

Scottish Handball Association
Child Wellbeing & Protection Policy
Introduction, Statements & Definitions

Reviewed January 2025

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SECTION 1

Introduction, Statements & Definitions

Introduction from Scottish Handball's Board

Welcome to the updated Scottish Handball Association (SHA) Child Wellbeing and Protection policy.

The Wellbeing of all our athletes is of paramount importance to everyone here at the SHA, and, of course, Child Wellbeing and Protection sits at the very heart of that. From the Board and Executive Team at the SHA, right through every layer of our Sport, our work to continue to create only the most positive and supportive environments is something we are all focussed upon.

We're delighted to present this document for all interested parties and trust that this provides the clarity, confidence and answers to any questions that our athletes, parents, guardians and other stakeholders may have.

We also hope this helps provide the basis for ongoing future participation in Handball – and for many, the start of a positive lifelong association with our wonderful sport.

The Board of the Scottish Handball Association

Policy Statement

Scottish Handball committed to ensuring that the wellbeing of all of those involved within the sport in Scotland, including children and young people, is safeguarding and promoted. It acknowledged that it has the responsibility to promote the rights of children and young people but also to ensure that it, and its members, implement best practice to protect all children and young people from harm, poor practice and abuse.

All staff and volunteers involved in handball will work together to embrace difference, diversity and respect the rights of children and young people who participate within handball no matter how long they are involved in the sport.

This policy sets out Scottish Handball's commitment to protecting and promoting their children and young people's wellbeing. This policy encompasses all members of Scottish Handball, and it is expected all members will implement this policy, procedures and practice notes.

Equality Statement

Scottish Handball sees itself as a family. It strongly believes that the principles of equity are integral to every part of the sport of handball in Scotland. Everyone involved in the sport, either paid or voluntary, must uphold these values.

Scottish Handball will endeavour to ensure that no employee, member or volunteer receives less favourable treatment or is discriminated against on the grounds of race, disability, gender, religious or political belief, sexual orientation, age, social background, marital status or pregnancy.

Should anyone experience any form of discrimination we would encourage them to get in touch.

Definitions

Scottish Handball's Child Wellbeing & Protection Policy

Scottish Handball's Child Wellbeing & Protection Policy

- **Introduction, Statements & Definitions** — Introductions, Definitions, Children's Wellbeing in Scotland, Roles & Responsibilities, Confidentiality and Information Sharing, Media Enquiries and Monitoring & Review
- **Procedures** — Appointment & Selection, Responding to Concerns and Case Review
- **Practice Notes**
- **Set the Standards** — Behaviours, Expectations and Requirements

The documents and sections listed above will be referred to as "Scottish Handball's Child Wellbeing and Protection Policy", "this policy and procedures" or 'this policy' from this point forward.

Scottish Handball Member Clubs who operate with Under 18's within their club are mandated through affiliation to adopt the "Club Child Wellbeing and Protection Policy" (Appendix 1)

Child

The Children and Young People (Scotland) Act 2014¹ defines a child as anyone who has not reached the age of 18. The United Nations Convention on the Rights of a Child (UNCRC) states that everyone under 18 has the rights set out in the Convention².

For the purposes of this policy, where "children", "child" and "young person" is stated, it refers to persons under the age of 18. This policy will apply to all children and young people up to the age of 18.

1. Children and Young People (Scotland) Act 2014 section 97(1)
2. United Nations Convention on the Rights of the Child (Article 1)

Adult

For the purposes of this policy an "adult" is any individual aged 18 and over or any individual under the age of 18 years old but who is in a 'position of trust'.

Safeguarding

Safeguarding is taking action to ensure that all children and young people are safe from harm. It means proactively doing everything possible to minimise the risk facing children and young people and doing what we can to prevent the abuse of children and young people who are involved in handball.

Child Protection

Child protection relates to the actions that need to be taken to respond to a specific concern when we become aware that a child or young person is at risk or is suffering from a form of abuse. Child protection is an essential part of safeguarding if there is a concern that a child or young person is being abused or their safety is compromised

Wellbeing Concern

A child's wellbeing is measured against the 8 SHANARRI indicators (See section on Child Wellbeing & Protection in Scotland). A wellbeing concern is where one or more of these indicators have been impacted by a negative experience. These experiences can range from harmful or abusive behaviour to a family bereavement or social economic factors, such as poverty. It is important to identify the nature of a wellbeing concern as this will influence the support the child or young person will receive.

Abusive or neglectful behaviour that is, or is likely to cause harm, will more often than not be referred to as a 'child protection concern'. Regardless of the definition the concern comes under, it must be responded to in line with Scottish Handball's Responding to Concerns Procedure.

Poor Practice

Poor practice is defined as any behaviour that contravenes the Child Wellbeing & Protection Policy or any procedures and guidelines that accompany it. This also includes any behaviour that does not respect children's rights or their parents'/carers' rights. This is behaviour that falls short of abuse but is still considered unacceptable.

Child Abuse

Child abuse is the act or omission that harms a child or young person. It is seen as a form of maltreatment of a child or young person.

Someone may abuse a child or young person directly or indirectly. They can be responsible for abuse because they fail to prevent another person from harming that child or young person, or their inaction leads to harm or risk of harm. Abuse can take many forms such as physical, emotional, sexual or by neglect and abuse can take place in person or online. It is important to recognise that although abuse is typically thought of as when an adult is mistreating a child or young person, children and young people can also be perpetrators of abuse against other children or young people.

Abuse of Position of Trust

A relationship of trust can be described as one in which an adult is in a position of power or influence over another by virtue of their position – such as a coach, staff member, club official or other appointed volunteer. A genuine social relationship can start between two people within a relationship of trust; however, it is important to recognise that relationships where an unequal power dynamic exists can become exploitative and lead to abuse. Scottish Handball's Set the Standards very clearly states that volunteers must not seek out or start personal/sexual relationships anyone under the age of 18.

Abuse of Trust

Abusive practice is where a person is indoctrinated with attitudes to training, drugs and cheating, or social, political and religious views (radicalisation) which are unacceptable to the community or rules of the sport or uses the position of trust to develop an improper personal relationship with an Under 18 e.g., to groom them for sexual activity

Child Wellbeing & Protection in Scotland (Getting It Right for Every Child)

The Scottish Government's approach to child wellbeing in protection is defined through their national approach "Getting It Right for Every Child (GIRFEC)". This approach is based on children's rights, and its principles reflect the United Nations Convention on the Rights of the Child (UNCRC).

GIRFEC is child focused, based on an understanding of the wellbeing of a child or young person in their current situation, and based on tackling needs in an early and a collective way.

Using the principles and approach that GIRFEC brings to Scotland, we can support children and young people so that they can grow up feeling loved, safe, and respected, and can realise their full potential.

GIRFEC allows us to identify and monitor a child or young person's wellbeing through a set of 8 indicators called SHANARRI. This stands for Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included and can give us an indication of how a child or young person's wellbeing is being influenced, both positively and negatively. This is done by considering everything around them, the different experiences and needs they have at different times in their lives.

full potential as an individual. The indicators assist everyone working with children and young people to be consistent in how they consider the quality of a child or young person's life at a particular point in time.

In creating a universal language and understanding for everyone who works with children and young people, collectively we can contribute to promoting, supporting, and safeguarding a child's wellbeing no matter where they are. It is crucial that Scottish Handball, its staff, volunteers, and members understand that the wellbeing indicators and if they are concerned that something is impacting a child or young person's wellbeing, they know how to respond and where to report that information.

As part of the Children and Young People (Scotland) Act 2014, the concept of wellbeing and the GIRFEC approach is now enshrined in law in Scotland. More information on the each of the 8 wellbeing indicators can be found in Appendix 3.



However, there is no set level of wellbeing that a child or young person should achieve, but each child must be helped to reach their

Risks to Children's Wellbeing in Scottish Handball

It is essential that those working or volunteering with children and young people are alert to the risks and take steps to prevent, minimise or respond where necessary. In addition to recognising risks to all children and young people, it is important to understand that some children and young people may be more vulnerable to risks associated with taking part in handball.

The CASES³ report (2021) established that the certain groups more likely to report experiencing certain forms of abuse within sport are:

- Individuals from diverse community (more likely to report all forms of abuse)
- Those with disabilities (more likely to report neglect, physical and non-contact sexual abuse)
- Non-Heterosexual groups (LGBTQIA+) (more likely to report physical and non-contact sexual abuse)
- Higher performance level groups (more likely to report neglect, physical, contact & non-contact sexual abuse)

Where there is an increased vulnerability to children and young people due to their background, they may face a range of additional challenges. Scottish Handball will encourage and support those who challenged and address any behaviour or attitudes which compromise a child or young person's wellbeing, including any behaviour that acts as a deterrent to participation.

³ CASES: General Report. The prevalence and characteristics of interpersonal violence against children (IVAC) inside and outside sport in six European countries (2021)

Children and Young People in Elite handball

Research by Celia H. Brackenridge in 2010⁴ highlighted the following about the risk to children and young people at an elite level:

- The greatest risk of emotional and sexual abuse occurs among the highest ranked athletes
- Poor practice, emotional abuse and bullying are probably more prevalent in sport than sexual abuse
- Athletes perpetrate more sexual harassment on their peers than coaches
- Athlete-athlete bullying is widespread
- Coach perpetrators are often very highly qualified and very highly respected which acts as a mask for their poor practice and abuse

For many children and young people, it can be their dream to compete in performance handball. When they have the talent, skill and dedication to realise this dream they will pursue it but unfortunately this can lead to a number of increased risks. For example, rivalry among their peers, inappropriate or detrimental relationships with their peers, pressure from their family, friends and the wider public, or, in some cases, exploitation by a trusted adult who can, or who they perceive can, help them 'achieve' this dream.

⁴ Brackenridge, C.H (2010) 'Myths and evidence — learning from our journey', keynote address to the conference 'How Safe is Your Sport' held at the Excel Sports Centre, Coventry on 25 Feb, hosted by the Coventry Sports Foundation and the NSPCC Child Protection in Sport Unit. Available at <http://bura.brunel.ac.uk/handle/2438/4177>

Children and Young People from Ethnic Diverse Communities

It is stated by the UNCRC that that children and young people should be protected from all forms of discrimination. Further to this, it sets out that children have the right to learn and use the language, customs, and religion of their family, whether these are shared by most people in the country where they live².

Unfortunately, within wider society, discriminatory behaviour still exists therefore children and young people from ethnic diverse communities are additionally vulnerable because they may:

- Experience racism and racist attitudes
- Experience people in authority ignoring or not responding to racist abuse or comments
- Experience no action being taken by others for fear of upsetting cultural norms
- Be afraid of further abuse if they challenge others
- Want to fit in and not make a fuss
- Be using or learning English as a second language

Children and Young People who are deaf and disabled

“a child with a disability “should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community”.

(Article 23 of the UNCRC²)

Those children and young people who have a disability, may require additional steps taken to support them due to their additional needs to participate in sport. For example, they may be at an increased risk of abuse due to their vulnerability. Research shows that children with a mental or physical disability are more likely to be abused than non-disabled children⁵.

Children and young people who have a disability can be additionally vulnerable because they may:

- Depend on a number of people for care and handling, including intimate care
- Depend on the abuser
- Fear disclosing abuse
- Signs of abuse can be misinterpreted as a symptom of the disability
- Have a reduced capacity to resist either verbally or physically
- Have significant communication differences
- Lack a wide support network who can protect them
- Lack of understanding to assess the inappropriateness of actions
- Not be believed due to negative attitudes towards those with disabilities
- A failure of those around them to recognise the impact of abuse on children and young people with disabilities

⁵ Jones, L et al *Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies* (NSPCC) (2012)

Children and Young People who are from the LGBTQIA+ Community

Whilst attitudes have changed towards LGBTQi+ groups, there are still elements within sport that target them. OutSport published findings from their survey, *The Relevance of Sexual Orientation and Gender Identity in Sport in Europe*, that almost 88% of respondents considered homophobia, and particularly transphobia in sport to be a current problem⁶. In agreement, Hartmann-Tews et al. (2019) found through their research that homophobia is a current issue within Scottish sport with 88% respondents agreeing⁷.

Statistically, through research found in the Child Abuse in Sport European Statistics 2021 report, it was found that those who identify as non-heterosexual were more likely to face physical and non-contact sexual abuse compared to those who identified as heterosexual³.

- Sport settings expecting, whether intentionally or not, LGBTQi+ people to adapt their behaviour to fit the 'norm' of the sporting environments they are within which can often be found to be heteronormative behaviours, masculinity and aggression which can then perpetuates the use of language which can make LGBTQIA+ people uncomfortable⁸.

5 Outsport, The Relevance of Sexual Orientation and Gender Identity in Sport in Europe (2019)

6 Hartmann-Tews et al. Sexual Orientation, Gender Identity and Sport. Selected findings and recommendations for action. Scotland. (2019)

7 Cowton, H. Heteronormativity and Homophobia: A Critical Analysis of the Culture of Scottish Professional Football (2020)

- Children and young people who are from the LGBTQIA+ community can be of additional vulnerability if:
- They are hearing negative comments or discriminatory language being used towards their identity. It can make them feel isolated, withdrawn, excluded and have a detrimental effect to their mental health & wellbeing, especially if they are part of a club or group where they are the only individual who identifies as LGBTQi+.
- Are involved in a club where discrimination is allowed towards their identity as this can lead to creating a culture whereby openness,
- transparency and honesty is discouraged and therefore creating a situation whereby poor practice is prevalent, widespread, and damaging to all of those involved.

Roles & Responsibilities

Scottish Handball

- Provide and implement robust procedures, support systems and guidance to safeguard the wellbeing of all participants including children and young people.
- Promote the health and wellbeing of children by providing opportunities for them to take part in handball safely.
- Respect and promote the rights, wishes and feelings of children
- Appoint a Lead Wellbeing & Protection Officer to lead on child wellbeing and protection
- Recruit, train, support and supervise its staff, volunteers and members to adopt best practice to safeguard and protect children from abuse.
- Require staff, affiliated clubs and volunteers to adopt and abide by this Child Wellbeing & Protection Policy and procedures.
- Respond to any allegations of misconduct or abuse of children in line with this policy and procedures as well as implementing, where appropriate, the relevant disciplinary and appeals procedures.
- Maintain confidential records of all complaints, concerns and sanctions against clubs and individuals
- Require all clubs to adhere to the Scottish Handball's Appointment & Selection Procedures
- Require all those who are deployed by Scottish Handball to work with children including those who act in a pastoral role whilst on trips, to attend child protection training
- Regularly monitor and evaluate the implementation of this policy and procedures

Affiliated Clubs

- Adhere to the guidelines and procedures contained within this policy
- Adopt the Club Child Wellbeing & Protection Policy (appendix 1)
- Appoint a Club Child Wellbeing & Protection Officer (appendix 2)
- Safely recruit club volunteers / staff in accordance with the Appointment & Selection Procedures
- Champion best practice, set up and implement all practice notes set out in this policy
- Have all volunteers, coaches, players, spectators and parents/carers agree to and sign up to the Set the Standards
- Accept that all club officials and committee members have responsibility for safeguarding and promoting the wellbeing of child and young people and be prepared to respond to any indication of abuse or poor practice
- Maintain confidentiality of both the child and the person against whom the allegation is made
- Be prepared to challenge and correct poor practice
- Implement any recommendations of Scottish Handball relating to this area
- Promote an environment where all legitimate concerns can be raised without fear of victimisation or reprisal
- Require all those working with children to attend sportscotland's Child Wellbeing & Protection in Sport Course and be a member of the Protecting Vulnerable Groups Scheme
- Ensure that Scottish Handball's Equality policy is adhered to, and that discrimination is prohibited at all levels

Club Child Wellbeing & Protection Officer

- Ensure all persons working either paid or unpaid with children and young people at the club are fully aware of what is required of them within the guidelines of the club, the child wellbeing & protection policy and Set the Standards.
- Conduct the administrative work associated with processing of information on volunteers / staff (Appointment & Selection Procedure)
- Liaise closely with club volunteers / staff ensuring that agreed procedures for the prevention of risk and promotion of wellbeing are followed
- Counsel / advise the club committee on matters of policy relating to child wellbeing and protection
- Advise / circulate details of opportunities for volunteers / staff
- to undertake training
- Act as the contact person for coaches, helpers, club volunteers, parents and participants on any issues concerning the wellbeing of children within the club, as well as matters relating to child protection at the club
- Ensure all incidents are correctly recorded and reported in accordance with Scottish Handball's policy and procedures

The role of the Club Child Wellbeing & Protection Officer is defined in Appendix 2 of this policy.

Confidentiality and Information Sharing

Sharing information that is relevant to children's wellbeing & protection is an essential part of protecting children and young people⁹. There is however a duty to balance the need to respect confidentiality against sharing concerns to relevant agencies to ensure the needs of the child or young person are met and they are kept safe. The over-riding concern must always be the safety of the child but concerns about a child's safety will always take precedence over maintaining confidentiality¹⁰. It must be kept in mind that sharing information about a minor wellbeing concern with a relevant agency may form a bigger picture and uncover a more serious underlying concern.

When considering sharing information or maintaining confidentiality, the following considerations must be made:

- Will it put child's needs first?
- Will it keep that child safe and/or reduce the risk of harm towards them?
- Has the child's voice and views been heard and taken into consideration?
- Will it ensure that they get the appropriate co-ordinated support needed to promote, support and safeguard their wellbeing, health and development?

In considering the above, decisions on confidentiality and sharing information can be made. The following principles must be taken into account when sharing information:

- The information being shared is only being shared with those who need to know
- The information being shared is not going to increase the risk of harm towards the child or young person
- The information being shared is being done so in a secure manner
- Once the information has been shared, it is being stored in a secure manner and not held for longer than required.

It is good practice to inform both the child involved in the concern and their parents/carers about the types of situations that may lead to information sharing with other agencies. Consideration must always be given to sharing information with the parents/carer(s) of the child or young person but only sharing if doing so will keep them safe and reduce the risk towards that child or young person. It must be avoided where sharing information with the parents/carers would put that child or young person at risk of harm, especially if the allegations made relate to the parent/carer(s)

Where Scottish Handball shares or received any information relating to concerns, it will maintain and store records of concerns in line with its Data Protection Policies and in line with the Data Protection Act 1998.

² Information Commissioner's Office. *Information Sharing Between Services in Respect of Children and Young People*. Letter issued 28th March 2013.

³ National Guidance for Child Protection in Scotland (2014) (81)

Media Enquiries

Where there is possible media interest in a case or concern being managed by Scottish Handball, any and all media enquires must be directed to the Chief Executive Officer who will be advised by Scottish Handball's Lead Wellbeing & Protection Officer.

Scottish Handball's member clubs are requested to direct any such enquires that they may receive to Scottish Handball to manage on their behalf and provide Scottish Handball with appropriate information required to do so.

Monitoring & Review

Scottish Handball will continually monitor and regularly review this policy, procedures and practice notes, with a full review being carried out every 3 years. The policy and procedures will also be reviewed in the following circumstances:

- In accordance with changes in legislation within Scotland or any relevant changes in Scottish Handball's governance or relevant policies and procedures
- Following any concerns raised about the protection of children within Scottish Handball that identify improvement in these policies & procedures.
- On advice from sportscotland or Children 1st

Scottish Handball will monitor this policy by:

- Keeping records of cases brought to Scottish Handball and their outcomes.
- Keeping up to date with relevant legislation changes and changes in practice
- Internal case reviews with the facilitation of Children1st and any subsequent recommendations.

Appendices

Appendix 1: Club Child Wellbeing & Protection Policy

Club Name HERE understand our commitment to protecting and promoting the wellbeing of all the children and young people who are involved in the club. We believe that good practice is as follows and are committed to ensuring its implementation.

1. The safeguarding of children and young people is everyone's responsibility, particularly when it comes to protecting children from abuse and poor practice. Everyone within the club has a responsibility to ensure the safety of children and young people involved in handball.
2. The Club will place the needs of the child first and winning and competition second.
3. The underlying principles with respect to Child Wellbeing & Protection are:
 - a. The child's and young person's wellbeing is the first consideration.
 - b. All children and young people, regardless of age, any disability they have, gender, racial origin, religious belief and sexual identity have a right to be protected from abuse.
 - c. Children and young people must be treated with integrity and respect.
 - d. Children and young peoples' programmes and competitions will be relevant to their ages and stages of development.
4. We are agreeing and are committed to following Scottish Handball's Child Wellbeing & Protection Policy, procedures & accompanying practice notes.
5. The Club:
 - a. Aims to create an enjoyable environment, where young people have the right to be safe, secure and free from threat.
 - b. Acknowledges that young people have the right to be treated with respect and for their concerns to be listened to and acted upon.
 - c. Ensure that all staff & volunteers who work directly with children and young people are safely recruited and are trained in child wellbeing & protection
 - d. Will aim to ensure that junior members have specific programmes designated for them, with adequate supervision.
 - e. Is committed to ensuring that all staff and volunteers, whatever their role, read and sign up to Setting the Standards.
 - f. Is committed to ensure that all members undertaking regulated work are Protecting Vulnerable Groups (PVG) Scheme Members and have applied for a PVG through the Club via Scottish Handball.
 - g. Provides clear, comprehensive, easily understood procedures for dealing with:
 - i. Wellbeing concerns
 - ii. Allegations of abuse
 - iii. Requests for help and support on a confidential basis
 - iv. Risk assessing disclosure certificates
 - h. Is committed to a fair and safe recruitment procedure for all adults working with children and young people.
 - i. Will always emphasise fair play and competition.

Our Child Wellbeing & Protection Officer is:

Name: NAME HERE

Email: Email

Phone: Tel NUMBER

Appendix 2: Club Child Wellbeing & Protection Officer (CWPO)

Role Description & Specification

The role of the Club CWPO is to ensure the safeguarding, wellbeing and protection of children within the sport and ensure that all club volunteers are aware of the duty of care to protect the children from harm. CWPO's should possess the following skills in order to be effective at the role:

- Understand Scottish Handball's Child Wellbeing and Protection Policy, procedures, and practice notes
- Ensure the implementation and embedding of the Club Child Wellbeing and Protection Policy and procedures
- Conduct the administrative work associated with processing information on new volunteers/staff, including PVG and child wellbeing & protection training
- Be familiar with current legislation and guidance
- Ensure that the Club has robust recruitment procedures in place – see Scottish Handball's Appointment & Selection Procedure
- Raise awareness of Setting the Standards, Practice Notes, Policies and Procedures to parents/carers, children, young people and adult members
- Raise awareness of the Club CWPO role to parent/ carers, children, young people and adult members
- Act as a contact for the Club for child wellbeing and protection concerns
- Actively encourage good practice, promote Setting the Standards and be prepared challenge to behaviour that does not meet the standards required
- Identify issues relating to child wellbeing & protection and know how to handle allegations/ complaints
- Monitor & review policies and procedures at regular intervals
- Be aware of the contacts for local statutory agencies including police and social work
- Work in partnership with Scottish Handball and relevant statutory bodies when required
- Undertake both sportscotland's Child Wellbeing & Protection in Sport (CWPS) and Child Wellbeing & Protection in Sport: Officer Training (CWPO) and attend workshops regularly to keep up to date

- Be a member of the Club Committee and regularly report on Child Wellbeing and Protection
- Organise the appropriate training for the volunteers working with children and young people in the club
- Maintain confidential records of reported cases and any action taken by the club/authorities

Person specification

Skills & Experience

- The ability to build relationships with club members, parents/carers, children, young people and Scottish Handball
- An interest promoting and protecting child wellbeing & protection in handball
- Experience of working with children and young people
- A willingness to challenge opinion, where necessary and to drive the child wellbeing and protection agenda
- Strong listening skills and the ability to deal with sensitive situations with integrity
- The confidence and good judgement to manage situations relating to the poor conduct/ behaviour of others towards children and young people
- Good organisation and communication skills
- Reliable, trustworthy and a good listener
- Understanding & appreciation for the need for confidentiality
- Approachable & friendly

Requirements

- PVG Scheme Membership
- Attend appropriate training – CWPS and CWPO (renewable every 3 years)

Time Commitment

- Time commitment can vary dependent on size and nature of club approx. 4-8 hrs a month

Appendix 3: SHANARRI – the 8 Wellbeing Indicators

The Getting It Right for Every Child (GIRFEC) approach supports children and young people so that they can grow up feeling loved, safe and respected and can realise their full potential. At home, in school, in sport or the wider community, every child and young person should be:

Safe: Protected from abuse, neglect, or harm at home, at school, in sport and in the community.

Healthy: Having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy, safe choices.

Achieving: Being supported and guided in learning and in the development of skills, confidence, and self-esteem, at home, in school, in sport and in the community.

Nurtured: Having a nurturing place to live in a family setting, with additional help if needed, or where not possible, in a suitable care setting.

Active: Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.

Respected: Having the opportunity, along with parents and carers, to be heard and involved in decisions that affect them.

Responsible: Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, and being involved in decisions that affect them.

Included: Having help to overcome social, educational, physical and economic inequalities, and being accepted as part of the community in which they live and learn.



These eight factors are often referred to by their initial letters – SHANARRI.

They are wellbeing indicators which help make it easier for children and families and the people working with them to discuss how a child or young person is doing at a point in time and if there is a need for support.

Each child is unique and there is no set level of wellbeing that children should achieve. Each child should be helped to reach their full potential as an individual. Wellbeing is influenced by children's individual experiences and changing needs as they grow. The wellbeing indicators help make it easier for everyone to be consistent in how they consider the quality of a child or young person's life at a particular point in time.

Families and people working with children and young people can use the wellbeing indicators to identify what help a child or young person needs in order to help them access the right support or advice. All services working with children and young people, and those who care for them, must play their part to promote, support and safeguard children and young people's wellbeing.

A range of experiences can have negative effects on young people. An experience may be one of the 10 recognised Adverse Childhood Experiences (ACEs) or other adversities such as bereavement or bullying, or where a family is affected by illness, disability or poverty. Each child should be helped to reach their full potential as an individual.

Key Facts about Wellbeing

1. Every child or young person should be safe, healthy, achieving, nurtured, active, respected, responsible and included. These eight indicators help make sure everyone – children, parents, and the people who work with them, such as teachers and health visitors – has a common understanding of wellbeing.
2. The eight wellbeing indicators connect and overlap. For example, a health difficulty may have an effect on a child or young person achieving their goals or being active. When considered together the different elements of wellbeing give the whole picture of a child or young person's life at a particular point in time.
3. A child or young person's wellbeing is influenced by everything around them. This includes their individual circumstances, the support they get from their family, the community, and the services that support them. Factors such as adequate sleep, play and a healthy, balanced diet have a positive impact on all aspects of
4. a child's or young person's wellbeing. While the effects of poverty and isolation can have a negative effect on their wellbeing.
5. It is up to all of us – parents, early learning providers, health visitors, teachers, GPs, police – to work together to promote, support and safeguard the wellbeing of all of our children and young people.

Children and young people have different experiences and needs at different times in their lives. Understanding how this affects their wellbeing, and providing the right support when they need it, helps them grow and develop and reach their full potential.

Appendix 4: Concern Recording Form

CONCERN RECORDING FORM

For issues of a Wellbeing & Protection nature

Your Name:	
Your Position:	
Person's Name:	Date of Birth:
	Age:
Any special requirements: (eg learning disability/1st language not English)	
Person's emergency contact/family:	
Do we have permission to share this concern with the emergency/family contact?	
<p><i>Details of the concern, if the person told you about the concern directly, please note their own words here; remember not to summarize and to stick to what the person said.</i></p>	

Has the concern been reported to an external agency (date and time):	
Police Yes/No	If yes: Name: Contact number: Email Address: Details of advice received:
Social Services Yes/No	If yes: Name: Contact number: Email Address: Details of advice received:
Scottish Handball Yes/No	If yes: Name: Contact number: Email Address: Details of advice received:
Local Authority Yes/No	If yes: Name: Contact number: Email Address: Details of advice received:
Other (e.g. sportscotland, NSPCC, Children1st) Yes/No	If yes: Name: Contact number: Email Address: Details of advice received:
Signature:	
Print Name:	
Date:	

A copy must be sent to the Lead Wellbeing and Protection Officer at Scottish Handball at childprotection@scottishhandball.com within 48 hours of the incident or becoming aware of the concern.

Remember to maintain confidentiality on a need-to-know basis only – do not discuss this incident with anyone other than those who need to know.

An action log (chronology) is on the next page, please keep this update and send updated copies of this form to Scottish Handball as you go until the matter is concluded.



Date	Action/Update	By	Comments/Document Reference/Email
			(Identify where documents relating to the concern are stored here)
Case Conclusion			

An updated copy should also be sent childprotection@scottishhandball.com periodically during a case and a final version at the conclusion of a case.

Remember to maintain confidentiality on a need-to-know basis – do not discuss this incident with anyone other than those who need to know.

Appendix 5: Case Review Template

(This template can be used when planning for a case review and used to set out the remit of the case review)

Name of case reviewer:	
Reporting to:	e.g. Lead Wellbeing & Protection Officer, Chief Executive etc.
Case reference:	The details of the case should be anonymised using a unique reference number or identifier if the review is to be shared with others.
Ongoing investigations and proceedings:	<p>If relevant to the case that is being reviewed, have the following been concluded:</p> <p>Police and social work child protection investigation(s)? Y/N</p> <p>A criminal investigation by the police? Y/N</p> <p>Any related legal proceedings? Y/N</p> <p>If the answer to any of these questions is no, the review cannot proceed.</p>
Remit of review:	<p>List here in bullet point form the reasons for the review</p> <ul style="list-style-type: none"> • • •
Timescales for completion:	This should be the dates when the review will begin and end with the reported findings.
How will the review be conducted?	List here the methods to be used to conduct the review; for example: a review of all paper records telephone/face to face/virtual platform interviews with relevant individuals contact with other organisations involved as necessary.
Are there any special considerations or features in this case?	For example, this case was reported in the press, that the child involved has a learning disability.
How will the findings and recommendations be reported?	
Who will the outcomes of the review be shared with?	List here all internal and external parties with whom information will be shared.

Appendix 6: Spectrum of Practice

Guidelines for Identifying Types of Poor or Abusive Practice

There is a range of practice that can take place within clubs. This is usually referred to as the “Spectrum of Practice”. The spectrum outlines expectations and standards when it comes to the top of the spectrum (Best Practice) all the way down to standards and behaviours that are unacceptable towards the bottom of the spectrum (Poor & Abusive Practice). Below is a diagram of the spectrum which provides more information on the type of practice and how this practice is defined (this list is not exhaustive).

Best Practice is defined as: **“Going over and above the minimum standards”**

- Having 2 x Child Wellbeing & Protection Officers who are both trained
- Development plans for all club officials & volunteers
- Building children’s rights into sessions
- Having children’s panels within the club structure
- Attending webinars/networks related to child wellbeing & protection

Good Practice is defined as: **“Meeting the minimum standards required”**

- Having a Child Wellbeing & Protection Officer who is trained
- Having a Child Wellbeing & Protection Policy and procedures
- Ensuring all volunteers are PVG checked
- Making sure all volunteers attend child wellbeing & protection training
- Codes of Conduct are signed up to

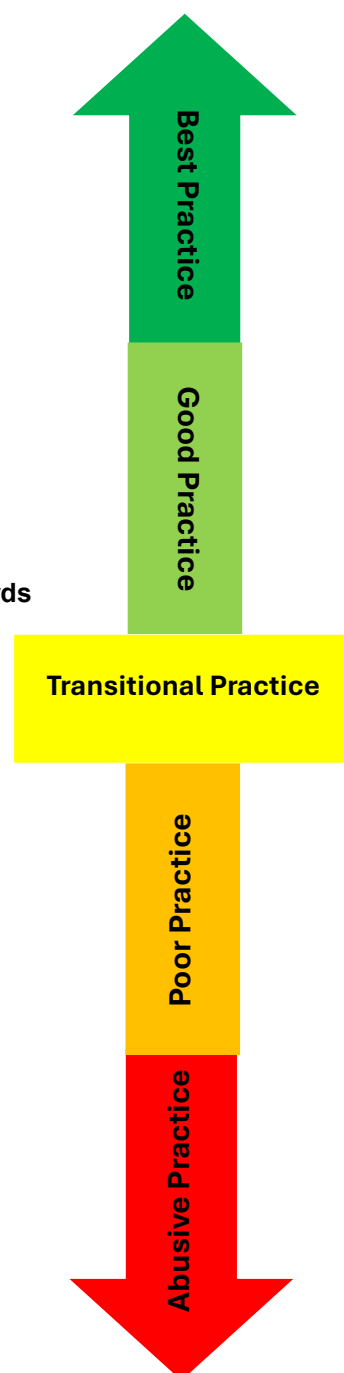
Transitional Practice is defined as: **“a period whereby the club doesn’t meet the standards required but are working towards it”** E.g., The club CWPO has left the club and the new CWPO is due to go through the training for the role but is booked onto the course.

Poor Practice is defined as: **“Falling below the minimum standards required”**

- Having a Child Wellbeing & Protection Officer but they aren’t trained
- Not having all volunteers PVG checked
- Making sure all volunteers attend child wellbeing & protection training
- Codes of Conduct are not in place
- Inadequate adult/child ratios
- No photo/video consent forms in place
- Child Wellbeing & Protection Policy is not embedded in the club

Abusive Practice is defined as: **“Having no standards in place and putting children at serious risk”**

- Not having a Child Wellbeing & Protection Officer
- Not PVG checks are in place
- No volunteers have attended child wellbeing & protection training
- The club doesn’t have a
- Inadequate coaching for the age & stage of the participants
- Excessive training, competition, and physical exercise
- Excluding an individual who raised a concern
- Allowing coaches to exceed their level qualification or competence



Below are some practices that may have the best intentions but fall into a category of behaviours that are used by people who sexually abuse children to 'groom' their victim and have significant risk factors.

Examples include:

- Offering to give a child a lift home alone
- Giving a child gifts
- Having unnecessary physical contact with young people e.g. excessive handling/supporting, cuddling, kissing, friendly taps etc.
- Socialising/having friendships with young people outside
- Taking children to your home or other secluded place unaccompanied by others
- Engaging in rough, physical or sexually provocative games
- Sharing a room with a child
- Allowing or engaging in any form of inappropriate touching
- Making sexually suggestive remarks
- Reducing a child to tears as a form of control
- Allowing children to use inappropriate language unchallenged
- Allowing allegations made by a child to go unchallenged, unrecorded or fail to act upon
- Carrying out personal care for a child that the child can do unaided
- Departing from the premises without first supervising the safe dispersal of the children
- Abusing a privileged position of power or trust
- Resorting to bullying tactics or verbal abuse
- Causing a participant to lose self-esteem by embarrassing, humiliating or undermining the individual
- Spending excessive amounts of time alone with children away from other adults

It is essential that everyone challenges poor practice, even where there is a belief that the motives of an individual are well meaning. Failure to challenge poor practice can lead to an environment where abuse is more likely to happen.

Cases of poor or abusive practice must be responded to by the Responding to Concerns Procedure set out in Scottish Handball's Child Wellbeing & Protection Policy. These concerns must be reported to the Lead Wellbeing & Protection Officer at Scottish Handball.

Reporting to Scottish Handball allows for appropriate advice and guidance to be given to the club, this also includes deciding on what level the concern should be managed. If the decision is for the club to manage the concern and once investigated, the club must report to Scottish Handball the process they followed, documentation relating to the concern and the outcome of the process.

Depending on how the club process is concluded, there may be a duty to refer the individual to Disclosure Scotland and this is why it is crucial clubs report concerns to Scottish Handball.

Appendix 7: Identifying Child Abuse

The following examples are ways in which children may be abused or harmed, either within or out with sport. In Scotland child abuse is defined as follows:

“Children may be in need of protection where their basic needs are not being met, in a manner appropriate to their age and stage of development, and they will be at risk through avoidable acts of commission or omission on the part of their parent(s), sibling(s) or other relative(s), or a carer (i.e. the person while not a parent who has actual custody of the child)”

This definition includes placing children at risk through something a person has done to them or something a person is failing to do for them. For those working in the field of child care and protection, the definition gets broken down further into categories of abuse, namely:

- Neglect
- Physical Abuse
- Sexual Abuse
- Emotional Abuse

These categories are not mutually exclusive, for example, a child experiencing physical abuse is undoubtedly experiencing emotional abuse as well. The following definitions of the different types of child abuse are taken from “National Guidance for Child Protection in Scotland (Scottish Government, 2014).

Identifying Child Abuse

Although the physical and behavioural signs listed may be symptomatic of abuse, they may not always be an indicator and, conversely, children experiencing abuse may not demonstrate any of these signs. Child abuse is often difficult to recognise. It is not the responsibility of anyone involved in sport to decide whether or not a child has been abused. This is the role of trained professionals. We all, however, have a duty to act on any concerns about abuse.

Neglect

“Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child’s basic emotional needs. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time”

As well as being the result of a deliberate act, neglect can also be caused through the omission or the failure to act or protect e.g. the failure to obtain medical attention for a child. Examples of neglect in sport

- exposing a child to extreme weather conditions e.g. heat and cold
- failing to seek medical attention for injuries
- exposing a child to risk of injury through the use of unsafe equipment
- exposing a child to a hazardous environment without a proper risk assessment of the activity
- failing to provide adequate nutrition and water
- constant hunger
- constant tiredness
- untreated medical problems
- poor peer relationships
- poor personal hygiene and/or poor state of clothing
- frequent lateness or unexplained non-attendance (particularly at school)
- low self-esteem
- stealing

Physical Abuse

“Physical abuse is the cause of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after” This could include deliberately hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise harming a child. Physical injury may also occur where someone knowingly fails to take action to protect a child from physical harm. Most children sustain accidental cuts and bruises throughout childhood. These are likely to occur in parts of the body like elbows, shins and knees. An important indicator of physical abuse is where the 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. It is possible that some injuries may have occurred for other reasons e.g. skin disorders, rare bone diseases. Physical injury may also be caused when a parent feigns the symptoms of or deliberately causes ill health to a child whom they are looking after. This is known as Fabricated Fictitious Syndrome by Proxy. A parent may do this because they need or enjoy the attention, they receive through having a sick child.

Signs which may raise concerns about physical abuse include:

- refusal to discuss injuries
- improbable excuses given to explain injuries
- avoiding activities due to injuries or possibility of injuries being discovered
- aggression toward others
- fear of parents being approached for an explanation
- untreated injuries
- unexplained injuries, particularly if recurrent
- running away
- excessive physical punishment

Examples of physical abuse in sport:

- 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

Sexual Abuse

“Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of indecent images or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways” Boys and girls are sexually abused by males and females, including persons to whom they are and are not related and by other young people. This includes people from all walks of life. Some children may never be able to tell someone they have been sexually abused. Changes in a child’s behaviour may be a sign something has happened. In some cases, there may be no physical or behavioural signs to suggest that a child has been sexually abused.

Examples of sexual abuse in sport:

- exposure to sexually explicit inappropriate language or jokes
- showing a child pornographic material or using a child to produce such material
- inappropriate touching
- sexual intercourse and/or sexual activity with a child under 16

The following signs may raise concerns about sexual abuse:

- lack of trust in adults or over-familiarity with adults, fear of a particular adult
- sleep disturbance (nightmares, bed-wetting, fear of sleeping alone)
- girls taking over the mothering role
- social isolation - being withdrawn or introverted, poor peer relationship
- running away from home
- school problems e.g. falling standards, truancy
- low self-esteem
- reluctance or refusal to participate in physical activity or to change clothes for games
- drug, alcohol or solvent abuse
- sexual promiscuity, over-sexualised behaviour, compulsive masturbation
- unusual interest in the genitals of adults, children or animals
- bruises, scratches, bite marks to the thighs or genital areas
- discomfort/difficulty in walking or sitting
- urinary tract problems, vaginal infections or genital damage
- stained underwear, soiling or wetting
- fear of bathrooms, showers, closed doors
- having irrational fears
- psychosomatic factors e.g. recurrent abdominal or headache pain
- display of sexual knowledge beyond the child's age
- anxiety, depression, self-harm/mutilation, suicide attempts
- pregnancy
- fear of medical examinations
- genital odour, venereal/sexually transmitted diseases
- itchiness, soreness, discharge, unexplained bleeding from the rectum, vagina or penis
- abnormal sexual drawings
- developmental regression/acting younger than their age
- 'grooming' including over the internet

Current sexual offences legislation classifies any sexual activity involving children under 16 years old as unlawful. The Sexual Offences (Scotland) Act 2009 defines specific roles and settings where sexual activity between 16 or 17 year olds and those in a position of trust, responsibility, or authority, constitutes a criminal offence. The legislation does not currently include sports roles (e.g. coaches, instructors or helpers) or sports organisation settings (e.g. clubs, leisure facilities or events) within these definitions.

Regardless of this, Scottish Handball recognises the influence that a member of staff and/or volunteer has over children and young people, and that by virtue of their role they have the capacity to influence their personal, social and sporting development.

Genuine relationships do occur, however, no intimate relationship should begin whilst the member of staff or volunteer is in a position of trust with the child or young person, regardless of whether they are both over the legal age of consent.

Grooming

Grooming is a set of behaviours that normally fall under sexual abuse. These are practices - which may appear to be carried out with the best of intentions - are used by people who sexually abuse children to 'groom' their victim:

How abusers "target and groom" – they:

- Engineer 1:1 situations
- Develop a special friendship
- Make promises of success
- engage family, other coaches, people of influence
- use text, internet chat rooms
- have "special secrets"
- extend the relationship from the sports venue to socialising
- buy gifts to buy affection
- have unnecessary physical contact with young people e.g. excessive handling/supporting, cuddling, kissing, "friendly" taps
- alienate players from their support network parents, coaches and peers

Emotional Abuse

“Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child’s emotional development.” This could include making a child feel worthless or unloved, inadequate or not valued; inappropriate expectations being imposed on children for their age or stage of development; the corruption or exploitation of a child, or causing them frequently to feel frightened or in danger; persistent exposure to domestic abuse; failing to provide a child with love, care and affection. Examples of emotional abuse in sport

- Persistent failure to show any respect to a child e.g. continually ignoring a child
- Constantly humiliating a child by telling them they are useless
- Continually being aggressive towards a child making them feel frightened
- Acting in a way which is detrimental to the child’s self-esteem Signs which may raise concerns about emotional abuse include:
 - Low self esteem
 - Running away
 - Extremes of passivity or aggression
 - Significant decline in concentration
 - Indiscriminate friendliness and neediness
 - Self-harm or mutilation

Remember it is not our role to decide if a child is being abused, our role is to recognise these indicators are causes for concern and seek help for the child.

If you believe a child is in immediate danger – call the police on 999. Concerns can be reported to Scottish Handball by following the Responding to Concern Procedure or by completing a Concern Recording Form (Appendix 4) and submitting it to childprotection@scottishhandball.com

Scottish Handball – Template Consent Form

We require this form to be completed so that you are informed and have consented to how we may use your information for the duration of the **INSERT PROJECT/PROGRAMME**.

We collect the following information to ensure that we can make the appropriate adjustments to your involvement in the **INSERT PROJECT/PROGRAMME** and put in appropriate steps to keep you safe. Also, to make sure we have the correct contact information should we require to contact you or your parents/carers.

This form should be completed by yourself and, for those who are under the age of 18, their parents/carers. There are 5 pages in total, please make sure you have read and completed all pages before returning the form to **INSERT EMAIL**. If you have any questions about any of the information below, please contact Scottish Handball to discuss further.

GENERAL INFORMATION (Young Person)	
Name:	Date of Birth:
Address:	
Post Code:	Tel No:
Email:	Mob No:
Next of Kin (NOK):	
NOK Address (if different from the young person's address):	
Relationship:	Tel No:

MEDICAL INFORMATION	
Name of GP:	
Address:	
Post Code:	Tel No:

Please complete the following details. *Please delete as applicable.*

1. **Do you have a disability or impairment that will affect your ability to take part in the INSERT PROJECT/PROGRAMME?** Yes / No

If yes, please give details:

- 2. Do you have a medical condition that will affect your ability to take part in the INSERT PROJECT/PROGRAMME?** *Yes / No*

If yes, please give details:

- 3. Do you take any medication that we should be aware of and that might affect your involvement in the INSERT PROJECT/PROGRAMME?** *Yes / No*

If yes, please give details:

- 4. Do you have any existing injuries that might affect your involvement in the INSERT PROJECT/PROGRAMME?** *Yes / No*

If yes, please give details:

- 5. Do you have any allergies, including allergies to medication, that we need to be made aware of?**
Yes / No

If yes, please give details:

- 6. Is there any other relevant information which you would like us to know? (e.g. access rights, disabilities, special dietary requirements etc)**

If yes, please give details:

SHARING INFORMATION

Children and young people and their parents/carers may have access to a Named person to help them get the support they need. A Named Person will normally be the health visitor for a pre-school child and a promoted teacher – such as a Head Teacher or Pastoral Care teacher – for a school age child.

If you do not have a Named Person, please provide the information of your Pastoral Care teacher or Head Teacher (if available).

Named Person/Teacher:	
Tel No:	

TRANSPORTATION OF CHILDREN AND YOUNG PEOPLE

During the term of the INSERT PROJECT/PROGRAMME, it will be the responsibility of the parent/carer(s) of the young people to organise the relevant transport required to attend INSERT PROJECT/PROGRAMME activities and meetings.

If there is an occasion where Scottish Handball organises transport, this will be done so under Scottish Handball's Wellbeing and Protection Policy, and Scottish Handball Transporting Children guidance.

PHOTOGRAPHS AND VIDEOS

You may be photographed or filmed when participating in the INSERT PROJECT/PROGRAMME. Photographs or videos of you participating as part of the team may be:

- published in Scottish Handball's publications, including on Scottish Handball's website;
- published onto Scottish Handball's social media accounts
- used for training purposes;

All images and videos will be taken and used in line with the Scottish Handball's Wellbeing and Protection Policy, and Social Media, Photo and Filming Guidance.

CONTACT INFORMATION

Scottish Handball may contact you via email, text or social networking site with information relating to INSERT PROJECT/PROGRAMME activities. If under the age of 18, we will communicate with you through your parent/carer. All communication will be done in line with Scottish Handball's Wellbeing and Protection Policy, and Social Media, Photo and Filming Guidance.

DATA PROTECTION <CONSIDER HOW THE INFORMATION WILL BE STORED AND WHO IT WILL BE SHARED WITH AND DETAIL BELOW>

This information will be held on Scottish Handball's secure server and access will be restricted to those who only require access under Scottish Handball's Data Protection Policy. This information will be destroyed/deleted following your involvement in the INSERT PROJECT/PROGRAMME or should your involvement end before the duration of the INSERT PROJECT/PROGRAMME .

AGREEMENT (to be completed by the young person)

*delete as applicable

I consent / I do not consent* to Scottish Handball storing the medical information I have completed (Medical Information) on this form for the duration of the **INSERT PROJECT/PROGRAMME**

I consent / I do not consent* to receiving medical treatment, including anaesthetic, which medical professionals present consider necessary.

I consent / I do not consent* to Scottish Handball sharing information with my Named Person or school, as deemed appropriate, if my wellbeing is, or may be, impacted and it is deemed necessary by Scottish Handball's Lead Wellbeing and Protection Officer to share that information.

I consent / I do not consent* to being transported by persons representing Scottish Handball for the for the duration of the **INSERT PROJECT/PROGRAMME**.

I consent / I do not consent* to my photograph or image being taken and used by Scottish Handball for the purposes set out in the photographs and videos section of this form.

I consent / I do not consent* to Scottish Handball contacting me via email, text or social media to give me information about the **INSERT PROJECT/PROGRAMME**.

I agree to:

- (i) Inform Scottish Handball should any of the information contained in this form change.

Full Name:	
Signature	
Date:	

AGREEMENT (to be completed by the young person's parents/carers if under 18)

*delete as applicable

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

I consent / I do not consent* to Scottish Handball sharing information with my child's Named Person or school, as deemed appropriate, if the young person's wellbeing is, or may be, impacted and it is deemed necessary by Scottish Handball's Lead Wellbeing and Protection Officer to share that information.

I consent / I do not consent* to my child being transported by persons representing Scottish Handball for the purposes of taking participating in the **INSERT PROJECT/PROGRAMME**.

I consent / I do not consent* to my child being photographed or filmed and being used by Scottish Handball for the purposes set out in the photographs and videos section of this form.

Full Name:	
Signature:	
Date:	