**Appendix A - Code of Conduct for the Protection of Children and Vulnerable Adults**

The Lothian Disability Badminton Club wishes to ensure that best practice is adopted by its members to safeguard the interest of children. This code of conduct details the types of practice required by all members of the Club when in contact with children or vulnerable adults. The types of practice are categorised into good practice; practice to be avoided and practice never to be sanctioned. Suspicions or allegations of non-compliance of the Code by a member will be dealt with through the Clubs Disciplinary Procedure

for misconduct or through Responding to a Suspicion or Allegation of Abuse against a Member of The Club (Section 7.5). A child is defined as anyone under 18 years of age (except as noted below). These notes are intended as guidance for coaches and other adults dealing with children. They are not intended to be exhaustive.

By adhering to these guidelines, coaches and other adults will also minimize the risk of false

allegations being made against them.

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 years 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 and the Protection

of Children (Scotland) Act 2003 a child is defined as anyone under the age of 18 years.

***Good Practice***

The Club supports and requires the following good practice by members when in contact with

children and vulnerable adults.

When working with children or vulnerable adults:

- Make sport fun, enjoyable and promote fair play.

- Always work in an open environment e.g. avoid private or unobserved situations and encourage an open environment for activities.

- Treat all children and vulnerable adults equally, with respect and dignity.

- Put the welfare of each child or vulnerable adult first before winning or achieving performance goals.

- Be an excellent role model including not smoking or drinking alcohol in the company of children or vulnerable adults.

- Give enthusiastic and constructive feedback rather than negative criticism.

- Ensure that if any form of manual or physical support is required for a child or vulnerable adult, it is provided openly, the child or vulnerable adult is informed of what is being done and their consent is obtained.

- Deliver educational instruction first verbally, secondly role-modelled, and thirdly, and only if necessary, with hands on which must be accompanied by telling the child or vulnerable adult where you are putting your hands and why it is necessary, and obtaining their consent.

- Involve parents, guardians and carers wherever possible.

- Build balanced relationships based on mutual trust that empower children and vulnerable adults to share in the decision making process.

- Recognise the developmental needs and capacity of children and vulnerable adults and

avoid excessive training or competition and either pushing them against their will or

putting undue pressure on them.

**Important Note**: The practices above are desirable and should be put into action wherever possible. If there are reasonable and justifiable reasons to carry out practices outwith those described above these would need to be discussed with the Chairperson of the Club. It is recognised that in sporting excellence children may be under considerable pressure to perform at a high level. However this does not justify undue or excessive training or pressure

being put on them at any time – it is important to remember they are children and must be treated with care at all times.

***For taking and transporting children or vulnerable adults away from home:***

If it is necessary to provide transport or take children or vulnerable adults away from home the following good practice must be followed:

- Where practicable request written parental/guardian consent if members are required to transport children or vulnerable adults.

- Always tell another member that you are transporting a child, give details of the route and the anticipated length of the journey.

- Ensure all vehicles are correctly insured.

- All reasonable safety measures are taken, e.g. children in the back seat, seatbelts are worn.

- Ensure, where possible, a male and female accompany mixed groups of children or vulnerable adults. These adults should be familiar with and agree to abide by the Club’s Child and Vulnerable Adult Protection Policy and Procedures.

- Always plan and prepare a detailed programme of activities and ensure copies are

available for other members and parents/guardians.

***Practice to be avoided***

In the context of your role within the Club, the following practice should be avoided:

- Avoid having ‘favourites’ - this could lead to resentment and jealousy by other children or vulnerable adults and could lead to false allegations.

- Avoid spending excessive amounts of time alone with children or vulnerable adults away from others.

- Ensure that when children or vulnerable adults are taken away from home, adults avoid entering their rooms unless in an emergency situation or in the interest of health and safety. If it is necessary to enter rooms, the door should remain open, if appropriate.

- Avoid taking children or vulnerable adults to your home.

- Avoid, where possible, doing things of a personal nature for children and vulnerable adults that they can do for themselves.

- Avoid sharing a room with a child or vulnerable adult for sleeping accommodation.

Important Note: It may sometimes be necessary for members to do things of a personal nature for children or vulnerable adults, particularly if they are very young or vulnerable. These tasks should only be carried out with the full understanding and consent of the child or vulnerable adult and where possible their parents/guardians. It is important to respect their views. If a person is fully dependent on you, talk with him/her about what you are doing and

give choices where possible, particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child or vulnerable adult to carry out particular activities. Do not take on the responsibility for tasks for which you are not appropriately trained. In special cases room sharing may be required for health and safety reasons or if the child is very young or particularly vulnerable. If so, explain why this is necessary to the child/vulnerable adult and their parent or guardian and seek their consent. Where possible ensure that at least two

adults, preferably male and female are in the room.

***Practice never to be sanctioned***

In the context of your role within the Club, the following practices should never be sanctioned:

- Never engage in sexually provocative games, including horseplay.

- Never engage in rough or physical contact except as permitted within the rules of the game or competition.

- Never form intimate emotional or physical relationships with children or vulnerable adults.

- Never allow or engage in touching a child or vulnerable adult in a sexually suggestive manner.

- Never allow children or vulnerable adults to swear or use sexualised language unchallenged.

- Never make sexually suggestive comments to a child or vulnerable adult, even in fun.

- Never reduce a child or vulnerable adult to tears as a form of control.

- Never allow allegations made by a child or vulnerable adult to go unchallenged, unrecorded or not acted upon.

- Never invite or allow children or vulnerable adults to stay with you at your home.

***First Aid and Treatment of Injuries:***

If, in your capacity as a member of the Club, a child or vulnerable adult requires first aid or any form of medical attention whilst in your care, then the following good practice must be followed:

- Where practicable all parents/guardians of children under 18 must complete the Clubs Medical Consent Form (appendix E) before participating in badminton.

- Be aware of any pre-existing medical conditions, medicines being taken by participants or existing injuries and treatment required.

- Keep a written record of any injury that occurs, along with the details of any treatment given.

- Where possible, ensure access to medical advice and/or assistance is available.

- Only those with a current, recognised First Aid qualification should respond to any injuries.

- Where possible any course of action should be discussed with the child/vulnerable adult, in language that they understand and their permission sought before any action is taken.

- In more serious cases, assistance must be obtained from a medically qualified professional as soon as possible.

- The child’s or vulnerable adult’s parents/guardians or carers must be informed of any injury and any action taken as soon as possible, unless it is in the child’s or vulnerable adult’s interests and on professional advice not to do so.

- A Notification of Accident Form (appendix G) must be completed and signed and passed to the organisation as soon as possible.

***Reporting***

If members have concerns about an incident involving a child or vulnerable adult that seems untoward or unusual they must report their concerns as soon as possible to the CPO. Parents should also be informed of the incident as soon as possible unless it is not in the child's or vulnerable adult’s interests to tell them (refer to Section 8, Sharing Concerns with Parents, Guardians or Carers).

Report, record and inform if the following occur:

- If you accidentally hurt a child or vulnerable adult.

- If a child or vulnerable adult seems distressed in any manner.

- If a child or vulnerable adult misunderstands or misinterprets something you have said ordone.

- If a child or vulnerable adult appears to be sexually aroused by your actions.

- If a child or vulnerable adult needs to be restrained.

Documents for Reference

***Appendix E: Medical Consent Form***

***Appendix F: The Law and Medical Consent: Children and Vulnerable Adults***

***Appendix G: Notification of Accident Form***

***Appendix H: Notification of Incident Form***

**Definition of Terms**

**Child**: A child is defined as anyone under 18 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.

**Vulnerable Adults**: The term Vulnerable Adult refers to any person aged 16 or over whom for the time being:

o Is unable to safeguard their own welfare or properly manage their financial affairs; and

o Is in one or more of the following categories:

o A person in need of care and attention by reason of either infirmity or the effects of ageing

o A person suffering from an illness or mental disorder

o A person substantially handicapped by a disability

Vulnerable Adults may be in need of health or social support services and may be unable to take care of

himself/herself and to protect themselves from harm or exploitation. A number of studies suggest that children and vulnerable adults 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 or vulnerable adult. LDBC is

committed to protecting children and vulnerable adults from all forms of abuse. Recognising child abuse is not easy and it is not a member’s responsibility to decide whether or not a child or vulnerable adult has been abused. It is a member’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 LDBC members to be more alert to the signs of possible abuse. Children and vulnerable adults 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/vulnerable adult’s whole situation and in combination with other information related to the

child/vulnerable adult 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 or vulnerable adult such as to cause severe and adverse effects on their 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 or vulnerable adults. It may also involve causing a child or vulnerable adult to frequently feel frightened or in danger, or the corruption or exploitation of a child or vulnerable adult.

**Emotional Abuse in Sport:** This may include the persistent failure to show self-respect, build self-esteem and confidence by children orvulnerable adults that may be caused by:

o Exposure to humiliating or aggressive behaviour or tone

o Failure to intervene where self-confidence and worth are challenged or undermined Signs of possible emotional abuse:

o Low self esteem

o Continual self deprecation

o Sudden speech disorder

o Significant decline in concentration

o Immaturity

o Neurotic. behaviour e.g. rocking

o Self-mutilation

o Compulsive stealing

o Extremes of passivity or aggression

o Running away

o Indiscriminate friendliness

**Neglect:** Neglect is the persistent failure to meet a child or vulnerable adult’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:

o Exposure to unnecessary cold or heat.

o Exposure to unhygienic conditions, lack of food, water or medical care.

o 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:

o Constant hunger

o Poor personal hygiene

o Constant tiredness

o Poor state of clothing

o Frequent lateness or unexplained non-attendance at school

o Untreated medical problems

o Low self esteem

o Poor peer relationships

o Stealing

**Physical Abuse:** Physical Abuse may involve the actual or attempted physical injury to a child or vulnerable adult 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:

o Over training or dangerous training of athletes

o Over playing an athlete

o Failure to do a risk assessment of physical limits or pre-existing medical conditions

o 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 boney 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:

o Unexplained injuries or burns, particularly if they are recurrent.

o Improbable excuses given to explain injuries

o Refusal to discuss injuries

o Fear of parents being approached for an explanation

o Untreated injuries, or delays in reporting them

o Excessive physical punishment to themselves

o Arms and legs kept covered in hot weather

o Avoidance of swimming, physical education etc

o Fear of returning home

o Aggression towards others

o 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 or vulnerable adult to take part in sexual activities whetheror 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

or vulnerable adults 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:

o Exposure to sexually explicit inappropriate language, jokes or pornographic material

o Inappropriate touching

o Having any sexual activity or relationship

o Creating opportunities to access children’s or vulnerable adults. bodies

Not all children or vulnerable adults 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 or vulnerable adult has been sexually assaulted. A child or vulnerable adult 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:

***Behavioura***l -

o Lack of trust in adults or over familiarity with adults

o Fear of a particular adult

o Social isolation -withdrawn or introversion

o Sleep disturbance (nightmares, bed-wetting, fear of sleeping alone, needing a night light)

o Running away from home

o Girls taking over the mothering role

o Sudden school problems e.g. falling standards, truancy

o Reluctance or refusal to participate in physical activity or to change clothes for games

o Low self-esteem

o Drug, alcohol or solvent abuse

o Display of sexual knowledge beyond child’s age e.g. French kissing

o Unusual interest in the genitals of adults, children or animals

o Fear of bathrooms, showers, closed doors

o Abnormal sexual drawings

o Fear of medical examinations

o Developmental regression

o Poor peer relationships

o Over sexualised behaviour

o Compulsive masturbation

o Stealing

o Irrational fears

o Psychosomatic factors e.g. recurrent abdominal or headache pain

o Sexual promiscuity

o Eating disorders

***Physical or Medical signs*** -

o Sleeping problems, nightmares, fear of the dark

o Bruises, scratches, bite marks to the thighs or genital areas

o Anxiety, depression

o Eating disorder e.g. anorexia nervosa or bulimia

o Discomfort/difficulty in walking or sitting

o Pregnancy -particularly when reluctant to name the father

o Pain on passing urine, recurring urinary tract problem, vaginal infections or genital damage

o Venereal disease/sexually transmitted diseases

o Soiling or wetting in children who have been trained

o Self-mutilation, suicide attempts

o Itchiness, soreness, discharge, unexplained bleeding from the rectum, vagina or penis

o Stained underwear

o Unusual genital odour

Negative Discrimination (including racism)

Children and vulnerable adults 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 and Vulnerable Adult

Protection Policy and Procedures, for negative discriminatory behaviour to be categorised as emotional abuse.

**Important Note**: All organisations working with children and vulnerable adults 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 or vulnerable adult. It can occur that the abuser may be a young person, for example in the case of

bullying. See Appendix I: Guidelines for Identifying and Managing Bullying.

**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

or vulnerable adult 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 staff 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 recommends 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 needs to provide consent they 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.

If a child or vulnerable adult requires first aid or any form of medical attention whilst in your care, then the

following best practice must be followed:

Where possible all children and vulnerable adults and their parents/guardians and carers should

complete a Lothian Disability Badminton Club Medical Information and Consent form in advance of

participation in the activity.

All staff should endeavour to be aware of any existing medical conditions and/or injuries and any

treatment required.

Where possible ensure access to medical advice and assistance is available.

Only those with a current, recognised First Aid qualification should respond to any injuries.

Where possible any course of action should be discussed with the child/vulnerable adult, in language, which they understand, and their permission should be sought before any action is taken. In more serious cases, assistance must be obtained from a medically qualified professional as soon as possible.

The child’s parents/guardians or carers must be informed of any injury and any action taken as soon

as possible, unless it is in the child’s interests not to do so. A Notification of Accident Form must be completed and signed and passed to the Line Manager as soon as possible.

**Guidelines for Identifying and Managing Bullying of Children and Vulnerable Adults**

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 or vulnerable adult from the activities or social acceptance of a peer group.

- Harassment e.g. using abusive or insulting behaviour in a manner intended to cause alarm or distress.

Children and vulnerable adults 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 or vulnerable adult:

- 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(ies) to the victim.

- Inform the bully(ies)’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.

**Legal Framework**

The Lothian Disability Badminton Club Child and Vulnerable Adult Protection Policy and supporting Procedures are based on the following legislation and guidance:

- Children (Scotland) Act 1995

- Human Rights Act 1998

- Rehabilitation of Offenders Act 1974

- Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions Scotland Order) 2003

- Criminal Procedure (Scotland) Act 1995

- Protecting Children “A Code of Practice for Voluntary Organisations in Scotland Working with

- Children and Young People”, 1995

- Sex Offenders Act 1997

- Sexual Offences (Amendments) Act 2000

- Data Protection Act 1998

- Police Act 1997

- Disclosure Scotland Code of Conduct .Making Scotland Safer. (2002)

- Disclosure Scotland Code of Conduct ’Protecting the Vulnerable by Safer Recruitment’ (2002)

- Protecting Children -A Shared Responsibility: Guidance on inter-agency co-operation, The Scottish Office1998

- UN Convention of the Rights of the Child 1992

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