

Scottish Volleyball Safe in Care Guidelines

These guidelines provide practical guidance for those working and/or volunteering directly with children on practices to keep children safe and to promote a safe operating environment for the member of staff/volunteer. These guidelines compliment and should be read in conjunction with the Code of Conduct for Safeguarding Children in Sport. Breach of these guidelines may be dealt with under *Scottish Volleyball's* Disciplinary Procedure and/or Procedure for Responding to Concerns About a Child/Concerns about the Conduct of a Member of Staff or Volunteer.

Sports organisations have a *duty of care* towards all children involved in activities. Children under the age of 16 years should not be placed in positions of sole responsibility in relation to other children. These guidelines apply to all children and young people under the age of 18 years. Common sense should be applied when considering the circumstances of older children and all children should have the opportunity to express their views on matters which affect them, should they wish to do so.

As sport takes place in many different structures, locations, environments and formats, it is impossible to provide specific guidance on many of the issues covered. The following guidelines are therefore based on generally recognised good practice and common sense. Ultimately, most practical situations will require a judgment to be made about what is practicable and reasonable in the circumstances.

1. ADULT TO CHILD RATIOS

As a *guide*, the following ratios are recommended in the National Care Standards: Early Education and Childcare up to the Age of 16 (Scottish Executive, 2005):

Age: 3 and over **1:8**
If all children are over 8 **1:10**

All activities should be planned to involve at least two adults, preferably one male and one female. As a general guide, the following factors will also be taken into consideration in deciding how many adults are required to safely supervise children:

- The number of children involved in the activity.
- The age, maturity and experience of the children.
- Whether any of the group leaders or children has a learning or physical disability or special requirements.
- Whether any of the children have challenging behaviour.
- The particular hazards associated with the activity.
- The particular hazards associated with the environment.
- The level of qualification and experience of the leaders.
- The programme of activities.

There may be other considerations which are specific to the sport or environment in which the sport takes place. Some sports can take place in a variety of terrain from mountain moors to sand dune forests. The Scottish weather brings a lot of spontaneously changing weather conditions. The safety of children in certain sports relies on heavy planning and preparation, including checking weather forecasts and

making sure the children are equipped with appropriate clothing to survive the worst case scenario of becoming injured in a remote area, during severe weather conditions¹.

2. PHYSICAL CONTACT

All forms of physical contact should respect and be sensitive to the needs and wishes of the child and should take place in a culture of dignity and respect for all children. Children should be encouraged to express their views on physical contact.

In the first instance, coaching techniques should be delivered by demonstration (either by the coach or an athlete who can display the technique being taught). Educational instruction should be clearly explained with a description of how it is proposed to handle or have contact with the child before doing so. This should be accompanied by asking if the child is comfortable. Manual support should be provided openly and must always be proportionate to the circumstances.

If it is necessary to help a child with personal tasks e.g. toileting or changing, the child and parents/carers should be encouraged to express a preference regarding the support and should be encouraged to speak out about methods of support with which they are uncomfortable. Staff/volunteers should work with parents/carers and children to develop practiced routines for personal care so that parents/carers and children know what to expect.

Do not take on the responsibility for tasks for which you are not appropriately trained e.g. manual assistance for a child with a physical disability.

3. FIRST AID AND TREATMENT OF INJURIES

All staff/volunteers must ensure:

- Where practicable all parents/carers of children under the age of 16 have completed a Partnership with Parents/Carers Form before their child participates in *Volleyball*.
- There is an accessible and well-resourced first aid kit at the venue.
- They are aware of any pre-existing medical conditions; medicines being taken by participants or existing injuries and treatment required.
- Only those with a current, recognised First Aid qualification treat injuries. In more serious cases assistance should be obtained from a medically qualified professional as soon as possible.
- A Significant Incident Form is completed if a child sustains a significant injury along with the details of any treatment given. Common sense should be applied when determining which injuries are significant.
- Where possible, access to medical advice and/or assistance is available.
- A child's parents/carers are informed of any injury and action taken as soon as possible.

¹ Adapted from guidelines issued by the Scottish Orienteering Association

- The circumstances in which any accidents occur are reviewed to avoid future repetitions.

4. SEXUAL ACTIVITY

Within sport, as within other activities, sexual relationships do occur. It is important to address sexual activity both between children and young people and between adults and young people.

Sexual activity between children/young people involved in sport should be prohibited during team events, in sports facilities and social activities organised by *Scottish Volleyball*. Inappropriate or criminal sexual behaviour committed by a young person may/will lead to disciplinary action in accordance with the *Scottish Volleyball* Disciplinary Procedure and reports being made to external agencies such as the police or social services.

Sexual interactions between adults and young people (16+) involved in sport raise serious issues given the power imbalance inherent in the relationship. Where a young person is of the age of consent the power of the adult over that young person may influence their ability to genuinely consent to sexual activity. A coach or other adult in a position of authority may have significant power or influence over a young person's career.

Sexual activity between adults and young people (16+) involved in the same sport should be prohibited when the adult is in a position of trust or authority (coach, trainer, official). Inappropriate or criminal sexual behaviour committed by an adult should lead to suspension and disciplinary action in accordance with *Scottish Volleyball* Disciplinary Procedures, which in the case of criminal action must include contacting the police.

Sexual activity between adults and children under the age of 16 is a criminal act and immediate action must be taken to report it to the police.

5. MANAGING CHALLENGING BEHAVIOUR

Staff/volunteers delivering activities to children may, from time to time require to deal with a child's challenging behaviour.

These guidelines aim to promote good practice which can help support children to manage their own behaviour. They suggest some strategies and sanctions which can be used and also identify unacceptable actions or interventions which must *never* be used by staff or volunteers.

These guidelines are based on the following principles:

- The welfare of the child is the paramount consideration.
- A risk assessment should be completed for all activities which take into consideration the needs of all children involved in the activity.
- Children must never be subject to any form of treatment that is harmful, abusive, humiliating or degrading and should always be able to maintain their respect and dignity.

- No member of staff should attempt to respond to challenging behaviour by using techniques for which they have not been trained.

Planning Activities

Good coaching practice requires planning sessions around the group as a whole but also involves taking into consideration the needs of each individual athlete within that group. As part of a risk assessment, coaches should consider whether any members of the group have been challenging in the past or are likely to present any difficulties in relation to either the tasks involved, the other participants or the environment.

Where staff/volunteers identify any potential risks, strategies to manage those risks should be agreed in advance of the session, event or activity. The risk assessment should also identify the appropriate number of adults required to safely manage and support the session including being able to adequately respond to any challenging behaviour and to safeguard other members of the group and the staff/volunteers involved.

All those delivering activities to children should receive training on these guidelines and should be supported to address issues of challenging behaviour through regular supervision.

Agreeing Acceptable and Unacceptable Behaviours

Staff, volunteers, children and parents/carers should be involved in developing an agreed statement of what constitutes acceptable and unacceptable behaviour. They should also agree upon the range of options which may be applied in response to unacceptable behaviour (e.g. dropped from the team for one game etc). This can be done at the start of the season, in advance of a trip away from home or as part of a welcome session at a residential camp.

Issues of behaviour and control should regularly be discussed with staff, volunteers, parents/carers and children in the context of rights and responsibilities. It is beneficial to ask children as a group to set out what behaviour they find acceptable and unacceptable within their group/team. It is also helpful to ask them what the consequences of breaking these rules should be. Experience shows that they will tend to come up with a sensible and working set of 'rules'. When such a list is compiled, every member of the group can be asked to sign it, as can new members as they join. It can then be beneficial to have a copy of the 'rules' visible for reference during the activity.

Managing Challenging Behaviour

In dealing with children who display risk-taking or challenging behaviours, staff and volunteers might consider the following options:

- Time out - from the activity, group or individual work.
- Making up - the act or process of making amends.
- Payback - the act of giving something back.
- Behavioural reinforcement - rewards for good behaviour, consequences for negative behaviour.
- Calming the situation - talking through with the child.

- Increased supervision by staff/volunteers.
- Use of individual 'contracts' or agreements for their future or continued participation.
- Consequences e.g. missing an outing.

Adults and children shall never be permitted to use any of the following as a means of managing a child's behaviour:

- Physical punishment or the threat of such.
- The withdrawal of communication with the child.
- Being deprived of food, water or access to changing facilities or toilets.
- Verbal intimidation, ridicule or humiliation.

Staff and volunteers should review the needs of any child on whom consequences are frequently imposed. This review should involve the child and parents/carers to ensure an informed decision is made about the child's future or continued participation in the group or activity. Whilst it would always be against the wishes of everyone involved in *Scottish Volleyball*, ultimately, if a child continues to present a high level of risk or danger to him or herself, or others, he or she may have to be barred from activity in the sport.

Physical Interventions

The use of physical interventions should always be avoided unless it is absolutely necessary in order to prevent a child injuring themselves, injuring others or causing serious damage to property. All forms of physical intervention shall form part of a broader approach to the management of challenging behaviour.

Physical contact to prevent something happening should always be the result of conscious decision-making and not a reaction. Before physically intervening, the member of staff or volunteer should ask themselves, 'Is this the only option in order to manage the situation and ensure safety?'

The following must always be considered:

- Contact should be avoided with buttocks, genitals and breasts. Staff/volunteers should never behave in a way which could be interpreted as sexual.
- Any form of physical intervention should achieve an outcome that is in the best interests of the child whose behaviour is of immediate concern.
- Staff/volunteers should consider the circumstances, the risks associated with employing physical intervention compared with the risks of not employing physical intervention.
- The scale and nature of physical intervention must always be proportionate to the behaviour of the young person and the nature of harm/ damage they might cause. All forms of physical intervention should employ only a reasonable amount of force - the minimum force needed to avert injury to a person or serious damage to property - applied for the shortest period.
- Staff/volunteers should never employ physical interventions which are deemed to present an unreasonable risk to children or staff/volunteers.

- Staff/volunteers shall never use physical intervention as a form of punishment.

Any physical intervention used should be recorded as soon as possible after the incident by the staff/volunteers involved using the Significant Incident Form and passed to the Child Protection & Wellbeing Officer as soon as possible.

A timely debrief for staff/volunteers, the child and parents/carers should always take place following an incident where physical intervention has been used. This should include ensuring that the physical and emotional well-being of those involved has been addressed and ongoing support offered where necessary. Staff/volunteers, children and parents/carers should be given an opportunity to talk about what happened in a calm and safe environment.

There should also be a discussion with the child and parents/carers about the child's needs and continued safe participation in the group or activity.

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