully(ies) to change behaviour
- Keep a written record of action taken.



Appendix F

Fraserburgh Football Club Limited - Referral Form for Suspicions or Allegations of Abuse of a Child

This form must be completed as soon as possible after receiving information that causes suspicion or an allegation of the abuse of a child. This must be passed to the Youth Protection Co-ordinator and the Social Work Department or the Police as soon as possible after completion. Do not delay by attempting to obtain information to complete all the details.

Note: Confidentiality must be maintained at all times. Information must only be shared on a need to know basis i.e. only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.

Continue on a separate sheet of paper if required and attach securely to this form.

Details of person making report

Name:
Position:
Contact telephone number:

Details of Child

Name:
Date of Birth:
Address:
Contact telephone number:
Names and address of parents/guardian/carers:

Details of person about whom there is concern

Name:
Position:
Date of Birth:
Address:
Relationship to child:

If you are reporting this alleged incident on behalf of someone else, please provide details of that person:

Name:
Position:
Address:
Contact telephone number:
Date this person advised you of alleged incident:
Record here the information you were given from this person about the alleged incident:

Details of the alleged incident

Date of alleged incident:
Time:
Place:
Names and addresses of witnesses:
Describe in detail what happened:
Describe in detail visible injuries/bruises and concerning behaviour of the child, if any (use diagrams if this helps you to describe):
Was the child asked what happened: YES/NO If yes, record exactly what the child said in their own words and any questions asked if the situation needed clarified:

Details of action taken

Detail what action, if any, has been taken following receipt of this information:

ONLY AFTER SEEKING ADVICE FROM THE POLICE/SOCIAL WORK DEPARTMENT,
were the child's parents/carers contacted?

Details of external agencies contacted

Police	Police station contacted: Name and contact number: Advice received:
Social Work Department	Social Work Dept: Name and contact number: Advice received:
Other	Name of organisation: Name and contact number: Advice received:

Other information

Record any other information you have about this matter (it is important that all information is passed on even that which you think is not important or helpful).

Signature: _____

Print name: _____

Date: _____

Where a referral has been made to the Police and Social Work Department a copy of this form must be sent to them as soon as possible.

Appendix G

FRASERBURGH FOOTBALL CLUB LIMITED - THE ROLE OF THE YOUTH PROTECTION CO-ORDINATOR

Characteristics of a Youth Protection Co-ordinator within a football context include:

- An understanding of, and support for, the introduction and review of a Youth Protection Code of Good Practice
- An understanding and appreciation of the need for confidentiality
- Experience in liaising with organizations such as Social Work or Police or experience in representing views clearly to others
- The ability to follow procedures and to know when to seek advice and not rely solely on own judgement

The Role of the Youth Protection Co-ordinator:

- Ensure all persons with young people under the age of 16 years at the Club are fully aware of what is required of them within the protocols of the Code of Good Practice
- Conduct the administrative work associated with processing information on new coaches/Club Officials
- Liaise closely with Club youth coaches, ensuring that agreed procedures for the prevention of risk are followed
- Counsel/advise the Club on matters related to Youth Protection
- Intimate opportunities for youth coaches to undertake training
- Act as the contact person on matters relating to Youth Protection at the Club

If abuse is disclosed or alleged, the Youth Protection Co-ordinator will action process:

- The Co-ordinator will take details of the allegation/suspicion/concern.
- The Co-ordinator will consult with an appropriate Youth or Child Protection professional, i.e., Aberdeenshire Council Social Work Department (Tel. No. 01346 513282) and/or Grampian Police (0845 6005700).
- The Co-ordinator will obtain the name of the individual consulted.
- The Co-ordinator will follow the advice given by the appropriate agency.

THE CO-ORDINATOR SHOULD NOTE TO AVOID ANY DOUBT OR UNCERTAINTY. IT IS STRONGLY RECOMMENDED THAT HE/SHE CONTACT THE LOCAL SOCIAL WORK DEPARTMENT TO CONFIRM PROCEDURES AND ALLAY FEARS. IT SHOULD BE REMEMBERED THAT THE TASK OF DECIDING WHETHER OR NOT ABUSE HAS OCCURRED RESTS WITH THE PROFESSIONAL AGENCIES.

**FRASERBURGH FOOTBALL CLUB LIMITED'S YOUTH PROTECTION CO-ORDINATOR
IS: -**

Name: Elizabeth Dunbar

Home Address: 9 Ailsa Court
FRASERBURGH
AB43 9SN

Business Address: 83 Broad Street
FRASERBURGH
AB43 9AX

Tel. No. Mobile 07831 656533

E-mail Address: eldunbar3@aol.com