



# Safeguarding Children Policy

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**WORKING TOGETHER TO PROMOTE A SAFE  
ENVIRONMENT AT WIGAN ATHLETIC**

<b>Contents</b>	<b>Page</b>
1. Introduction	3
2. Rules and Regulations	3
3. Aims and Key Principles	3-4
4. Responsible Officers	4
5. Staff Safeguarding Processes	4-6
6. Player and Participant Safeguarding Processes	6-7
7. Photography and Video Image Procedures	7-10
8. Preventing Radicalisation	10-11
9. Best Practice when Responding to a Concern	11
10. Recording a Concern	11-12
11. Confidentiality	12
12. Safeguarding Contacts	13
13. Appendices:	
A. Parent/ Carer Consent Form	15-16
B. Cause for Concern Form	17-20
C. Safeguarding Action Chart	21
D. Signs of Abuse Guide	22-23
E. Supporting Children with Specific Needs / Disabilities	24-26

## 1. Introduction

Wigan Athletic Football Club, Wigan Football Company Limited and Wigan Athletic Community Trust acknowledges and accepts it has a responsibility for the wellbeing and safety of all children and young people who are under its care or using its facilities. It is the duty of all staff to safeguard the welfare of children and young people by creating an environment that protects them from harm under the Working Together to Safeguard Children Act published in 2013 and updated in 2015.

- The definition of a “Child” is anyone under the age of 18.
- The wellbeing of children and young people is paramount for all staff and accordingly, they will be made aware of the Company’s Safeguarding policies as part of their induction process. Where appropriate, the following guidelines will be supplemented by in-service training and additional guidance.
- For the purposes of this policy ‘The Company’ means Wigan Athletic Football Club, Wigan Football Company Limited and Wigan Athletic Community Trust.
- This policy applies to everyone who works at or is engaged by the Company in any way.
- This policy does not form part of your contract of employment and can be amended at any time.

## 2. Rules and Regulations

The Company is governed by the rules and regulations set out in the Working Together to Safeguard Children Act 2015 and FA Safeguarding Children & Vulnerable Adults Rules. Wigan Athletic Football Club is fully committed to ensuring that the best practice recommended by these bodies is employed throughout all its activities. The Company also has a responsibility to maintain regular dialogue with the Wigan Safeguarding Children Board.

## 3. Aims and Key Principles

### **The aims of the Safeguarding Children Policy are:**

- To safeguard all children who interact with the Company’s activities.
- To demonstrate best practice in safeguarding children.
- To promote high ethical standards throughout the Company’s activities.

### **The key principles underpinning the policy are:**

- Safeguarding a child or young person’s welfare is, and must always be, the paramount consideration.
- All children and young people have a right to be protected from abuse.
- All allegations of abuse will be taken seriously and responded to efficiently and appropriately.
- To encourage parents and other members of the child or young person’s family to be involved in a relationship with the Company.

- To ensure that coaches, parents and all other adults associated with the Company, who come in to contact with children and young people provide good role models of behaviour.

**As part of the Safeguarding Policy the Company will:**

- Promote and prioritise the safety of children and young people.
- Ensure everyone understands their roles and responsibilities in respect of safeguarding.
- Provide appropriate learning opportunities to recognise, identify and respond to signs of abuse.
- Ensure appropriate action is taken in the event of any incidents or concerns and provide support to those who raise or disclose concerns or abuse.
- Ensure records of all safeguarding concerns are maintained and stored securely.
- Prevent employment of unsuitable individuals (See also the Safer Recruitment and Vetting Policy.)
- Ensure vigorous safeguarding procedures and policies are in operation.

**4. Responsible Officers**

The Company have a team of staff who are responsible for managing safeguarding:

**4.1. Senior Safeguarding Manager**

The Senior Safeguarding Manager is the Chief Executive. The Senior Safeguarding Manager has overall responsibility for safeguarding and promoting the welfare of children within the Company.

**4.2. Head of Safeguarding**

The Head of Safeguarding has overall day to day responsibility for the safeguarding of children across the organisation and for a number of Designated Safeguarding Officers (DSOs) who work within the Community Trust, Academy, Stadium and on a match day.

**4.3. Safeguarding Officer**

The Safeguarding Officer works across the organisation and is responsible for ensuring appropriate safeguarding policies and procedures are in place and supports the Head of Safeguarding to provide training and guidance on all aspects of safeguarding.

**4.4. Designated Safeguarding Officers (DSO's)**

The DSO's have special responsibilities, and are the focal point for safeguarding children in their nominated area. Anybody with any concern about a child's welfare should contact a DSO for advice in the first instance – contact details can be found at the end of this policy.

**5. Staff Safeguarding Processes**

**5.1. Recruitment**

As part of the company's safe recruitment and selection process, it is mandatory that offers of employment to positions which involve working with children and young people are subject to a satisfactory self-declaration, DBS disclosure and references.

Without exception, Staff and volunteers must not start work for the Company until these stages have been satisfactorily completed, unless risk assessed and authorised by the Chief Executive/Senior Safeguarding Manager and/or the HR Manager/Head of Safeguarding.

All those involved in regulated activity with children or vulnerable groups with the Company will be required to complete a DBS disclosure at an enhanced level. The Company reserves the right to complete basic police checks with any position associated with the Company should it deem it necessary to safeguard those in its care.

The Company is registered with the Disclosure and Barring Service (DBS) through GB Group Online. DBS disclosures enable employers to undertake more thorough recruitment and selection procedures for positions which involve working with children and vulnerable groups.

Please refer to the Company's Safer Recruitment and Vetting Policy for further information.

## **5.2. Staff Training**

All new staff as part of their induction will be made aware of the Company's safeguarding procedures and policies. In addition to this;

- All staff working in direct contact with children shall be required to complete the FA Workshop on Safeguarding Children which is renewed every three years.
- Staff not accessing the FA Workshop will receive in-house safeguarding awareness training.
- Staff working with children shall also be required to complete the online Level 1 and Level 2 courses in safeguarding provided by Wigan Safeguarding Board.
- Some roles within the Company will be required to complete the Level 3 Safeguarding course provided by Wigan Safeguarding Children Board.
- Staff will be offered regular refresher training and workshops on these subjects.

Details of those satisfactorily completing the above training are retained by the Company.

## **5.3. Health and Safety**

The company's Health and Safety Policy gives guidance to those whose roles involve working with children and young persons. Where a child or young person is involved, all risk assessments must take account of this and any other vulnerabilities and must include the safeguarding of children. The risk assessment should set out what arrangements are in place for their care and supervision. Please refer to the Company's Health and Safety policies for further information.

## **5.4. Positions of Trust**

Anyone working with or for the Company, in any capacity, are in a position of trust in relation to those they are in contact with or in their care and should not abuse this. In general, this covers:

### **5.4.1. Abiding by the Laws of Consent**

This policy considers someone to be a child up until the day of their 18<sup>th</sup> Birthday. Any person working with or for the Company who engages in any form of intimate relationship with a child will be subject to disciplinary action and referrals to relevant statutory agencies will be made.

#### **5.4.2. Conduct**

All those working with or for the Company are expected to have excellent standards of behaviour at all times. Please see the companies Code of Conduct for full details on expected standards of behaviour.

#### **5.4.3. Whistleblowing**

All those working with or for the Company should act where concerns are raised about the behaviour or conduct of others. Failure to act where concerns are raised is contrary to this policy and may be subject to disciplinary action. Please refer to the Company's Whistleblowing Policy for further information.

### **5.5. Allegations Against Staff**

Where an allegation is made against a member of staff, including against a Designated Safeguarding Officer or Safeguarding Officer, the concern must be taken to the Head of Safeguarding, who will speak to the Local Area Designated Officer (LADO) to discuss the next steps. If the allegation is against the Head of Safeguarding, the Senior Safeguarding Manager should be contacted immediately and advice sought from the LADO. If the allegation is against the Senior Safeguarding Manager, the Chairman should be contacted immediately and advice sought from the LADO. No member of staff will conduct their own investigation or pass on information to the alleged perpetrator. In all allegations, the LADO will advise on the action to take. The Emergency Duty Team should be contacted outside normal working hours on the number provided below.

Where an allegation of abuse is made against a member of staff, a disciplinary investigation will be conducted in accordance with the company's Disciplinary Policy. **This will only take place when any formal police or local authority investigations have been completed and will be carried out in consultation with the LADO.**

## **6. Player and Participant Safeguarding Processes**

### **6.1. Parental Consent**

The Company will wherever possible obtain parental consent for all activities. It is the Parent/Carers responsibility to update the Company of any change in circumstance that relates to this.

### **6.2. Children who are not picked up on time**

The Company has procedures in place for children whose parents / carers do not collect them from an activity at a specified time. All parents / carers are made aware by the lead coach or coordinator that their child should be met no later than 30 minutes after an activity has finished.

Should the child not be collected after this time, coaching staff will have emergency contact numbers and will contact the parent/carer. Coaching staff will communicate with their department to seek alternative numbers if necessary. If a

child is not collected on time, a minimum of two staff will wait at the venue until the parent / carer arrives or a minimum of two staff will escort the child home. If there is no responsible adult available to care for the child, the coach may need to contact the Police. It is important that these instances are reported to the DSO. (See Page 13 for contact telephone numbers).

### **6.3. Coaching in Schools**

The Company is committed to using the power of football to encourage children and young people to enjoy the benefits of sport and healthy living and will frequently run coaching sessions within local schools and education centres.

It is the responsibility of the school to obtain parental consent and carry out the relevant risk assessments before an activity takes place and the Company will carry Public Liability Insurance. The above information is set out in a written agreement with the school which is signed prior to the event taking place. Lead coaches and coordinators should be satisfied with this before any activity takes place. Advice should be sought from a DSO if there are any issues surrounding this.

There will always be a coach trained to at least Wigan SCB level 2 Child Safeguarding present at all sessions.

### **6.4. Projects**

The Company has various projects and activities that run across the Club and Community Trust. It is the responsibility of the lead coaches, project coordinators or manager to obtain appropriate parental consent for the activities and for the drop off / pick arrangements as well as emergency contact details and medical information for all participants. They must also ensure that a relevant, satisfactory risk assessment has been conducted either by the Company and/or the premises being used before any activity takes place. The Company will carry Public Liability Insurance.

### **6.5. Activities for Disabled Persons**

The Company welcomes and is inclusive of children of all abilities and carries out all activities for disabled persons under the guidelines of the Equality Act and in accordance with the company's Equal Opportunities Policy.

## **7. Photography and Video Images**

### **7.1. Introduction**

Smart phones/digital cameras and instant connectivity to the internet means sharing of images has increased dramatically. In general, members of the workforce capturing images must avoid:

- Using their own devices to capture images instead use only their work phone/camera.
- Images taken in changing rooms or where children are not fully clothed;
- Images of children who wish not to be in the photograph or whose parent have not given consent.
- Images where children are more vulnerable – upset, injury, illness;
- Images that are sexually suggestive or provocative; or

- The inclusion of young or vulnerable player's full names in any captions, kit livery or reports.

Photographs are usually taken by the Media Team. If the Media Team is unavailable lead coaches are permitted to take photos with the following considerations:

- Before taking photographs of children and young people the media team and lead coach responsible for the relevant activity must check that the appropriate parental consent has been sought. A copy of the consent form is attached in the appendix A for reference. Parents/carers are responsible for informing the lead coach of any change of circumstances which may affect consent.
- Parents and carers will be informed of how the image will be used. The lead coach/ media team will not allow an image to be used for something other than that for which it was initially agreed.
- All children/ young people featured in publications will be appropriately dressed.
- Where possible, the image will focus on the activity taking place and not a specific child / young person.
- Where appropriate, images will represent the broad range of youngsters participating safely in football.
- Children who are in the care of the Local Authority or are subject to a statutory order in relation to their residence and/or welfare will not have their images published in any form.
- No images of children and young persons featured in publications will be accompanied by any personal details.
- Any instances of inappropriate images in football should be reported to the Safeguarding Officer or Head of Safeguarding.

## **7.2. Code of Practice**

The aim of the code of practice is to establish and develop good practice in media outputs and to avoid three potential sources of child abuse:

- The use, adaptation, or copying of images for child abuse, either on the Internet or in print. See <https://www.ceop.police.uk> (Child protection command of the National Crime Agency) for information on child exploitation and online abuse.
- The possible identification of a child when an image is accompanied by significant personal information which can lead to the child being 'groomed'.
- The identification and locating of children where there are safeguarding concerns. Such cases would include, for example, children who could be compromised by an image because:
  - The Child has been taken into the care of the Local Authority,



- There are legally imposed restrictions on who the child can have contact with,
- They, or a family member, are a witness in criminal proceedings.

### **7.3. General Considerations**

#### **Those Responsible for Photographs/Images must;**

- Communicate as widely as possible their approach to the recording of images, promoting that this policy is designed to encourage best practice in the safeguarding of children and to prevent abuse,
- Ensure parents, carers and children are told about the images procedures before the child participates in an activity,
- Obtain parent / carers consent to take images and photographs,
- Report any instances of inappropriate images to a DSO. See Page 13 for contact information.

#### **The Company will not;**

- Publish images with the full name(s) and details of the individual child(ren) in their programme or place images containing that information either on their website or in the press,
- Use an image for something other than that which it was initially agreed,
- Allow images to be taken by anyone in changing rooms, showers and toilets or anywhere else where children might be undressed.

#### **Points to Remember;**

- It is not an offence for someone to take appropriate photographs on public property, even if asked not to do so.
- The Company cannot decide who can and can't take images on public property.
- The Company can decide who can and can't take images on private property. If photographers do not comply with these requirements, then they may be asked to leave.

### **7.4 Professional photographers and Wigan Athletic Football Club Staff**

One or more professional photographers engaged by the Company who take images of children engaging in specific activities should be listed as Designated Children's Photographers. Designated photographers will undertake a DBS check, undertake the Safeguarding Children Level 1 / Level 2 online course and will be personally responsible for keeping up to date with the latest guidelines on the use of Images. Identification should be worn at all times.

### **To achieve this the Company should:**

- Invite them to apply for inclusion in their list of Designated Children's Photographers and screen and train them on safeguarding children matters before they are placed on the list.
- Screen applicants for their suitability (just as they would check any other member of staff or volunteer working with children) and then provide training for them on their Safeguarding policies and procedures.

### **Photographer's Instructions:**

The Designated Children's Photographer (whether a professional photographer or member of Staff) should receive clear instructions, preferably in writing, from the Activity Manager at an early stage.

- The Company should provide them with a clear brief about what is appropriate in terms of content - images should not be allowed to be taken outside the activity being covered.
- The Company, when necessary to do so, will store hard copies of images in a secure locked drawer and electronic images in a restricted access password protected folders.

## **7.5 Parents, Relatives, Friends and the Children themselves**

Parents, relatives and friends may want to take their own images of their child - and the child too may want to take his/her own record.

It should always be made clear by coaches to parents/carers/family members that no image taking at all is permitted in children's changing rooms, showers and toilets and that, all mobile phones carried by children must be switched off in such accommodation.

In public activities, it can be very difficult to control image taking but good practice should be encouraged by coaches. The Company will decide whether, when and how parents, carers, family, friends and children should be permitted to take images of the child.

## **8. Preventing Radicalisation**

Preventing extremism has now been enshrined in law in section 26 of the 2015 Counter- Terrorism and Security Act. The Company follows the guidelines outlined in the UK government document 'Prevent Duty Guidance' for England and Wales. This document can be accessed at <https://www.gov.uk/government/publications/prevent-duty-guidance>

If a member of staff is concerned that a child is affected by extremism or has any suspicions they should complete a Cause for Concern form and a discussion should

be had with a DSO immediately. The DSO will investigate this matter following the process outlined in the Safeguarding Action Chart.

## 9. Best Practice When Responding to a Report or Concern

**If you have a concern about the immediate safety of a child, you must contact either the Police or Wigan's Children's Social Care Duty team on 01942 828300.**

The DSO should be contacted immediately. If your DSO is unavailable, please see Page 13 of this policy for alternative contact numbers including the Company's safeguarding team. It is recognised that an individual may need to respond to a situation immediately when a DSO may not be available. The following guidelines should be followed when responding to a concern, abuse or a suspicion of abuse:

### **Do:**

- Treat any allegations extremely seriously and act always towards the child as if that are telling the truth.
- Tell the child they were right to tell you.
- Reassure them that they are not to blame.
- Be honest about your own position, who you must tell and why.
- Tell the child what you are doing and when, and keep them up to date with what is happening.
- Take further action – you may be the only person in a position to prevent future abuse.
- Write down everything said and what was done, on a cause for concern form if possible, sign and date it.
- Seek medical attention if necessary.
- Inform parents/carers unless there is suspicion of their involvement.

### **Don't:**

- Make promises you cannot keep.
- Interrogate the child – it is not your job to carry out an investigation it is your job to report concerns.
- Cast doubt on what the child has told you, don't interrupt or change the subject.
- Say anything that makes the child feel responsible for the abuse.

**The welfare of the child is of paramount concern and it is your responsibility to act. – Make sure you tell the DSO as soon as possible, they will know how to follow this up and where to go for further advice. Contact details can be found on Page 12/13 of this Policy.**

## 10. Recording a Concern

The Head of Safeguarding/Safeguarding Officer will ask for a written factual statement from the person making the report. This must be in the format of the Cause for Concern form – see Appendix B.

If the report involves an allegation about another member of staff, that person will also be asked to write a brief report, sign and date it. Any statement made by the child or young person should be reported in their own words, signed and dated.

These reports should be confined to facts and should not include any opinion, interpretation or judgement.

Staff should ensure that any child concerned is immediately removed from any possible risk of harm and that support is given.

Investigations into possible abuse will require careful management. The Head of Safeguarding must seek advice from The Football Association Safeguarding Children & Vulnerable Adults Team, Social Care Children's Duty team, LADO (Local Authority Designated Officer) or the Police, if appropriate, before setting up an internal inquiry and take their advice on who should be informed. In any case of suspected abuse, as soon as the local Social Care Department has been informed, the Head of Safeguarding must provide a report to the FA Head of Safeguarding Children & Vulnerable Adults at the English Football League.

## **11. Confidentiality**

Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of children with other professionals, particularly investigative agencies and social services. The importance of keeping a child safe from harm will always override issues around confidentiality in cases with concerns.

If a child or young person confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells them sensitively that he or she has a responsibility to refer concerns, when necessary, to the appropriate people. Within that context, the child should be assured that the matter will be disclosed only to people who need to know about it

A child or young person should never be pressured to give information or show physical marks unless they do so willingly. If they chose to show markings, two members of staff should be present.

A matter is confidential on a need to know basis and so the matter should not be discussed with any other person/s unless it is necessary for them to be aware. Staff, volunteers and trustees should seek guidance on any of the above points from a relevant safeguarding contact if necessary.

## 12. Safeguarding Contacts

### 12.1. Internal

Chief Executive and Senior Safeguarding Manager	Jonathan Jackson Tel no: 01942 770488/07850 601457 <a href="mailto:j.jackson@wiganathletic.com">j.jackson@wiganathletic.com</a>
Head of Safeguarding (All of Company)	Louise Kerrigan Tel no: 01942 770480/07703 822660 <a href="mailto:safeguarding@wiganathletic.com">safeguarding@wiganathletic.com</a>
Safeguarding Officer (All of Company)	Hayley Abbas Tel no:07894402681 <a href="mailto:h.abbas@wiganathletic.com">h.abbas@wiganathletic.com</a>
Designated Safeguarding Officer Wigan Athletic Community Trust	Hayley Sherratt/Tom Drake Tel no: 01942 824599/07525901163 /07889 537143 <a href="mailto:h.sherratt@wiganathletic.com">h.sherratt@wiganathletic.com</a> <a href="mailto:t.drake@wiganathletic.com">t.drake@wiganathletic.com</a>
Designated Safeguarding Officer Wigan Athletic Academy	Mike Hurn Tel no: 01942 497870/07894 616727 <a href="mailto:m.hurn@wiganathletic.com">m.hurn@wiganathletic.com</a>
Designated Safeguarding Officer & Safety Officer DW Stadium Match Days	Shaun Currie Tel no: 01942774000 (ext. 2089) /07879403791 <a href="mailto:s.currie@dwstadium.com">s.currie@dwstadium.com</a>
Designated Safeguarding Officer DW Stadium Non-Match Days	Ben Fidler Tel no: 01942774000 (ext. 2043) 07740373122 <a href="mailto:B.Fidler@dwstadium.com">B.Fidler@dwstadium.com</a>

### 12.2. External

Child Protection Advisor English Football League	Ann Hussey Tel no: 07795 628 379 <a href="mailto:ahussey@efl.com">ahussey@efl.com</a>
FA Safeguarding Team	Tel no: 0800 169 1863 ext. 4809 <a href="mailto:safeguarding@thefa.com">safeguarding@thefa.com</a>
Wigan Children's Duty Team (Social Care)	Tel no: 01942 828300
24 Hour NSPCC/ FA Helpline	Tel no: 0800 023 2642
Police	<b>Emergency dial 999</b>
Public Protection Investigation Unit (Wigan)	Non-emergency dial 101 Tel no: 0161 872 5050 <a href="mailto:wigan.ppiu@gmp.pnn.police.uk">wigan.ppiu@gmp.pnn.police.uk</a>
NSPCC Safeguarding Children and	Tel no: 0808 800 5000

Vulnerable Adults Helpline	Text phone for deaf users Tel no: 0800 056 0566
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### 13. Appendices

<b>Reference</b>	<b>Title</b>
A	<b>Parent/ Carer Consent Form</b>
B	<b>Cause for Concern Form</b>
C	<b>Safeguarding Action Chart</b>
D	<b>Signs of Abuse Information</b>
E	<b>Supporting Children with Specific Needs and/ or Disabilities</b>

**A. Parent/Carer Consent Form**

**Name of Project/Activity:** \_\_\_\_\_

By completing this form, you give consent for Wigan Athletic and its employees to work directly with your child in the delivery of activities which may include informal education, physical activity, games, and socialising with peers.

**Young Person's Details**

Name of child:	
Date of birth:	Age:                                  Gender:
Address:	
Postcode:	School Attending (if applicable):
Education Status: (Please circle)	In School     In College     In Other Education     In Work
Ethnicity: (Please State)	

**Parent/Carer's Contact Details**

Name of parent/carer:	
Address:	
Postcode:	Contact no:
<b><i>Name and address of person collecting child/young person from provision if different from above.</i></b>	
Name:	
Relationship to child/young person:	
Address:	
Postcode:	Contact no:

**Do you give consent for your child to arrive and leave the session unaccompanied?**

**YES    NO**

***Please note - it is the lead coach's decision if it is safe to release you child at the end of a session.***

**Emergency Contact**

<i>Please supply alternative contact information in case we cannot contact you.</i>	
Name:	Contact no:

Relationship to child/young person:

**Photograph and Publicity Permission**

<p><b>Do you consent for the taking and publication of photographs/video of your child? This will be in accordance with our Safeguarding Policy. Please refer to the Company's Safeguarding Children Policy for further information on Photography and Video Images.</b></p>
Yes <input type="checkbox"/> No <input type="checkbox"/>

**Health and Behaviour**

<b>Does your child have any behavioural issues we should be made aware of?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If yes, please specify:</b>
<b>Does your child have asthma?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Children that attend a session without their inhaler will not be permitted to take part.</b>
<b>Does your child have epilepsy?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, does your child require rescue medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If rescue medication is to be administered in the event of a seizure, it will need to be provided by the parent/carer at the beginning of each session, and collected at the end of each session.</i>	
<b>Does your child have a disability? If yes please specify</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Details:</b>
<b>Does your child have limitations with regards to communication?</b>	
<b>Does your child have any other limitations that may restrict participation in certain activities or that you would like us to be aware of?</b>	
<b>Do you give permission, in the event of an emergency, for us obtain medical treatment, should it be required? <i>We will always ensure we contact you wherever possible.</i></b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

**This form was completed by**

Print Name:	Signed:
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Relationship to child/young person:
Date:



## B. Cause for Concern Form

**CONFIDENTIAL**

This form is used for reporting both suspicions and disclosures of possible abuse or causes for concern; therefore, not all sections may be appropriate. Please complete with as much information as possible, using verbatim reports from people involved where possible. This information will be treated in the strictest confidence.

**Always seek advice if in any doubt**

### Subject(s) Details of Child/Vulnerable Adult

Name of Subject	
Current Address	
Postcode	
Telephone number	
Date of Birth	
Gender of subject	
Parent/Carers details	
Does anybody concerned have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details	
Families First language	
Any communication barriers that need to be considered?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, please give details	
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**Details of the person reporting the concern**

Date	
Name	
Job Title	
Contact Number(s)	
Email Address	

Where did you first come into contact with the Child/ Vulnerable Adult?	
What is your reason for contact with the subject?	
Are you likely to have ongoing contact with the subject(s)? If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your concern around this subject? Please give as much factual information as possible including the time and date of any incident and any witnesses if applicable.  Continue on a separate sheet if necessary	

Who else was present when the concern(s) was identified?	
Is the subject of concern already known to social care?  If yes, please give details, including if they are on a protection plan, have been or are a looked after Child/Vulnerable Adult in local authority care or	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

Are you aware of any of the following within the household?

Domestic Abuse	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Substance Misuse	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Disabilities	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Learning Difficulties	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Mental Illness	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Sexual exploitation	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

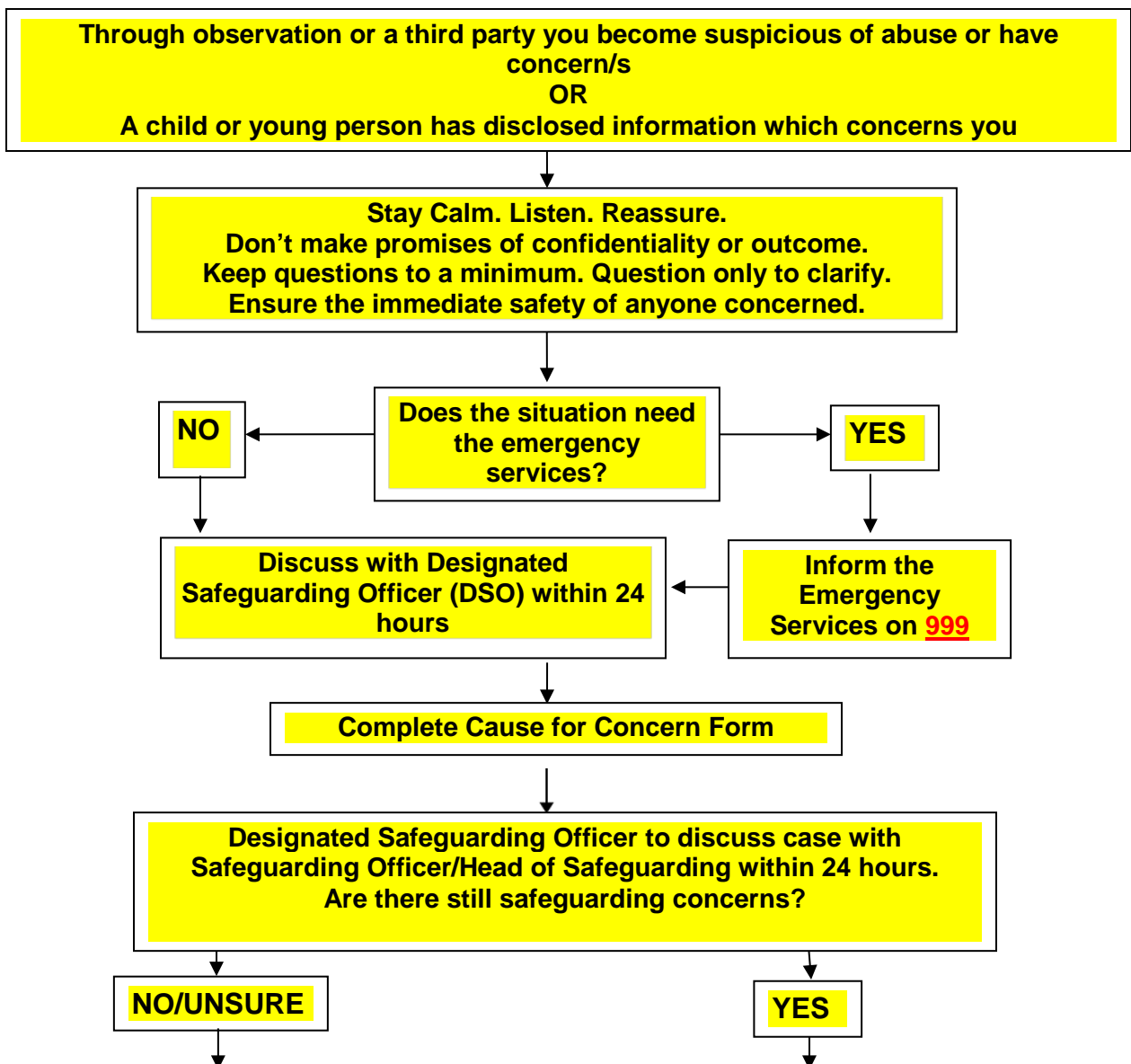
If yes to any of above, please give details	
Alleged perpetrators details (If known)	
What actions did you take?	
What was the outcome?	

	Sign	Date
Person who reported the concern		
Child/Vulnerable Adult		
Designated Safeguarding Officer (DSO)		

**Please complete this form as fully as possible and return it via email to [safeguarding@wiganathletic.com](mailto:safeguarding@wiganathletic.com).**

If you have any issues completing this form please contact a member of the safeguarding team.

### C. Safeguarding Action Chart



**Consider whether the child, young person or family may benefit from additional support.  
If so fill in the First Response, Request for Services On-Line Form on the Wigan (Or relevant Local Authority) Social Care webpage.  
Telephone 01942 828300 to discuss referral and follow up if necessary.**

**Concern referred to Wigan Social Care and/or Police for action to be taken.**

**Head of Safeguarding makes referral to LADO where required and follow advice from them.**

**Inform EFL/FA where advised to do so.**

## **D. Signs of Abuse**

Child abuse and neglect are generic terms encompassing all ill treatment of children as well as cases where the standard of care does not adequately support the child's health or development. Children may be abused or suffer neglect through the infliction of harm, or through the failure to act to prevent harm. Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child.

### **Recognising the Signs of Abuse**

There are five main forms of abuse identified as follows, should you have any concern that abuse is occurring you should contact a DSO immediately.

**Physical Abuse** may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

**Sexual Abuse** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative acts such as rape or oral sex or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. Sexual abuse may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect** 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 and development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent/carer failing to:

- Provide adequate food, clothing, shelter (including exclusion from home or abandonment)
- Protect a child from physical/emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)

- Ensure access to appropriate medical care/treatment
- It may also include neglect of, unresponsiveness to a child's basic emotional needs.

**Emotional Abuse** is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as over protection and limitation of exploring and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Bullying** is not always easy to define and can take many forms. The three main types are: physical, verbal and emotional including Cyber bullying causing children to feel frightened or in danger, or the exploitation or corruption of children.

### **Grooming**

Grooming is when someone builds an emotional connection with an individual to gain their trust for the purposes of abuse / exploitation.

Many children or other vulnerable people don't understand that they have been groomed. Grooming happens both online and in person. Groomers will hide their true intentions and may spend a long time gaining an individual's trust. They may also try to gain the trust of the whole family so they can be alone with the person.

Grooming activity may include:

- offering advice
- buying gifts
- giving the child attention
- using a professional position or reputation
- taking them on trips, outings or holidays
- using secrets and intimidation to control children

Once they have established trust, groomers will exploit the relationship by isolating the individual from friends or family and creating a dependent relationship. They will use any means of power or control to make the individual believe they have no choice but to do what they want.

Groomers may introduce 'secrets' as a way to control the individual. They may blackmail or make them feel ashamed or guilty, to stop them telling anyone.

## **E. Supporting Children with Specific Needs and/ or Disabilities**

### **Medical Information – Best Practice**

The Company identifies the need for medical consent forms to be completed by the parent or carer confirming if a child has an illness, disability or allergy. This is also an opportunity to include any other individual needs or difficulties.

The Company has a medical form that gathers the required information with additional information on any changes in the child's life situation that may cause a change in behaviour e.g. death of a relative, divorce.

### **Assessment of Need – Best Practice**

From the information received on the medical form, and through discussion with parents or carers, staff can identify how to best meet the child's needs to enable them to access sport in full.

Below are some points to consider in completing an assessment of need:

- Does the club/venue have adequate access for the young person?
- Does the club/venue have the required facilities?
- When playing away matches does the host club have required access/facilities?
- Does the club have the required staff trained?
- Does the young person need additional help from a "support person" to access the Football?
- What aids are required and can the club provide them. Do the parents have aids that can be used? I.e. specialist wheelchairs.
- Does the young person need personal care and if so who will provide it?  
Medication – see above
- What advice can the parent/carers give to avoid/deal with potential problems in behaviour?
- What, if any, support services are provided by the local authority or other agencies to enable them to participate in everyday activities including education?  
Ask for consent from the parent/carers to seek advice or support from these sources



- How will the club ensure the disabled young person is safeguarded from harm or injury whilst in the venue?
- Is an agreement with parents /carers on attending the venue during sessions required?
- What action should be taken if a medical emergency occurred relating to any disability?

It should be recognised that some medical conditions can be hard to manage in a mainstream club if they place other members at risk of harm. Such decisions to exclude or refuse membership must be taken in line with appropriate guidance from the Head of Safeguarding.

## **Types of Disability**

### **Chronic Illness**

Among the more common are asthma, allergies, diabetes, sickle cell anaemia or thalassemia. Being diagnosed with a chronic medical condition presents many challenges for both the disabled child and their families. For parents, having access to information, treatment options and related resources such as football, can make a significant difference in their quality of life.

Health issues such as severe asthma, diabetes and epilepsy, are likely to require the young person to have regular medication. The head coach and welfare officer must be aware of what medication is prescribed as well as what action to take if the child becomes unwell. The Company must ensure that, while supporting the child and parent or carer, they do not overstep what is appropriate in terms of providing care. Knowledge of what to do and how to cope in an emergency is always important but it may be considered necessary that, to safeguard the young person, a parent or other responsible adult should always be in attendance. For those illnesses where reaction time is vital, a plan should be developed with the child and parent/carer to deal with emergencies so that a clear line of action and responsibility can be followed.

It may be appropriate, *only with the expressed permission* of the individual concerned and their parent or carer to share some information to raise awareness and challenge myths and fears among their peers or club staff. Safe arrangements should be made for storage of medication if the parent/carer is not present throughout activities.

### **Autistic Spectrum Disorders (ASD)**

There are a group of lifelong developmental disabilities, affecting how a person relates to or communicates with other young people and adults. Children with Autistic Spectrum Disorders experience difficulties known as “the triad of impairment – social interaction, social communication and imagination”. The National Autism Society recognises that “the prevalent rate of ASD of 1 in 110 indicates that all services should expect to meet young people on the spectrum”.

In football, we need to recognise that ASD can cause problems not only for the individual concerned but for both fellow team members and coaches that are involved with them. It should be remembered that this is not an issue of “poor behaviour” but a behaviour pattern that is part of ASD.

The Company will need to look at what they can and can't provide to meet an individual child's needs and complete a risk assessment with a decision on whether that risk is acceptable and manageable, and allows the Company to safeguard the needs of both the individual concerned and other members to whom the Company has a duty of care.

### **Attention Deficit Hyperactivity Disorder (ADHD) & Tourette's Syndrome**

Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD) refer to a range of behaviours associated with poor attention span including impulsiveness, restlessness and hyperactivity, as well as inattentiveness, and may make it more difficult for those it affects to learn or obey instructions and can also cause misunderstandings when socialising. Tourette's syndrome is often linked to or part of the symptoms of ADHD. Tourette's Syndrome can cause use of inappropriate and verbally abusive words in an uncontrolled and unintentional manner.

The Company will need to liaise with parents/carers and possibly professionals who help the player to draw up a plan of support. The plan will need to be agreed by all concerned, e.g. coaches, parents.

### **Learning Disabilities**

Young people with learning disabilities may require more help to learn new skills. Coaches need to be made aware of the player's disability so that they understand that the child may need more help to participate in training sessions and games. It is important that parents communicate with the Company with regards to any additional support their child may need.

### **Progressive or Potentially Terminal Illnesses**

With children with progressive illnesses such as cancer, it is important to ask open questions that will allow the child and their parents or carer to share information openly about any progressive illnesses that may be active or in remission but could have an impact in terms of possible health and safety issues.

Progressive illnesses by their very nature are likely to change with time. The young person's ability to take part in activities may become more limited and more specialist provisions may be required to enable them to take part. For example, a young person being able to maintain his/her involvement with a Football club for as long as possible may be of primary importance following a diagnosis of a potentially terminal illness such as cancer.

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