SAFEGUARDING CHILDREN & ADULTS AT RISK POLICY

Version 1.0

Version History

Version	Summary of amendments/changes	Published Date
Version 1.0	Document Created	July 2024
Version 1.1	Document Updated - Appendicies Added	November 2024
Version 1.2	Updated - Added Home Nation Frameworks, Country specific terms, Positions of trust, Safer Recruitment & Vetting by Nation (DBS/PVG/Access NI, Garda), Governance, Version Control & Review Cycle, Rerporting Roures by Nation, Duty to Refer to Barring Authorities, Online Safety & Digital Communications, Cross Border (UK ROI) data sharing, International/Away Activity, Adults Capacity & Consent reminder, Procedures section 0 - Immediate risk/emergency - Procedures 2 - Reporting concerns about an adult at risk, Missing child procedure, Accident/Near Miss Reporting, Event/Trip Safeguarding Plan	October 2025

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Overview

At the Independent Gymnastics Association (IGA), safeguarding and protecting children and adults at risk is our highest priority. Compliance with this policy is mandatory for all IGA-affiliated clubs—including their staff, coaches, volunteers, contractors and event partners—and is a condition of affiliation and participation in IGA activities.

Because IGA operates across multiple jurisdictions, we follow home-nation frameworks according to where activity takes place:

- **England & Wales:** Working Together to Safeguard Children; Care Act 2014 for adult safeguarding; DBS vetting (Enhanced/Barred Lists where eligible).
- **Scotland:** National Guidance for Child Protection in Scotland; Adult Support and Protection (Scotland) Act 2007; PVG Scheme.
- **Northern Ireland:** Co-operating to Safeguard Children and Young People in Northern Ireland; regional adult-safeguarding guidance; AccessNI (with DBS barred lists).
- **Republic of Ireland:** Children First Act 2015 and Children First: National Guidance; HSE adult-safeguarding guidance; Garda Vetting.

We recognise distinct risks and rights. For children, welfare is paramount and environments must be free from abuse, neglect and exploitation. For adults at risk, we uphold independence, choice and control while protecting from harm, applying the relevant national framework.

This policy sets clear procedures for recognising, reporting and responding to concerns, with dedicated pathways for children and adults at risk, nation-specific reporting routes, and safer-recruitment/vetting requirements. It also reflects positions of trust in sport—coaches and others in authority must observe strict professional boundaries, including the legal prohibition on sexual relationships with 16–17-year-olds they supervise.

Our standards are reinforced through mandatory training, proportionate information sharing in line with data-protection law, and a culture of vigilance, accountability and inclusion—so every participant feels safe, supported and empowered across all IGA activities.

Background

Safeguarding is a shared responsibility. IGA works collaboratively with clubs, families, statutory services and partners to prevent harm and respond swiftly to concerns.

IGA is committed to safeguarding children and adults at risk. The welfare of the child is paramount (Children Act 1989) and every child has the right to be protected from violence, abuse and neglect (UNCRC, Article 19). For adults at risk, we uphold rights to safety, independence and choice while protecting from abuse, neglect or exploitation under the relevant national frameworks.

Because IGA operates across multiple jurisdictions, our practice aligns to home-nation law and guidance where activity takes place:

- **England & Wales:** Working Together to Safeguard Children (2023); Care Act 2014 (adult safeguarding; Making Safeguarding Personal); vetting via DBS (Enhanced/Barred Lists where eligible).
- **Scotland:** National Guidance for Child Protection in Scotland (latest update); Adult Support and Protection (Scotland) Act 2007; vetting via the PVG Scheme.
- **Northern Ireland:** Co-operating to Safeguard Children and Young People in Northern Ireland; regional adult-safeguarding guidance via HSC Trusts; vetting via AccessNI (DBS holds barred lists).
- **Republic of Ireland:** Children First Act 2015 and Children First: National Guidance; HSE adult-safeguarding guidance; vetting via Garda Vetting (NVB Acts).

Children (England & Wales): Working Together (2023) places duties on all organisations—including sports clubs—to maintain robust arrangements, collaborate with safeguarding partners and ensure staff/volunteers know how to recognise, report and address concerns, including referrals to local authority children's services or the police when necessary.

Adults at risk (E&W): Under the Care Act 2014, local authorities must make enquiries where an adult may be experiencing or at risk of abuse or neglect; organisations must cooperate with statutory services while respecting autonomy and rights.

Recent and historical cases in sport underline the need for strong, proactive safeguarding for all participants. Individuals may be targeted due to gender, race, religion, sexual orientation, disability, appearance or athletic ability; those who are disabled or LGBTQ+ often face heightened risk. Abuse can occur in families, institutions, online, among peers, or via those in positions of trust. Its psychological effects can be long-lasting—early identification, intervention and access to support are critical.

While sport can be a context for abuse, it also offers a protective space for those harmed elsewhere. Adults working with children and adults at risk are well-placed to notice concerns, especially where individuals struggle to disclose. Awareness, vigilance and timely action are essential.

Effective information sharing is a cornerstone of safeguarding. Data protection law (UK GDPR/Data Protection Act 2018 and ROI GDPR) supports sharing when necessary to protect from harm. Our approach includes safer recruitment and nation-appropriate vetting (DBS/PVG/AccessNI/Garda Vetting), clear reporting routes and multi-agency working.

IGA has a zero-tolerance stance toward abuse, harassment, discrimination, bullying, hazing and extremism. Preventing harm requires a coordinated, systematic approach across the gymnastics community, underpinned by training, supervision and ongoing support for everyone involved.

Compliance: All IGA-affiliated clubs—and their staff, coaches, volunteers, contractors and event partners—must abide by this policy as a condition of affiliation and participation in IGA activities.

Purpose

The purpose of this policy is to ensure that everyone participating in activities with the Independent Gymnastics Association (IGA) can do so in a safe, supportive environment free from harassment, abuse, or neglect. We are committed to safeguarding and promoting the welfare of children and adults at risk in all aspects of our work.

We aim to create a culture where every person understands their role and responsibility in preventing and responding to concerns—whether issues arise inside or outside the gymnastics setting. This policy interprets and implements the latest safeguarding legislation and statutory guidance, supporting compliance with the frameworks that apply where activity takes place, including:

- **England & Wales:** Working Together to Safeguard Children (2023) and the Care Act 2014
- **Scotland:** National Guidance for Child Protection in Scotland and the Adult Support and Protection (Scotland) Act 2007
- **Northern Ireland:** Co-operating to Safeguard Children and Young People in Northern Ireland
- **Republic of Ireland:** Children First Act 2015 and Children First: National Guidance.

Objectives

- **Zero tolerance:** Make clear that all forms of abuse (including non-accidental injury, harassment, bullying, hazing, discrimination, exploitation) are unacceptable and will be acted upon.
- **Safe reporting:** Promote a culture where concerns can be raised without fear of retaliation, with clear routes for children, adults at risk, parents/carers, staff, and volunteers.
- **Clear procedures:** Provide coordinated, nation-appropriate procedures for recognising, recording, reporting, and responding to concerns— including allegations about staff/volunteers and immediate risk situations.
- **Shared responsibility:** Ensure all staff, coaches, volunteers, officials, and participants understand their duty to report safeguarding concerns, even when the concern originates outside gymnastics.
- **Protective arrangements:** Maintain appropriate safeguarding arrangements for children and adults at risk, including safer recruitment, appropriate vetting (DBS/PVG/AccessNI/Garda, as applicable), supervision, and boundaries (e.g., physical contact, photography/filming, online/digital communications).
- **Prevention:** Implement preventive measures and promote safe practice to minimise the likelihood of abuse or harassment.
- **Information sharing & data protection:** Share information lawfully and proportionately (UK GDPR/Data Protection Act 2018; and, in ROI, EU GDPR/Irish law) to protect individuals from harm.

By maintaining these safeguards, IGA ensures participants can thrive in a safe, inclusive environment where welfare is central to decision-making.

Scope

This safeguarding policy—and its associated standards and guidelines—is mandatory for all members of the Independent Gymnastics Association (IGA) and a condition of affiliation and participation. It applies to all IGA activities delivered in England & Wales, Scotland, Northern Ireland, and the Republic of Ireland, and must be read alongside the relevant national frameworks listed below.

Who it applies to

- **All people involved in IGA activity:** staff, coaches, volunteers, officials, tutors/assessors, ambassadors, contractors, medical personnel, trainers, agents, committee members—whether employed, contracted, or volunteering.
- **All participants:** children and adults at risk, and their parents/carers while engaging with IGA activity.
- **Third parties:** any organisation or individual providing services to IGA or on behalf of an IGA club/event must comply with this policy.

Where it applies

- **All settings:** clubs, schools, community venues, events/competitions, training camps, trips, transport, online/digital platforms (web, social media, messaging, livestreaming), and any off-site or overnight activity.
- **All geographies:** activities must follow nation-specific vetting and guidance:
  - **England & Wales:** Working Together to Safeguard Children (2023); Children Act 1989/2004; Care Act 2014(adult safeguarding); DBS (Enhanced / Children's/Adults' Barred Lists where eligible) and Positions of Trust (sport) 2022.
  - **Scotland:** National Guidance for Child Protection in Scotland (latest update); Adult Support and Protection (Scotland) Act 2007; PVG Scheme.
  - **Northern Ireland:** Co-operating to Safeguard Children and Young People in Northern Ireland (current edition); HSC adult-safeguarding framework; AccessNI (DBS barred lists apply).
  - **Republic of Ireland:** Children First Act 2015 and Children First: National Guidance; HSE adult-safeguarding guidance; Garda Vetting (NVB Acts 2012—2016).

What it covers

- Any concern, allegation, incident, or pattern of behaviour arising in connection with IGA-regulated activities or IGA-representative events, on or off site and inside or outside scheduled times.
- Out-of-setting harm: the duty to act extends beyond gymnastics—concerns about a child or adult at risk outsideIGA activity must still be reported via the routes in this policy.

Expectations & compliance

- Clubs and affiliated organisations must implement this policy; maintain safer recruitment and appropriate vetting (DBS/PVG/AccessNI/Garda Vetting as applicable); ensure supervision and boundaries (including no lone working); and cooperate with statutory agencies.
- Third-party providers engaged by IGA/clubs must evidence equivalent safeguarding standards and clear information-sharing arrangements.
- Information will be shared lawfully and proportionately to protect individuals (UK GDPR/Data Protection Act 2018 and, in ROI, EU GDPR/Irish law).
- Our Online Safety & Digital Communications standards reflect the Online Safety Act 2023 (UK) and relevant national guidance.

Currency of this Scope
IGA will review this policy regularly and whenever laws, statutory guidance, or regulator codes are updated in any of the above jurisdictions, ensuring continued alignment with current requirements.

Home Nations Frameworks

This section is mandatory. All IGA activity must comply with the legal and statutory safeguarding frameworks of the country where the activity takes place. Clubs operating across borders must apply the relevant framework to each session/event and adopt the stricter standard where requirements differ. Nothing in this policy limits anyone from taking immediate action to protect a child or adult at risk.

1) England & Wales

1.1 Core statutes & guidance

- Children: Working Together to Safeguard Children (2023); Children Act 1989/2004.
- Adults at risk: Care Act 2014 (s.42 enquiries; Making Safeguarding Personal).
- Positions of trust (sport): Offences extended to sports coaches; sexual relationships with 16–17-year-olds they supervise are prohibited.
- Online safety: Standards align with the UK Online Safety Act 2023 and regulator codes.

1.2 Vetting & workforce

- Disclosure: DBS (Enhanced; Children's/Adults' Barred Lists where eligible).
- Eligibility: Follow "regulated activity" definitions. Managers/supervisors of those in regulated activity are themselves in regulated activity.
- Club duty: Maintain a single register with check type/level/barred-list status/issue/renewal, safeguarding and first-aid dates. No person may start regulated activity before appropriate clearance.

1.3 Reporting & escalation

- Immediate risk: Call 999 (police) and take protective action.
- Children's concerns: Refer to Local Authority Children's Services.
- Allegations about staff/volunteers: Notify the Local Authority Designated Officer (LADO) without delay.
- Adults at risk: Refer to the Local Authority under Care Act s.42.
- Barring referrals: If removed (or would have been removed) for harm/risk, consider referral to DBS.
- Information sharing: Share lawfully and proportionately (UK GDPR/Data Protection Act 2018) to prevent harm.

2) Scotland

2.1 Core statutes & guidance

- Children: National Guidance for Child Protection in Scotland (latest).
- Adults at risk: Adult Support and Protection (Scotland) Act 2007 (duty to inquire).
- Approach: GIRFEC principles inform practice.

2.2 Vetting & workforce

- Disclosure: PVG Scheme (Disclosure Scotland) for regulated roles.
- Club duty: Ensure PVG membership is in place/updated; keep the central register as above.

2.3 Reporting & escalation

- Immediate risk: Call Police Scotland (999).
- Children's concerns: Social Work via local Child Protection Committee procedures.
- Adults at risk: Refer to the local Council under ASP.
- Barring referrals: Consider referral to Disclosure Scotland when removal/would-remove threshold is met.
- Information sharing: Share in line with Scottish guidance and data-protection law.

3) Northern Ireland

3.1 Core statutes & guidance

- Children: Co-operating to Safeguard Children and Young People in Northern Ireland (current edition); SBNIframework.
- Adults at risk: HSC adult-safeguarding policy and procedures.

3.2 Vetting & workforce

- Disclosure: AccessNI (Enhanced where eligible).
- Barred lists: Held by DBS; ensure list checks where eligible.
- Club duty: Maintain the central register; no start in regulated roles without appropriate disclosure.

3.3 Reporting & escalation

- Immediate risk: Call 999 (PSNI).
- Children's concerns: Refer to the relevant HSC Trust in line with SBNI.
- Adults at risk: Refer to HSC Trust adult-safeguarding.
- Barring referrals: Consider referral to DBS (barred-list authority) in relevant cases.
- Information sharing: Share lawfully and proportionately under NI data-protection requirements.

4) Republic of Ireland

4.1 Core statutes & guidance

- Children: Children First Act 2015 and Children First: National Guidance.
- Mandated persons: Where roles are designated, mandated reporting to Tusla applies.
- Adults at risk: HSE Safeguarding guidance; apply capacity law as relevant.

4.2 Vetting & workforce

- Disclosure: Garda Vetting under the NVB Acts 2012–2016 for relevant work.
- Club duty: No person starts relevant work until a vetting disclosure is returned; maintain the central register.

4.3 Reporting & escalation

- Immediate risk: Call 112/999 (An Garda Síochána).
- Children's concerns: Report to Tusla (mandated or non-mandated, as applicable).
- Adults at risk: Refer to HSE Safeguarding & Protection Teams; notify Gardaí as appropriate.
- Information sharing: Share in line with EU GDPR/Irish data protection law to prevent harm.

5) Cross-border, online, and international activity

- Which law applies: Use the framework of the place of delivery of the session/event. For online activity, use the participant's location where reasonably identifiable; if mixed, apply the stricter standard.
- Cross-border sessions: Where participants/staff from multiple jurisdictions are involved, meet all applicable vetting/reporting duties and default to the higher standard.
- International trips: Follow host-nation statutory routes and this policy; complete a written Event/Trip Safeguarding Plan (roles, ratios, emergency contacts, photography/communications rules, medical and consent).
- Data transfers: When sharing information across UK↔ROI borders, ensure a lawful basis (usually vital interests/public task), necessity, minimisation, and secure transfer.

6) Minimum operational standards (no exceptions)

- Vetting before start: No one undertakes regulated/relevant work until the correct DBS/PVG/AccessNI/Gardacheck (and barred-list check, where eligible) is in place and recorded.
- Allegations about staff/volunteers: Follow the nation-specific route (e.g., LADO in England) immediately; do not internally investigate first where this could compromise statutory enquiries.
- Duty to refer (barring): Where IGA or a club removes (or would have removed) a person for harm/risk, a barring referral must be considered to the relevant authority.
- Positions of trust (sport): Strict professional boundaries apply; no sexual relationships between a coach/official and a 16–17-year-old they supervise.
- No lone working: Sessions must not be delivered by a single adult; maintain compliant ratios and a second, vetted adult present.
- Online/digital conduct: Use approved channels; no private 1-to-1 DMs with U18s from personal accounts; include a parent/guardian in group communications; follow livestreaming and image rules.
- Record-keeping: Keep accurate, timely records of concerns, decisions, actions and referrals; retain per nation-specific rules and data-protection law.
- When in doubt: Act to protect and escalate via statutory routes; seek advice from IGA Safeguarding.

Policy Statements

At the Independent Gymnastics Association (IGA), every person has the right to take part in gymnastics in a safe, supportive environment, free from abuse, neglect, harassment, discrimination, bullying, hazing, exploitation, and non-accidental injury. This right applies to all, regardless of sex, gender identity, sexual orientation, age, marital or civil partnership status, pregnancy or maternity, disability, religion or belief, race, nationality, ethnicity, socio-economic background, or any other characteristic.

Our commitments

1. **Paramount welfare & inclusion** - We will place the welfare of children at the centre of all decisions and uphold the rights, safety and dignity of adults at risk. We will promote equality, diversity and inclusion and take proportionate steps to protect groups at heightened risk.

2. **Mandatory compliance** - Compliance with this policy is a condition of IGA affiliation and participation for all clubs, staff, coaches, volunteers, contractors, officials, tutors, and partners. Clubs must adopt the relevant home-nation frameworks (England & Wales / Scotland / Northern Ireland / Republic of Ireland) where activity occurs and apply the stricter standard where requirements differ.

3. **Zero tolerance & early intervention** - We will maintain a zero-tolerance stance to abuse and poor practice, challenge concerns early, and take decisive action where standards are breached.

4. **Positions of trust & safe delivery** - We will enforce professional boundaries and the positions of trust in sport offences (no sexual relationships between a coach/official and a 16–17-year-old they supervise). We will prohibit lone working, maintain appropriate ratios, risk-assess activities/venues/equipment, and ensure first aid and emergency procedures are in place.

5. **Safer recruitment & vetting (by nation) -** We will recruit safely and complete the appropriate vetting before start: DBS (England & Wales), PVG (Scotland), AccessNI (Northern Ireland), Garda Vetting (Republic of Ireland), including barred-list checks where eligible. We will keep a single auditable register of check type/level/barred-list status/issue/renewal and remove individuals from regulated/relevant activity if clearances lapse or concerns arise. Where removal (or would-remove) thresholds are met, we will consider a barring referral to the competent authority.

6.**Training & competence -** We will ensure all personnel complete mandatory safeguarding training and refreshers; coaches work within qualification/insurance scope and under supervision where required; and clear guidance is followed for coaching touch, consent and alternatives.

7. **Digital conduct & online safety** - We will enforce an Online Safety & Digital Communications standard: approved platforms only; no private 1-to-1 DMs with U18s from personal accounts; parent/guardian included in group comms; clear rules for livestreaming, images and social media; swift action on harmful content.

8.**Recognising, responding & reporting -**We will ensure everyone knows how to recognise concerns and act immediately where there is risk of significant harm. We will follow nation-specific routes without delay (e.g., LADO in England for staff/volunteer allegations; local Social Work/CPC in Scotland; HSC Trust/SBNI in Northern Ireland; Tusla/HSE in the Republic of Ireland) and will not delay urgent referrals for internal steps.

9. **Information sharing & data protection** - We will share information lawfully and proportionately to prevent harm (UK GDPR/Data Protection Act 2018 and, in ROI, EU GDPR/Irish law), including for cross-border cases, and will keep secure, accurate records for the retention periods set out in this policy.

10. **Whistleblowing & protection** - We will protect people who raise concerns in good faith from detriment, provide confidential internal and external routes (e.g., recognised helplines), and treat retaliation as misconduct.

11.**Governance, compliance & review** - We will monitor legal/statutory updates across all home nations and update this policy without delay. Clubs must implement updates immediately. We will investigate alleged breaches fairly, cooperate with statutory agencies, and take disciplinary or membership action (including suspension or withdrawal of affiliation) where required.

Definitions

Child / Children - A child is anyone who has not yet reached their 18th birthday. The terms child, children and young people are used interchangeably.

Adult at Risk (also "adults who may be unable to safeguard themselves") - An adult at risk is a person aged 18 or over who:

- has care and support needs (however arising), and
- is experiencing or at risk of abuse or neglect, and
- as a result of those needs, is unable to protect themselves from the abuse/neglect or the risk of it.

Home-nation notes

- **England & Wales:** definition aligns with the Care Act 2014 approach.
- **Scotland:** commonly expressed as "adults who are unable to safeguard themselves, their property, rights or other interests" under the Adult Support and Protection (Scotland) Act 2007.
- **Northern Ireland:** follow HSC Adult Safeguarding policy terminology.
- **Republic of Ireland:** use HSE Safeguarding Vulnerable Persons guidance; capacity is considered under the Assisted Decision-Making (Capacity) Act 2015.

Safeguarding - Safeguarding means protecting a person's right to safety and wellbeing, preventing abuse/neglect, and taking action so they can achieve the best outcomes.

- For children (e.g., Working Together to Safeguard Children 2023):
  - protect from maltreatment;
  - prevent impairment of health or development;
  - ensure safe and effective care;
  - take action to enable the best outcomes.
- For adults at risk:
  - protect from abuse/neglect while upholding rights, choice, control and independence;
  - work in partnership with the person and relevant agencies;
  - apply proportionate responses (e.g., Care Act 2014, ASP (Scotland) 2007, HSC NI, HSE ROI).

Abuse (children) - Abuse is any form of ill-treatment or neglect that results in actual or likely significant harm. Core categories (as used in national guidance for children) include:

- Physical abuse
- Emotional abuse
- Sexual abuse (including sexual exploitation)
- Neglect
- Child criminal/sexual exploitation (CCE/CSE) and online-facilitated harm
- Exposure to domestic abuse (treated as child abuse in several frameworks)
- Radicalisation/extremism (see Extremism below)

Exact labels vary by nation; clubs must follow the category set used by the local authority/Tusla/HSC Trust.

Abuse (adults at risk) - Adult abuse types typically include (labels vary by nation):
Physical; Domestic; Sexual; Psychological/Emotional; Financial/Material; Modern Slavery; Discriminatory/Hate-based; Organisational/Institutional; Neglect/Acts of Omission; Self-neglect (including hoarding).

Bullying- Bullying is intentional, often repeated behaviour that harms, humiliates or intimidates another person (child or adult), including physical, verbal, relational, or cyber forms.

Hazing - Hazing refers to initiation or belonging practices that degrade, humiliate, abuse or endanger a person, regardless of consent. Hazing is prohibited in all IGA contexts.

Poor Practice - Poor practice is conduct that falls below expected standards or policy—even if not immediately harmful—and creates risk or models unsafe behaviour (e.g., weak supervision, inappropriate language, unsafe spotting, unmanaged 1-to-1 contact).

Position of Trust (sport) - A position of trust exists where an adult has power, authority or responsibility in relation to a child or adult at risk (e.g., coach, team manager, judge, tutor).

- Sports extension (UK): It is illegal for an adult in a position of trust (e.g., a coach) to engage in a sexual relationship with a 16–17-year-old they coach, supervise or mentor.
- Professional boundaries apply to all adults in authority roles, regardless of the participant's age.

Regulated Activity / Relevant Work (safeguarding checks)

- Regulated Activity (UK): Specific work with children and/or adults that triggers enhanced vetting and, where eligible, barred-list checks (DBS/Disclosure Scotland/AccessNI). Managers/supervisors of people in regulated activity may themselves be in regulated activity.
- Relevant Work (ROI): Roles that require Garda Vetting under the NVB Acts.

IGA's Vetting Matrix by Nation (Appendix) sets out which roles require which checks.

Mandated Person (ROI) - Certain roles are mandated to report child protection concerns to Tusla under the Children First Act 2015. Where a coach/role meets that definition, Children First duties apply in addition to this policy.

Parent/Carer - The child's parent, legal guardian or person with parental responsibility (or recognised carer/supporter for an adult at risk).

Staff / Volunteer / Contractor / Third Party - Anyone working for or on behalf of IGA or an IGA-affiliated club in any capacity (paid or unpaid), including officials, tutors, assessors, ambassadors, medical personnel, photographers, and external providers.

Digital Communications - Any communication via online platforms, including email, text, messaging apps, social media, shared documents, live streams and video calls. Digital conduct must follow IGA's Online Safety & Digital Communications Code.

Extremism / Radicalisation - Beliefs or actions that undermine fundamental values (e.g., rule of law, individual liberty, mutual respect and tolerance) and may include inciting hatred, discrimination or violence; can occur online or offline and target children or adults at risk.

Harm - Harm includes ill-treatment or impairment of health or development (physical, intellectual, emotional, social), including witnessing domestic abuse; for adults at risk, harm includes abuse, neglect or exploitation affecting wellbeing, rights, or autonomy.

Country Specific Terms

Purpose of this section. The terms used in safeguarding law and practice differ by nation. To remove ambiguity, this section defines the key terms as they apply in England & Wales, Scotland, Northern Ireland, and the Republic of Ireland (ROI).

Non-negotiable rule: Always apply the framework of the place of delivery (where the session/event occurs). If more than one framework could apply (e.g., cross-border or online), adopt the stricter standard and record the decision.

1) People and status

Child / Children

- All nations: anyone under 18.

Adult at risk (also "adults who may be unable to safeguard themselves")

- England & Wales (E&W): Adult with care and support needs who is experiencing/at risk of abuse or neglect and, as a result of those needs, is unable to protect themselves.
- Scotland: Adult who is unable to safeguard their own wellbeing, property, rights or other interests (may include illness, disability, mental disorder, infirmity).
- Northern Ireland (NI): Follow HSC Adult Safeguarding policy terminology (adult at risk/adult in need of protection).
- ROI: HSE uses "vulnerable person"/adult at risk; consider capacity under the Assisted Decision-Making (Capacity) Act 2015 when relevant.

Parent/Carer

- The person with parental responsibility/guardianship (children) or a recognised carer/supporter (adults at risk).

Roles that trigger checks

Regulated Activity (children/adults) – UK term

Work that requires Enhanced disclosure and, where eligible, barred-list checks. Managing/supervising people in regulated activity is itself regulated activity (E&W/NI).

Relevant Work (ROI)

Roles that require Garda Vetting under the National Vetting Bureau Acts before work starts.

Mandated Person (ROI)
Certain roles (e.g., many professionals) must report child protection concerns to Tusla. Where a coach/official meets this definition, Children First duties apply in addition to this policy.

Position of Trust (sport) – UK
Any adult with power/authority over a child (e.g., coach, team manager, tutor). It is illegal for a person in a position of trust to have a sexual relationship with a 16–17-year-old they supervise/coach.

3) Vetting and barred lists

Nation	Vetting body	Level	Barred-list authority	Start work rule
England & Wales	**DBS**	Enhanced (add **Children's/Adults**	**DBS**	**No start** in regulated activity
Scotland	**Disclosure Scotland (PVG**	PVG (continuous updating)	**Disclosure Scotland**	**PVG membership** must be in place
Northern Ireland	**AccessNI**	Enhanced (as eligible)	**DBS** (holds barred lists)	**No start** until appropriate
Republic of Ireland	**Garda Vetting (NVB)**	Vetting disclosure for	–	**No start** until disclosure

Club duty everywhere: Keep a single, auditable register: person, role, nation, check type/level, barred-list status (if applicable), issue date, renewal/monitoring status, safeguarding/first-aid training dates.

4) Reporting routes (who you contact)

Scenario	England & Wales	Scotland	Northern Ireland	Republic of Ireland
Immediate risk	Police **999**	Police Scotland **999**	PSNI **999**	Gardaí **999/112**
Child protection concern	**Local Authority Children's**	**Social Work** (via **Child Protection**	**HSC Trust** (per **SBNI** guidance)	**Tusla** (Children First)
Allegation about staff/volunteer	**LADO** (Local Authority	Social Work/CPC procedures	HSC Trust/SBNI pathways	**Tusla** (and Gardaí where criminal
Adult at risk concern	**Local Authority** (Care Act s.42)	**Council** (Adult Support &	**HSC Trust** adult safeguarding	**HSE** Safeguarding & Protection

Duty to refer (barring): If IGA or a club removes (or would have removed) a person from regulated/relevant work due to harm/risk, we will consider a barring referral to the relevant authority (DBS/Disclosure Scotland/AccessNI; ROI—notify competent authorities as required).

5) Core guidance you must follow

- **England & Wales:** Working Together to Safeguard Children (2023); Care Act 2014 (adult safeguarding).
- **Scotland:** National Guidance for Child Protection in Scotland; Adult Support and Protection (Scotland) Act 2007; GIRFEC principles.
- **Northern Ireland:** Co-operating to Safeguard Children and Young People in NI; HSC adult-safeguarding policy; SBNI procedures.
- **ROI:** Children First Act 2015 and Children First: National Guidance; HSE adult-safeguarding; NVB Acts for vetting.

Online safety (UK): Standards reflect the Online Safety Act 2023 and regulator codes; apply equivalent protective standards in ROI.

6) Information sharing & data protection

- **Legal basis:** Share information lawfully, proportionately and without delay to protect a child/adult at risk.
- **E&W/Scotland/NI:** UK GDPR / Data Protection Act 2018.
- **ROI:** EU GDPR and Irish data-protection law.
- **Cross-border:** When sharing UK↔ROI, record the lawful basis (usually vital interests or public task), limit to what is necessary, and use secure transfer.

7) Practical application rules (close common loopholes)

1. Where the session happens governs the framework. For mixed-nation groups or online delivery, apply the stricter standard and record the rationale.
2. No vetting, no role. Nobody starts regulated/relevant work until the correct check (and barred-list status, where eligible) is confirmed and logged.
3. Managers count. Anyone managing/supervising people in regulated activity (UK) is also in regulated activity—check them accordingly.
4. Positions of trust apply even at 16–17. Professional boundaries are mandatory; sexual relationships with supervised 16–17-year-olds are illegal in the UK.
5. Report first, don't investigate first. Where thresholds are met (e.g., LADO in England; Tusla in ROI), refer immediately—internal fact-finding must not delay statutory action.
6. Online = real life. Messaging, livestreams and social media are covered by this policy (no private 1-to-1 DMs with U18s from personal accounts; include a parent/guardian in group comms; follow image/consent rules).
7. Record and review. Keep contemporaneous notes of concerns, decisions and referrals; review difficult cases with IGA Safeguarding for learning and consistency.

8) Cross-references in this policy

- "Reporting Routes by Nation — Quick Reference" (Part Two).
- Vetting Matrix by Nation (Appendix).
- Allegations Management Flowcharts by Nation (Appendix).
- Online Safety & Digital Communications Code (Appendix).
- Event/Trip Safeguarding Plan (Part Three).

Compliance note: All IGA-affiliated clubs, personnel and partners must use these definitions and routes. Where a local custom conflicts with this section, this section prevails.

Positions of Trust

This section is mandatory. It applies to all adults in authority within IGA activities (e.g., coaches, assistant coaches, team managers, judges, tutors/assessors, chaperones, safeguarding/welfare staff, officials, photographers, mentors, and any adult supervising or managing others).

1) Principle & legal context

- A position of trust exists where an adult has power, authority, or responsibility in relation to a child or adult at risk (e.g., through coaching, assessment, selection, supervision, transport, accommodation, or pastoral oversight).
- In the UK, sexual offences law has been extended to sport: it is illegal for a person in a position of trust (e.g., a coach) to engage in a sexual relationship with a 16–17-year-old they coach, supervise or mentor.
- In Scotland, Northern Ireland, and the Republic of Ireland, equivalent principles on abuse of authority and exploitation apply; regardless of specific statutory wording, IGA prohibits sexual or romantic relationships where a power imbalance exists.
- For adults at risk, any sexual or romantic relationship with an adult for whom you have safeguarding, supervisory, or care responsibilities is prohibited; consent may be compromised by dependency, capacity, or coercion.

Non-negotiable rule: If you hold a position of trust, you must not enter, pursue, encourage, or appear to encourage a sexual or romantic relationship with any child (U18) or with any participant you supervise/assess/manage (of any age).

2) Boundaries & conduct (what is and isn't allowed)

Prohibited behaviours (examples, not exhaustive)

- Any sexual activity or romantic relationship with a child (U18) you coach/supervise/assess; any sexual activity with a 16–17-year-old you supervise is illegal in the UK.
- Any sexual activity or romantic relationship with an adult at risk you support/supervise/manage.
- Grooming behaviours: flattering messages, secrecy, private 1-to-1 DMs, gifts, favours, "special" treatment, or creating emotional dependency.
- Inappropriate physical contact (outside explicit coaching technique and consent).
- Private meetings behind closed doors; socialising one-to-one in non-public settings; inviting athletes to your home or visiting theirs.
- Sharing rooms, beds, or tents with athletes; unsupervised transport that isn't pre-approved and logged; providing alcohol or controlled substances.
- Contact through personal accounts (social media, messaging) or on "disappearing message" apps; late-night communications.
- Retaliation or adverse treatment if a boundary is challenged or a concern is raised.

Required safeguards

- Use approved communication channels (club/IGA platforms); include a parent/guardian in group comms with U18s.

- Keep interactions observable and interruptible (open doors, visible spaces, a second adult present).
- Follow IGA's Physical Contact & Coaching Touch guidance (explain, ask, check, record).
- For 1-to-1 work (e.g., rehab, performance review) use pre-booked, approved spaces, log attendance, and ensure another vetted adult is nearby.
- On trips/events: adhere to rooming, chaperone, transport, and curfew rules in the Event/Trip Safeguarding Plan.

3) **Power imbalance beyond U18**

- Even where a participant is 18+, a coach/official may still hold significant power (selection, assessment, reference, progression). Personal relationships are prohibited where a supervisory/assessing relationship exists.
- If two adults wish to form a relationship, a conflict-of-interest management plan must be agreed in writing beforeany relationship begins: remove direct supervision/assessment, reassign roles, and document oversight.

4) **Pre-existing relationships**

- If a pre-existing personal relationship (e.g., spouse/partner/family) exists between a staff member and a participant, the club must:
  a. Declare it to the Welfare Officer/IGA Safeguarding immediately;
  b. Implement a written management plan (no direct supervision/assessment/selection; transparency in comms; alternative support routes).

- Failure to declare is a disciplinary matter.

5) Identifying and managing "grey areas"

To close common loopholes, the following are not acceptable:

- "We're only texting about training at night" → use approved channels and times; include parent/guardian for U18s.
- "They messaged me first on my personal account" → move the conversation to approved channels and log the boundary set.
- "We just gave them a lift because no one else could" → transport must be pre-approved, recorded, and ideally with two adults or multiple athletes present.
- "It's just banter" → humour must never be sexualised, demeaning, or targeted; stop immediately if challenged.

6) Reporting, response & sanctions

- Report immediately to the Club Welfare Officer or IGA Safeguarding any concern about boundary-crossing, grooming, or a suspected relationship. If a child is at immediate risk, contact police (999/112) first.
- **England (staff/volunteer allegations):** notify the LADO without delay. Scotland: follow CPC/Social Workprocedures. NI: HSC Trust/SBNI routes. ROI: Tusla (and Gardaí where criminal risk).
- **Hold the line:** Do not conduct your own investigation if this could compromise statutory enquiries.
- **Interim measures:** IGA/club may suspend the individual from regulated activity or reassign them pending outcome.

- Barring referrals: Where removal (or would-remove) thresholds are met, IGA/club will consider a referral to DBS/Disclosure Scotland/AccessNI (ROI—notify competent authorities, and consider employer/disciplinary actions).
- Sanctions: Breaches can result in disciplinary action, removal from role, and withdrawal of membership/affiliation.

7) Education & declarations

- All adults in positions of trust must complete mandatory safeguarding training (with refreshers) that covers power dynamics, grooming, online boundaries, and trip/event conduct.
- Annual Position of Trust Declaration must be signed by relevant personnel (coaches/officials/mentors/assessors), confirming understanding and commitment to this section.

8) Online & digital (positions of trust apply online)

- Treat online contact as in-person: same boundaries, same reporting.
- No private 1-to-1 DMs with U18s from personal accounts; use approved platforms; keep parent/guardian in the group.
- No "disappearing" messages for coaching; no sharing of personal images or content that could be construed as sexualised or flirtatious.
- Livestreaming/filming must follow consent, accreditation, and image-use rules.

9) Adults at risk, capacity & consent

- Where an adult may have impaired capacity or is dependent on the staff member for support, any romantic/sexual contact is prohibited and may constitute abuse or exploitation.
- Apply local capacity law (e.g., Care Act principles; ASP (Scotland); HSC NI; ADM (Capacity) Act 2015 in ROI) and follow the Adults at Risk procedures.

10) Cross-border, schools, and partner settings

- If coaching in a school or partner venue, both this policy and the host's policy apply; follow the stricter standard.
- For cross-border delivery or online groups spanning nations, adopt the higher protection standard and document the decision.

Roles & Responsibilities

Scope. This section sets out who is responsible for safeguarding across IGA and affiliated clubs. It applies to all IGA activities and environments (in-person and online) in England & Wales, Scotland, Northern Ireland, and the Republic of Ireland. Compliance with these responsibilities is a condition of affiliation and participation.

1) IGA Board of Directors

- **Accountability:** Holds overall responsibility for safeguarding.
- **Policy & assurance:** Approves this policy and ensures a governance framework (risk, audit, incident oversight, learning).
- **Resources**: Ensures the IGA Safeguarding function is adequately resourced (people, training, systems).

2) IGA Designated Safeguarding Lead (DSL) & Safeguarding Team

- **Leadership:** Implements this policy; maintains nation-specific procedures and updates.
- **Case management:** Receives and manages concerns; refers without delay to statutory agencies (e.g., Children's Services/LADO, Social Work/CPC, HSC Trust/SBNI, Tusla/HSE/Gardaí).
- **Duty to refer (barring):** Where removal/would-remove thresholds are met, consider referrals to DBS/Disclosure Scotland/AccessNI (and notify competent authorities in ROI).
- **Quality & learning:** Audits compliance, tracks actions, delivers learning from cases; reports trends to the Board.
- **Support:** Advises Welfare Officers/Head Coaches; provides club templates (registers, flowcharts, trip plans, online comms code).

3) All IGA Workforce (staff, tutors/assessors, officials, ambassadors, contractors)

- **Standards:** Follow this policy, Positions of Trust, Online Safety & Digital Comms, and event/trip procedures.
- **Vetting & training:** Hold current vetting and training appropriate to the nation of delivery:
  - DBS (England & Wales), PVG (Scotland), AccessNI (Northern Ireland), Garda Vetting (ROI).
  - Complete mandatory safeguarding training and refreshers.
- **Boundaries:** No lone working; maintain ratios; use approved communication channels; no private 1-to-1 DMs with U18s from personal accounts.
- **Reporting:** Recognise and report concerns immediately—internally and to statutory services where thresholds apply. Do not delay urgent referrals for internal steps.

4) Affiliated Clubs & Organisations (club committee/owners)

- **Local accountability:** Ensure full implementation of this policy; adopt the stricter standard where requirements differ.
- **Named roles (minimum):**
  - Senior Safeguarding Lead on the committee (governance oversight).
  - Welfare Officer (SWO): independent of coaching/management; visible and contactable; manages concerns; liaises with IGA/authorities.
  - Head Coach: ensures delivery within qualification/insurance scope; enforces supervision ratios; supports the SWO.
- **Safer recruitment & vetting:** Follow safer-recruitment steps; complete appropriate vetting before start; verify identity, references, qualifications, and right to work/volunteer.
- **Central registers (single source of truth):** Maintain an auditable register per person with: role, nation, check type/level, barred-list status (where eligible), issue/renewal dates, safeguarding/first-aid training dates. Remove or suspend from regulated/relevant work if checks lapse.
- **Reporting & referrals:**

-England: notify LADO for staff/volunteer allegations; Children's Services for child protection; Care Act routes for adults.
-Scotland: Social Work via Child Protection Committee; Adult Support & Protection.
-Northern Ireland: HSC Trust (per SBNI); adult-safeguarding via HSC.
-ROI: Tusla (mandated/non-mandated as applicable); HSE Safeguarding & Protection Teams; Gardaí for criminal risk.
-Barring: consider DBS/Disclosure Scotland/AccessNI referral (or notify competent ROI authority) if removal/would-remove thresholds met.

- **Safe delivery:** Risk-assess venues/equipment; ensure two-adult rule, ratios, physical-contact guidance, photography/filming controls, data security, and emergency procedures; complete Event/Trip Safeguarding Plansfor travel/overnights.
- **Culture & whistleblowing:** Enable safe reporting without retaliation; advertise confidential routes (internal and external helplines). Treat victimisation as misconduct.
- **Records:** Keep contemporaneous notes of concerns, decisions, referrals, outcomes; retain securely per nation-specific data law.

5) Welfare Officer (SWO) — club role (independent)

- **Accessibility:** Display name/photo/contact details in every environment (and online).
- **Case handling:** Receive concerns; make timely referrals; coordinate with IGA DSL/statutory agencies; keep records.
- **Independence:** Not dual-hatted with coaching/club management.
- **Competence:** Hold current DBS/PVG/AccessNI/Garda vetting and safeguarding training; complete role-specific CPD.

6) Head Coach / Coaching Team

- **Operational safety:** Enforce ratios, no lone working, session risk assessments, equipment checks, and touch guidance.
- **Scope of practice:** Assign duties within qualification/insurance scope; supervise assistants appropriately.
- **Environment:** Ensure clear boundaries, respectful language, and adherence to Online Safety rules.
- **Escalation:** Report concerns immediately; support SWO with access to information and staff.

7) Volunteers, Officials, Tutors/Assessors, Event Staff

- **Vetting/training:** Hold appropriate checks/training for the nation of delivery; follow session/event briefings.
- **Boundaries & reporting:** Maintain professional boundaries; report concerns immediately.

8) Third-Party Providers (e.g., medical, photographers, venue partners, transport)

- **Contractual compliance:** Must meet equivalent safeguarding standards; evidence vetting and training; follow IGA/club procedures (e.g., photo accreditation, takedown routes).
- **Information sharing:** Agree secure routes for sharing information proportionately to protect participants.

9) Parents/Carers & Participants

- **Awareness:** Know how to contact the Welfare Officer and how to report concerns.
- **Conduct:** Follow venue rules, photography/filming guidance, and digital-comms expectations.
- **Young voices:** Encourage children to speak up; respect boundaries and reporting processes.

10) Everyone (universal duties)

- **Recognise & respond:** Know the indicators of abuse/neglect and act immediately if a child/adult is at risk.
- **Report:** Raise concerns to the SWO/IGA DSL and, where applicable, statutory services (do not wait for proof).
- **Confidentiality:** Share information on a need-to-know basis to protect from harm; keep accurate records.

11) Enforcement & non-compliance

- **Immediate measures:** IGA/club may suspend or restrict duties where risk is identified.
- **Disciplinary action:** Breaches of this policy, Positions of Trust, vetting rules, or reporting duties may result in discipline, removal from role, and withdrawal of membership/affiliation.
- **Continuous improvement:** Findings from cases and audits will inform training, guidance, and policy updates.

Safer Recruitment & Vetting by Nation (DBS, PVG, Access NI/Garda)

It is IGA policy that no individual aged 16 or over may work within the building while IGA gymnastics activity is taking place unless they hold current, verified national vetting for the nation of delivery. This requirement applies to all roles, including coaches, assistants, officials, team managers, chaperones, medical staff, onsite administrators, reception/desk staff, event crew, cleaners, caretakers, security, photographers/videographers, and volunteers.

- The level/type of check must be appropriate to the role and nation (see below and the Vetting Matrix in the Appendix).
- No check, no role, no presence: individuals who do not meet this requirement must not be deployed and must notremain on-site during sessions, except under the escorted visitor protocol (defined by the club and approved by IGA).

Minimum age

Vetting applies from age 16 (the minimum age for the national schemes). Where a helper is under 16, they must not be left unsupervised, do not count towards ratios, and cannot perform regulated/relevant work.

Before duties commence

All recruitment must follow the steps below and the relevant national vetting must be completed, returned, verified, and recorded before any duties begin.

A. Safer Recruitment (all nations)

1. **Role definition & risk** -Define duties, contact with children/adults at risk, authority level, supervision, setting(s), and nation of delivery.

2. **Advertising & information**- State IGA's safeguarding commitment, Positions of Trust expectations, and the mandatory national vetting requirement for all on-site roles (16+).

3. **Application & declarations** - Use a standard form covering full work/volunteer history (explain gaps), criminal/disciplinary declarations, and conflicts of interest.

4. **Identity & eligibility** - Inspect original photo ID, address proof, right to work/volunteer (where applicable), and required qualifications.

5. **References (min. two)** - One must be the most recent employer/placement. Seek explicit comment on suitability to work with children/adults at risk. Clarify any ambiguity verbally.

6. **Interview -** Use structured, safeguarding-informed questions testing boundaries, values, online conduct, and scenario responses.

7. **Vetting -** Initiate the correct national route immediately after a conditional offer (see B–E). For anyone who lived abroad 12+ months in the last 5 years, obtain an overseas criminal record certificate in addition to national vetting.

8. **Decision & risk assessment -** Where disclosures contain information, complete a written safeguarding risk assessment (club lead + Welfare Officer, with IGA DSL where required).

9. **Induction & probation -** Deliver safeguarding induction (children & adults at risk), Positions of Trust, online/digital communications, physical contact guidance, ratios, reporting, and emergency procedures. Set a probation period with spot-checks.

10. **Single Central Record -** Keep a live, auditable register for every person: role, nation, check type/level, barred-list status (if applicable), issue/clearance date, renewal/monitoring status, and training dates.

B. England & Wales — DBS

- **Who needs a check:** All on-site roles (16+) present during sessions.
- **Level:**
  - Regulated activity / supervision/management of regulated activity: Enhanced DBS with Children's and/or Adults' Barred List checks where eligible.
  - Other on-site roles (non-regulated): at minimum a Basic DBS (or Standard/Enhanced where role eligibility allows).
- **Start rule:** Do not start duties or be present on-site during sessions until the required DBS result is returned and recorded.
- **Updating Service:** Strongly recommended; perform annual status checks and record them.
- **Role change / lapse:** If duties change to regulated activity, obtain the higher check before the change. If a check lapses or status changes, remove from duty pending review.
- **Duty to refer:** Where removal (or would-remove) thresholds are met, consider referral to DBS.

C. Scotland — Disclosure Scotland (PVG Scheme)

- **Who needs a check:** All on-site roles (16+) present during sessions.
- **Mechanism & level:**
  - **Regulated work (children/adults):** PVG Scheme membership (continuous updating).
  - **Other on-site roles (non-regulated):** Basic Disclosure (or Standard/Enhanced if eligible), plus PVG if/when the role becomes regulated.
- **Start rule:** No regulated work until PVG confirmation is received and recorded.
- **Monitoring:** Respond immediately to PVG scheme notifications.
- **Duty to refer:** Where removal (or would-remove) thresholds are met, consider referral to Disclosure Scotland.

D. Northern Ireland — AccessNI

- **Who needs a check:** All on-site roles (16+) present during sessions.
- **Level:**
  - **Regulated/controlled activity:** Enhanced AccessNI (barred-list status via DBS).
  - Other on-site roles (non-regulated): Basic (or Standard/Enhanced if eligible).
- **Start rule:** No start until the required disclosure is returned and recorded.
- **Duty to refer:** Where removal (or would-remove) thresholds are met, consider referral to DBS (barred-list authority).

E. Republic of Ireland — Garda Vetting (NVB Acts)

- **Who needs a check:** All on-site roles (16+) present during sessions.
- **Level/eligibility:**
  - **Relevant Work under the NVB Acts 2012–2016:** Garda Vetting disclosure required before duties or presence on-site during sessions.
  - **Non-relevant roles:** Where Garda Vetting is not legally available, the club must either
    i. assign a different person who is vetted under Relevant Work, or
    ii. permit presence only under a documented escorted visitor protocol (brief, sign-in, constant line-of-sight supervision by a vetted staff member, no unsupervised access, time-limited), and obtain a Basic disclosure (or equivalent background check) plus references as part of safer recruitment.
- **Re-vetting:** Best practice every 3 years or on role change; immediately if new information arises.
- **Mandated persons:** Where a role meets Children First "mandated person" criteria, Children First duties apply.

F. Special situations (all nations)

- **Under-16 helpers:** May assist only under direct supervision; never left alone with participants; do not count toward ratios; no regulated/relevant work.
- **Short-notice cover:** If a vetted adult is unavailable, cancel/reshape the session. Do not deploy an unvetted person on-site during activity.
- **Agency/contractors/third parties:** Obtain written assurance that correct checks are in place; be able to sight original evidence on request; include these duties in contracts/SLAs.

- **Allegations/arrests/new information:** Individuals must self-disclose immediately. Remove from duty pending risk review; make statutory referrals (e.g., LADO in England; Social Work/CPC in Scotland; HSC Trust/SBNI in NI; Tusla/HSE and Gardaí in ROI).
- **Overseas criminality:** For anyone resident abroad 12+ months in the last 5 years, obtain an official overseas criminal record certificate (or embassy letter where not available) in addition to national vetting.

G. Training, Monitoring & Records

- **Training:** Complete mandatory safeguarding training before unsupervised duties; refresh at least every 3 years (or sooner where national guidance requires).
- **Monitoring:** Use the Single Central Record to track renewals/status checks; run periodic audits.
- **Data protection:** Process vetting data lawfully and securely (UK GDPR/Data Protection Act; EU GDPR/Irish law in ROI) and retain for the periods set out in this policy.

H. Enforcement

Failure to meet these requirements—including presence on-site during sessions without the appropriate national vetting—will result in removal from duty, and may lead to disciplinary action and/or withdrawal of club affiliation. When unsure, pause deployment and seek advice from the Welfare Officer or IGA Safeguarding.

Governance, Version Control & Review Cycle

1)Policy ownership & accountability

- **Policy Owner: IGA Designated Safeguarding Lead (DSL)** — responsible for day-to-day maintenance, drafting updates, consulting stakeholders, and publishing the current version.
- **Executive Owner:** IGA Board of Directors (through the Board Safeguarding Lead) — responsible for approval, resourcing, and assurance that the policy is implemented.
- **Implementation Leads:**

-IGA Safeguarding Team — procedures, templates, advice, case oversight, audit.
-Club Senior Safeguarding Lead (committee level) — local implementation and compliance.
-Club Welfare Officer (SWO) — visibility, case handling, record-keeping, and training coordination.
-Head Coach/Operations Lead — operational controls (ratios, supervision, trip planning, online comms).
-Non-derogation: No local policy or custom may dilute this policy. Where local documents exist, they must equal or exceed these standards.

2) Approval, effective date & distribution

- **Approval:** All new issues and material updates require Board approval (or delegated Board Safeguarding Lead where pre-agreed).
- **Effective date:** The policy is binding from the date of publication on the IGA website/portal (notified to clubs by email/portal alert).
- **Supersedence:** Each new issue supersedes all previous versions.
- **Distribution:** Current version is maintained in the IGA document library. Clubs must host or link the current version on their own portals and display a notice of the latest revision date.

- **Allegations/arrests/new information:** Individuals must self-disclose immediately. Remove from duty pending risk review; make statutory referrals (e.g., LADO in England; Social Work/CPC in Scotland; HSC Trust/SBNI in NI; Tusla/HSE and Gardaí in ROI).
- **Overseas criminality:** For anyone resident abroad 12+ months in the last 5 years, obtain an official overseas criminal record certificate (or embassy letter where not available) in addition to national vetting.

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- **Data protection:** Process vetting data lawfully and securely (UK GDPR/Data Protection Act; EU GDPR/Irish law in ROI) and retain for the periods set out in this policy.

H. Enforcement

Failure to meet these requirements—including presence on-site during sessions without the appropriate national vetting—will result in removal from duty, and may lead to disciplinary action and/or withdrawal of club affiliation. When unsure, pause deployment and seek advice from the Welfare Officer or IGA Safeguarding.

3) Version control

- Version numbering: Major.Minor.Patch (e.g., 2.1.0).
  - Major: structural or legal changes that alter duties or processes.
  - Minor: clarifications or additions that do not change core duties.
  - Patch: typographical or formatting fixes only.
- Document identifiers: Each page includes version, effective date, and page x of y.

4) Review cycle & triggers

- **Scheduled review:** Annually in Q3 (or sooner if required).
- **Trigger-based review:** Immediate review on:
  - changes to law or statutory guidance in any home nation (England & Wales, Scotland, Northern Ireland) or the Republic of Ireland;
  - regulator codes/standards (e.g., online safety, data protection);
  - learning from serious incidents/case reviews;
  - IGA strategic or operational changes (programmes, events, technology platforms).

Emergency updates: The DSL may issue an interim directive (implementation guidance) pending Board ratification where urgent risk or legal change requires immediate action.

5) Consultation & sign-off process (for updates)

1. Draft prepared by DSL (with legal/regulatory scan).
2. Consultation with stakeholders (Safeguarding Team, Club SWOs/Leads, Head Coaches, event ops, legal, data protection).
3. Impact assessment (training, systems, costs, timelines).
4. Board approval (or delegated approval for minor/patch).
5. Publication & notification (portal/email).
6. Implementation window set (see §6).

6) Implementation & mandatory adoption

- Implementation window:
  - Major updates: within 30 days of publication unless otherwise stated.
  - Minor updates: within 14 days.
  - Patch: immediate upon publication.

- Club actions required:
  - update local policies/procedures and remove superseded versions;
  - brief all staff/volunteers; update training where specified;
  - update the Single Central Record fields if changed;
  - confirm adoption via the Compliance Attestation (see §9).

7) Document control, access & retention

- Master copy: Held by the DSL in the IGA document library with read-only permissions for general users.
- Local copies: Clubs may keep a controlled local copy (PDF) with the same version/metadata; printed copies are uncontrolled unless stamped with version and date.
- Retention: Superseded versions and change logs are retained for 7 years for audit/inspection.
- Accessibility: Provide accessible formats on request (e.g., large print, dyslexia-friendly). A child-friendly summary must be available for display.

8) Training & awareness

- Induction: All personnel receive a summary of changes within 14 days of a new version.
- Refresher: Safeguarding refreshers at least every 3 years (or sooner if guidance dictates) — content updated to the current version.
- Role-specific briefings: SWOs, Head Coaches, tutors/assessors and event leads receive targeted briefings after each Major update.

PART TWO - PROCEDURES FOR REPORTING

Overview

This section explains what to do, immediately and thereafter, when there is a concern that a child or an adult at riskinvolved in IGA activity may be at risk of or experiencing abuse, neglect, or harm—including concerns that arise outside the gymnastics setting. These procedures apply to everyone: staff, coaches, volunteers, contractors, officials, parents/carers, participants, visitors, and third-party providers.

When concerns can arise

Concerns may come from (including but not limited to):

- A disclosure (direct or indirect) by a child or adult at risk.
- Observation or reports of suspicious behaviour, abuse, neglect, poor practice, boundary breaches, or grooming (including online).
- Changes in presentation/behaviour/relationships that raise safeguarding worries.
- Reports from external agencies (health, education, social care, police), other sports/venues, or community sources.
- Historic/non-recent allegations or disclosures.

Concerns may involve:

- Gymnastics-related matters (e.g., an IGA coach, volunteer, official, or other person in a position of trust).
- External matters (e.g., family members or individuals unconnected with IGA).
- Both must be reported and managed in line with this policy.

Priorities and principles

- **Immediate safety first:** If a person is in immediate danger, call the police (999/112) and take proportionate steps to protect.
- **Report, don't investigate:** Make prompt referrals using the nation-specific routes. Do not undertake your own investigation if it could delay or compromise statutory enquiries.
- **Applies beyond sport:** Concerns about harm outside gymnastics (home, school, online, community) must also be reported.
- **Children and adults:** Follow the children's and adults at risk pathways as applicable.
- **Positions of trust:** Allegations about staff/volunteers are routed via the appropriate authority (e.g., LADO in England).
- **Online harms:** Treat online contact like in-person contact; apply the Online Safety & Digital Communicationsstandards.

Nation-specific reporting

Use the framework of the place of delivery and follow the routes set out in "Reporting Routes by Nation — Quick Reference" later in this section:

- England & Wales: Local Authority Children's Services for child protection; LADO for allegations about staff/volunteers; Care Act s.42 pathways for adults at risk.

- Scotland: Social Work via local Child Protection Committee procedures; Adult Support and Protection routes for adults.
- Northern Ireland: HSC Trust routes per SBNI; adult-safeguarding via HSC Trust procedures.
- Republic of Ireland: Tusla (Children First) for child protection (mandated & non-mandated reports); HSE Safeguarding & Protection Teams for adults; Gardaí where criminal risk.

Where delivery spans more than one nation or is online with mixed locations, default to the stricter standardand record the decision.

Who reports and to whom

- **Anyone** who sees/hears/suspects a safeguarding issue must **report immediately** to the **Club Welfare Officer (SWO) or IGA Safeguarding.**
- If the threshold for a statutory referral is met (per the nation-specific guidance), the **SWO/IGA DSL** makes the **external referral without delay**.
- **Mandatory/expected reporters** (e.g., mandated persons in **ROI**) must discharge their legal duties to **Tusla** alongside club/IGA processes.

Information to record (at first contact)

Record **as soon as practicable:**

- Who is involved (names, roles, contact details, any known additional needs).
- What happened (facts only), **when, where, how** disclosed/observed, **who else** witnessed/knows.
- **Immediate risks** and protective actions taken.
- **Your details** and who you informed.
- Keep records **objective, timed, and secure**.

Allegations about staff/volunteers (positions of trust)

- Treat any allegation or concern about a **person in a position** of trust as **high priority.**
- Route via the **appropriate authority** for the nation (e.g., LADO in England; Social Work/CPC in Scotland; HSC Trust/SBNI in NI; Tusla/Gardaí in ROI).
- Consider duty to refer to the **barring authority (DBS/Disclosure Scotland/AccessNI)** or notify competent authorities in ROI **where removal/would-remove thresholds are met.**
- IGA/club may apply **immediate interim measures** (e.g., suspension from regulated/relevant work) pending outcome.

Confidentiality, information sharing & records

- Share information **lawfully and proportionately** to protect a child/adult at risk (UK GDPR/Data Protection Act; in ROI, EU GDPR/Irish law).
- Only those who **need to know** should be informed.
- Keep clear, secure **records** of concerns, decisions, referrals, and outcomes; follow the **Retention of Recordssection.**

Interface with IGA complaints/discipline

Where a concern indicates safeguarding failure within an IGA-affiliated club or IGA activity:

- Report to IGA Safeguarding.
- Statutory processes take precedence; internal complaints/discipline will follow the Complaints and Disciplinary Policy once it is safe and appropriate to do so.
- Non-compliance may lead to sanctions, including withdrawal of affiliation.

Reporting Routes by Nation

Use the framework of the place where the activity occurs. If delivery spans more than one nation (or is online with mixed locations), apply the higher/stricter standard and record your decision. If anyone is in immediate danger, call the police (UK 999 / ROI 999 or 112) and take proportionate steps to protect.

What to do first (all nations)

1. **Protect & call:** If urgent risk, contact police and/or emergency medical services immediately.
2. **Inform the Welfare Officer (SWO):** As soon as it is safe, tell the Club SWO (or IGA Safeguarding if you cannot reach the SWO).
3. **Refer without delay:** Where thresholds are met do not wait for internal meetings—make the statutory referral the same day.
4. **Record:** Write a factual, time-stamped note (who/what/when/where; actions taken; who informed). Store securely.

Information to include in any referral (minimum):

- Child/adult's full name, DOB, club, known additional needs; parent/carer details.
- What happened, when/where, how you know (disclosure/observation/third party).
- Immediate risk and actions taken (including contacting police/medical).
- Alleged person's details (if known), role/relationship to the child/adult.
- Your details and the club/IGA contact; safe times to call back.

ENGLAND & WALES

Children (protection/concern)

- Refer to: Local Authority Children's Services (MASH/Front Door).
- When: Immediately if you believe a child is suffering or likely to suffer significant harm, or if a crime may have been committed.
- How: Phone the local service; follow with written referral if required by that authority.

Allegations about staff/volunteers (positions of trust)

- Refer to: LADO (Local Authority Designated Officer) without delay for any allegation that a person who works with children has:
- a) behaved in a way that harmed a child or may have harmed a child,
- b) possibly committed a criminal offence against/related to a child, or
- c) behaved in a way that indicates they may pose a risk of harm to children.
- Also: Notify IGA Safeguarding. Apply interim safety measures (e.g., removal from regulated activity) as advised by LADO/police.

Adults at risk

- Refer to: Local Authority Adult Safeguarding (Care Act s.42 enquiries).
- Consent: Seek the adult's consent where safe and appropriate. You may share without consent if there is risk of serious harm, coercion/duress, impaired capacity, or others (including children) are at risk.

Barring referrals

- If the club/IGA removes (or would have removed) a person from regulated activity due to harm/risk, consider referral to the DBS.

Finding contacts

- Search your local council website for "Report a concern about a child," "LADO," and "Adult safeguarding."

SCOTLAND

Children (protection/concern)

- Refer to: Social Work using the local Child Protection Committee (CPC) procedures.
- When: Immediately where risk of significant harm or a crime may have been committed.

Allegations about staff/volunteers

- Refer to: Social Work (per CPC procedures) and liaise with Police Scotland as directed. Inform IGA Safeguarding. Apply interim measures as advised.

Adults at risk

- Refer to: The Local Council under the Adult Support and Protection (Scotland) Act 2007 ("duty to inquire").
- Consent: Involve the adult as far as possible; escalate without consent if risk is significant or others are at risk.

Barring referrals

- Where removal/would-remove thresholds are met, consider referral to Disclosure Scotland.

Finding contacts

- Search your council site for "report child protection concern" / "adult support and protection" / "social work out of hours."

NORTHERN IRELAND

Children (protection/concern)

- Refer to: The relevant Health & Social Care (HSC) Trust in line with SBNI guidance.
- When: Immediately where a child is at risk of significant harm or a crime may have been committed.

Allegations about staff/volunteers

- Refer to: The HSC Trust Designated Officer/ Gateway per SBNI processes; liaise with PSNI as directed. Notify IGA Safeguarding.

Adults at risk

- Refer to: HSC Trust Adult Safeguarding.
- Consent: Seek consent where safe; share without consent if risk is significant, capacity is impaired, or others are at risk.

Barring referrals

- Where removal/would-remove thresholds are met, consider referral to the DBS (DBS maintains the barred lists used in NI).

Finding contacts

- Search "Report a child protection concern HSC Trust" / "Adult safeguarding HSC" for your locality (e.g., Belfast, South Eastern, Southern, Western, Northern).

REPUBLIC OF IRELAND

Children (protection/concern)

- Refer to: Tusla under Children First. Use the Mandated Report Form if you are a Mandated Person; otherwise use the Child Protection and Welfare Report Form.
- When: Immediately on forming reasonable grounds for concern; contact Gardaí urgently where a crime/urgent risk is suspected.

Allegations about staff/volunteers

- Refer to: Tusla and, where criminal risk exists, An Garda Síochána. Notify IGA Safeguarding. Apply interim measures as advised.

Adults at risk

- Refer to: HSE Safeguarding & Protection Teams (SPTs).
- Consent: Seek consent where possible; if not safe/appropriate, escalate to HSE SPTs and/or Gardaí based on risk. Consider capacity under the Assisted Decision-Making (Capacity) Act 2015.

Garda Vetting & mandated persons

- If your role meets Mandated Person criteria, you must report to Tusla irrespective of internal processes. Garda Vetting requirements do not replace reporting duties.

Finding contacts

- Search “Tusla report a concern” (by area) and “HSE Safeguarding and Protection Team” for your CHO area.

Cross-cutting rules (all nations)

- Do not delay external referrals for internal fact-finding.
- Keep the person informed (child in line with age/understanding; adults at risk with capacity), unless doing so increases risk.
- **Parents/carers:** Inform where appropriate unless this increases risk, compromises evidence, or the parent/carer is implicated.
- **Out-of-hours:** Use the local Emergency Duty Team (UK) or Tusla out-of-hours/Gardaí (ROI).
- **Online/remote concerns:** Preserve evidence (screenshots/URLs, date/time), stop any live harm, and report via the same routes.
- **Recording:** Keep contemporaneous notes; store securely; follow Retention of Records.
- **Interim safety measures:** Remove/suspend alleged staff/volunteers from regulated/relevant work as advised by authorities/IGA.
- **Duty to refer (barring):** After statutory handling, if removal/would-remove thresholds are met, make/consider a referral to the barring authority (DBS/Disclosure Scotland/AccessNI; notify competent authorities in ROI as required).
- **Escalation:** If you believe a referral has not been acted upon and risk remains, escalate (line manager → SWO → IGA DSL → statutory service manager). Call police if the risk is immediate.

Who makes the referral?

- Anyone may contact police in an emergency.
- Club SWO or IGA DSL makes statutory referrals in all other circumstances.
- Mandated Persons (ROI) must submit reports to Tusla personally (you may do this in addition to the club/IGA process).

Out-of-hours & contact discovery

- Keep a laminated local contacts sheet at every venue: Children’s Services/MASH (E&W), Social Work/CPC (Scotland), HSC Trust Gateway (NI), Tusla and HSE SPTs (ROI), police non-emergency numbers, and LADO (E).
- Update contact details annually and after any venue move.

Safeguarding Responsibilities

Applies to: All IGA personnel (staff, coaches, volunteers, officials, tutors/assessors, contractors), affiliated clubs, event partners, parents/carers, and participants across England & Wales, Scotland, Northern Ireland, and the Republic of Ireland.

Core duty (everyone)

- Protect first: If anyone is in immediate danger, contact police (UK 999 / ROI 999 or 112) and take proportionate steps to keep them safe.
- Recognise & report: If you see, hear, suspect, or are told about harm—or poor practice that could lead to harm—you must report it at once to the Club Welfare Officer (SWO) or IGA Safeguarding.
- Refer without delay: Where thresholds are met, referrals to statutory services must be made the same day via the nation-specific routes (see "Reporting Routes by Nation").
- Do not investigate first if this could delay or compromise statutory enquiries.
- Share information lawfully and keep objective records (facts, dates/times, actions taken, who was informed).

Nation-specific escalation (summary)

- England & Wales: Children → Local Authority Children's Services; staff/volunteer allegations → LADO; adults at risk → Local Authority (Care Act s.42).
- Scotland: Children → Social Work via Child Protection Committee; adults at risk → Adult Support & Protection routes.
- Northern Ireland: Children → HSC Trust per SBNI; adults at risk → HSC adult safeguarding.
- Republic of Ireland: Children → Tusla (mandated/non-mandated); adults at risk → HSE Safeguarding & Protection Teams; Gardaí where criminal risk.

Role-specific responsibilities

1) IGA Board of Directors

- Owns safeguarding and ensures sufficient governance, resources, and assurance.
- Approves policy and requires immediate implementation of updates across all clubs.

2) IGA Designated Safeguarding Lead (DSL) & Safeguarding Team

- Maintains policy and nation-specific procedures; monitors legal changes.
- Receives concerns and makes/oversees statutory referrals without delay.
- Coordinates complex/serious cases with police/social care/Tusla/HSE/HSC.
- Considers barring referrals (DBS/Disclosure Scotland/AccessNI) when removal/would-remove thresholds are met; notifies competent ROI authorities where required.
- Provides templates, training, audits, and case guidance to clubs and events.

3) Club Committee / Senior Safeguarding Lead

- Ensures full local implementation and compliance with this policy.
- Appoints and supports an independent Welfare Officer (SWO), separate from coaching/management.

- Maintains Single Central Record (vetting/training) and ensures updates/renewals.
- Oversees culture: no lone working, ratios, online safety, photography controls, trip planning, and emergency procedures.

4) Club Welfare Officer (SWO) — independent role
- Visible and contactable; display photo/name/contact in all environments.
- Receives concerns; assesses risk; makes timely referrals via nation-specific routes; informs IGA DSL.
- Keeps secure, accurate records and updates the risk/decision log.
- Briefs staff/volunteers/parents on how to report and supports individuals through the process.
- Completes and refreshes safeguarding training and national vetting appropriate to the nation of delivery.

5) Head Coach & Coaching Team
- Deliver sessions safely: ratios, two-adult rule, risk assessments, equipment checks, coaching touch guidance, inclusion.
- Maintain professional boundaries and follow Positions of Trust and Online Safety & Digital Communicationsstandards (no private 1-to-1 DMs with U18s from personal accounts).
- Escalate concerns immediately to the SWO; support statutory enquiries.

6) Squad / Event / Trip Welfare Officer
- On-call during events/trips; implements the Event/Trip Safeguarding Plan (roles, contact tree, rooming, transport, photography, emergency actions).
- Receives concerns on site and initiates referrals as needed; records actions.

7) Regional Welfare Officer (where appointed)
- Supports clubs regionally, advises on complex cases, and liaises with IGA DSL.
- Assists with quality assurance, training, and audits at regional activities.

8) All Staff, Volunteers, Officials, Tutors/Assessors, Contractors
- Hold current vetting and mandatory safeguarding training for the nation of delivery.
- Use approved communication channels; keep interactions observable and interruptible.
- Report concerns immediately and cooperate with investigations.

9) Third-Party Providers (venues, medics, photographers, transport, security)
- Must meet equivalent safeguarding standards and evidence correct vetting/training.
- Follow club/IGA reporting procedures; agree information-sharing routes.

10) Parents/Carers & Participants
- Know how to contact the SWO and how to raise concerns.
- Follow venue rules, photography/filming guidance, and digital-comms expectatio

Allegations about staff/volunteers (positions of trust)

- Treat as high priority. Route via the relevant authority (e.g., LADO in England; Social Work/CPC in Scotland; HSC Trust/SBNI in NI; Tusla/Gardaí in ROI).
- Apply interim safety measures (e.g., removal from regulated/relevant work) as advised.
- After statutory handling, consider barring referrals (DBS/Disclosure Scotland/AccessNI) or notify competent ROI authorities.

Information sharing, records & data protection

- Share information lawfully and proportionately (UK GDPR/Data Protection Act; EU GDPR/Irish law in ROI) to protect people from harm.
- Keep contemporaneous, factual records (who/what/when/where; actions; referrals; outcomes); store securely and retain per the policy.

Training & competence

- Induction: safeguarding (children and adults at risk), Positions of Trust, online/digital, ratios, reporting, emergency actions.
- Refresher: at least every 3 years (or sooner where national guidance requires).
- Role-specific CPD for SWOs, Head Coaches, event leads, and tutors/assessors.

Non-compliance

Failure to meet these responsibilities may result in removal from duty, disciplinary action, and/or withdrawal of club affiliation. Where doubts arise, seek guidance immediately from the SWO or IGA Safeguarding and take the safest reasonable action to protect the child or adult at risk.

Duty to Refer to Barring Authorities

Purpose. This section sets out when and how the Independent Gymnastics Association (IGA) and affiliated clubs must make referrals to barring authorities when an individual poses (or may pose) a risk to children or adults at risk. It applies in England & Wales, Scotland, Northern Ireland, and the Republic of Ireland (ROI).

Who this applies to. All staff, coaches, volunteers, officials, tutors/assessors, contractors, and third-party providers engaged by IGA or affiliated clubs.

1) When a referral is required

A referral must be made without delay when IGA or a club has:

- Removed an individual from regulated activity/relevant work, or
- Would have removed them had they not resigned, ceased volunteering, or moved role,

because the individual:

1. Harmed a child or adult at risk, or
2. Posed a risk of harm, or
3. Engaged in relevant conduct (e.g., abuse, grooming, serious boundary violations, sexual misconduct, serious violence), or

4. Satisfied a "risk/harm test" based on credible information (even if no specific incident is proven).

This duty applies regardless of: employment status (paid/unpaid), the person's length of service, whether police action is taken, or whether there is a criminal conviction.

2) Where to refer (by nation)

- **England & Wales:** Refer to the Disclosure and Barring Service (DBS) (Children's and/or Adults' Barred Lists as applicable).
- **Scotland:** Refer to Disclosure Scotland (Protecting Vulnerable Groups — PVG).
- **Northern Ireland:** Refer to DBS (barred lists apply in NI). Disclosures are via AccessNI, but barring referrals go to DBS.
- **Republic of Ireland:** There is no central barring scheme. Where removal/would-remove thresholds are met, organisations must:
  - Notify Tusla (child protection) and/or HSE Safeguarding & Protection Teams (adults at risk).
  - Notify An Garda Síochána where criminality is suspected.
  - Consider notification to any professional regulator (e.g., health professions), licensing body, or governing body as applicable.
  - Record the decision and the protective measures put in place (e.g., do not re-engage).

3) Who makes the referral

- **Club level:** The Senior Safeguarding Lead and Welfare Officer (SWO) agree the decision and submit the referral.
- **IGA level:** The IGA Designated Safeguarding Lead (DSL) must be informed immediately and may co-submit or submit on behalf of the club, ensuring consistency and tracking.
- **Escalation:** If a club fails to refer where criteria are met, the IGA DSL will make the referral and may initiate compliance action against the club.

4) Timing

- Make the referral as soon as the removal/would-remove decision is taken.
- Do not wait for the outcome of internal processes, police investigations, or court proceedings.
- If new information later lowers the risk, notify the barring authority with an update.

5) Evidence package (what to include)

Prepare a factual, structured dossier:

1. **Identification:** Full name(s), DOB, contact details, role(s), club, nations of work, vetting status (DBS/PVG/AccessNI/Garda), membership/ID numbers.
2. **Reason for referral:** Clear summary of the behaviour/incident(s) and how criteria in §1 are met.
3. **Chronology & records:** Dates/times, incident reports, statements, safeguarding logs, emails/messages, screenshots (with metadata where possible).
4. **External actions:** Police/criminal reference numbers, social care/Tusla/HSE/HSC contacts, LADO (England) communications, outcomes to date.
5. **Protective actions:** Suspension/removal decisions, supervision applied, contact restrictions, event bans.
6. **Risk assessment:** Current assessed risk and rationale, including any pattern of behaviour or breach of conditions.

- **Contact:** Named IGA/club contact for follow-up.

Store all materials securely and retain per the policy's retention schedule.

6) Interface with statutory safeguarding routes

- **Children (England):** Allegations about staff/volunteers must be reported to LADO as well as considering a barring referral.
- **Scotland/NI/ROI:** Continue to notify and cooperate with Social Work/CPC, HSC Trust/SBNI, Tusla/HSE, and police as applicable.
- **Barring referrals do not replace statutory safeguarding referrals;** both may be required.

7) Interim risk management

Pending decisions by authorities:

- Remove the individual from regulated activity/relevant work and any supervisory/selection roles.
- Apply contact restrictions (including online), remove access to systems, and exclude from events/venues as necessary.
- Communicate need-to-know information to protect participants and staff; keep records of who was informed and why.

8) Data protection & confidentiality

- Share information on a lawful basis to protect individuals (UK GDPR/Data Protection Act; EU GDPR/Irish law in ROI).
- Limit disclosures to what is necessary and proportionate; mark documents confidential; use secure transmission.
- Keep a complete audit trail of what was shared, with whom, and when.

9) Post-referral actions

- **Track:** Maintain a referral log with dates, reference numbers, and status updates.
- **Cooperate:** Respond promptly to requests from barring authorities and statutory agencies.
- **Update:** If new information emerges (further incidents, retractions, outcomes), send an addendum.
- **Inform:** Once safe to do so, inform relevant internal stakeholders of outcomes and any lasting safeguards/conditions.

10) ROI: additional employer safeguards

Because ROI has no barred-list scheme:

- Keep a flag on internal systems to prevent re-engagement.
- Inform partner clubs/venues (on a need-to-know basis) where there is a credible safeguarding risk.
- Where applicable, notify regulators/licensing bodies (e.g., health professions) and Sport Ireland programmes where required by their rules.

11) Quality assurance & compliance

- The IGA DSL audits club barring-referral decisions and records.
- Failure to refer when criteria are met, or failure to apply protective measures, may result in disciplinary action and withdrawal of affiliation.

12) Practical decision checklist (use every time)

1. Have we removed or would we remove the person from regulated/relevant work because of harm/risk?
2. Does the case involve children and/or adults at risk?
3. Have we notified statutory safeguarding routes (Children's Services/LADO, Social Work/CPC, HSC Trust, Tusla/HSE, police)?
4. Have we compiled the evidence package and submitted to the barring authority (DBS/Disclosure Scotland/DBS for NI; ROI notifications as per §2)?
5. Are interim safeguards in place and recorded?
6. Have we recorded all actions and planned follow-ups?

Recognising Signs and Indicators of Abuse

Why this matters. Abuse, neglect and exploitation are not always obvious. Many children and adults at risk cannot recognise, describe, or disclose what is happening. Everyone involved with IGA must remain vigilant to changes, patterns and context, act on concerns early, and follow the reporting procedures in this policy.

Principles for recognition

- Behaviours are signals. Look for changes in mood, presentation, relationships, performance, or attendance—not just injuries.
- Patterns over time. A single indicator may be ambiguous; clusters or repeated concerns increase risk and must be reported.
- Listen and notice. Believe the essence of what a child/adult tells you; notice non-verbal cues and inconsistencies.
- Heightened vigilance. Extra attention where there are communication difficulties, disabilities, neurodivergence, mental health needs, language barriers, or dependency on carers.
- Act on indicators. You do not need proof. If you're worried, report.

Core categories & example indicators

Children (aligns with national guidance)

- **Physical abuse:** unexplained/branded injuries, patterned marks, injuries inconsistent with explanations, fear of going home/particular adults, flinching at sudden movements.
- **Emotional/psychological abuse:** persistent criticism/belittling, excessive need to please, anxiety, low mood, self-harm ideation, regression, sudden loss of confidence.
- **Sexual abuse/exploitation (including online):** sexualised behaviour or knowledge inappropriate for age, STIs/pregnancy, difficulty sitting/walking, gifts/cash from unknown sources, secretive online activity, older "friend."
- **Neglect:** poor hygiene, inadequate clothing, hunger, untreated medical/dental needs, frequent absences, chronic tiredness, unsafe supervision.
- **Exposure to domestic abuse:** hypervigilance, startle responses, aggression or withdrawal, protective behaviour towards a parent/carer.
- **Child criminal/sexual exploitation (CCE/CSE):** going missing, sudden money/tech, new controlling peers/older associates, multiple phones, unexplained travel, fear of retaliation.
- **Radicalisation/extremism:** fixation with extremist narratives, sudden intolerance/hatred, secrecy online, contact with extremist groups.

Adults at risk (labels vary by nation; examples below)

- **Physical abuse:** injuries, restraint marks, delay in seeking treatment, caregiver explanations that don't fit.
- **Domestic abuse / coercive control:** fearfulness, isolation by a partner/family member, controlled access to money/phone/transport, intimidation.
- **Sexual abuse/exploitation:** STIs, bruising, withdrawn behaviour, new "carer" controlling access, transactional sex.
- **Psychological abuse:** threats, humiliation, enforced isolation, loss of confidence, distress around specific people.
- **Financial/material abuse:** missing money/possessions, sudden changes to banking/benefits, unpaid bills despite funds, new "handlers."
- **Organisational/institutional abuse:** rigid regimes, lack of privacy or choice, unsafe routines, punitive responses.
- **Neglect/acts of omission:** missed medication, poor nutrition/hydration, unsafe living conditions, missed health appointments.
- **Self-neglect (including hoarding):** extreme clutter, compromised hygiene/safety, refusal of essential support—consider capacity and safeguarding pathways.
- **Modern slavery/trafficking:** fear, multiple occupants per room, long hours, restricted movement, someone speaking for them, injuries consistent with control.

Sport-specific red flags (children and adults)

- **Boundary breaches by adults in positions of trust:** favourites, gifts, private 1-to-1 messages, "special" lifts, secret meetings, excessive physical contact outside technique.
- **Overtraining/unsafe practice:** repeated injuries, pressure to train through pain, disregard for medical advice.
- **Body image/weight control pressure:** sudden weight change, food avoidance, disordered eating behaviours encouraged or ignored.
- **Isolation or exclusion:** separating an athlete from peers/normal supervision; controlling access to others.
- **Inappropriate changing arrangements:** adults in changing areas with athletes; lack of supervision or privacy.
- **Grooming indicators:** escalating personal disclosures, flattery, testing rules, discouraging the athlete from speaking to others.

Online and digital indicators

- Secretive communications: late-night messaging, "disappearing" chats, alternate accounts.
- Inappropriate content: sexualised images, bullying/hate speech, requests for images, pressure to keep secrets.
- Livestream risks: directing the camera to intimate areas, private live sessions, unsolicited screen recordings.

Additional vulnerability cues

- **Communication barriers:** limited speech, AAC use, language differences—watch for behavioural changes and routines disrupted.
- **Dependency on others for care/transport/communication:** increases risk of coercion or financial abuse.
- **Minority stress factors:** disability, LGBTQ+, minority ethnic or faith backgrounds—heightened exposure to discrimination and bullying.

What to do when you notice indicators

1. Ensure immediate safety. If urgent risk, call police (UK 999 / ROI 999 or 112) and follow first-aid/medical procedures.
2. Record facts promptly. Who, what, when, where; exact words if disclosed; injuries/marks (use a body map if your club uses them; do not examine areas normally covered by clothing).
3. Report the same day. Tell the Welfare Officer (SWO) or IGA Safeguarding and follow the Reporting Routes by Nation.
4. Do not promise confidentiality. Explain you will have to share concerns to keep them safe.
5. Do not investigate. Do not question extensively, seek proof, or contact the alleged person—refer.
6. Preserve evidence. Keep clothing if relevant (bag separately), save screenshots/URLs with timestamps, avoid deleting messages.
7. Inform parents/carers where appropriate unless this increases risk, compromises evidence, or they are implicated (seek SWO/authority advice).

Recording standards

- Objective and contemporaneous. Stick to observable facts and the person's words; time/date/sign every entry.
- Secure storage. Use the club/IGA safeguarding system; restrict access to need-to-know only.
- Link to actions. Note referrals made, advice received, interim safeguards, and follow-up dates.

Poor Practice

To prevent harm by identifying and challenging conduct that falls below expected standards but may not (yet) meet the threshold for abuse. Poor practice erodes boundaries and increases risk; it must be addressed immediately.

Applies to: Everyone in IGA environments (staff, coaches, volunteers, officials, tutors/assessors, contractors, parents/carers, participants, visitors).

What is poor practice?

Behaviours, decisions, or omissions that are inconsistent with policy, professional boundaries, or safe coaching standards, including actions undertaken with "good intentions." Poor practice can occur in person or online and may involve children or adults at risk.

Examples (not exhaustive)

Supervision & environment

- Being alone with a child/adult at risk without a planned, recorded, and time-limited reason; failing to ensure interactions are observable and interruptible.
- Running sessions with insufficient ratios or lone working.
- Using private spaces (e.g., closed rooms, cars) for conversations when a suitable open area is available.

Physical contact & coaching touch

- Touch that is unexplained, unnecessary, or poorly timed (e.g., from behind without warning).
- Failing to explain, ask, check, record when demonstrably necessary for technique/safety.

Language, behaviour & relationships

- Inappropriate jokes, comments, nicknames, or overfamiliarity.
- Favouritism, gifts, or "special" treatment; socialising 1-to-1 outside agreed boundaries.
- Blurred professional boundaries (sharing personal problems, excessive personal messaging).

Online & digital conduct

- Private 1-to-1 DMs with U18s from personal accounts; use of disappearing messages; late-night chats.
- Sharing/allowing inappropriate content (sexualised, demeaning, hateful).

Changing rooms, transport, trips & events

- Adults changing with children; inadequate supervision; poor door/visibility practice.
- Unlogged lifts in private vehicles; unapproved detours or stops.
- Rooming plans that do not meet policy; informal invitations to private spaces.

Training load & wellbeing

- Pressuring athletes to train through injury/illness; ignoring medical advice.
- Weight/body-image pressure; comments likely to promote disordered eating.

Administration & safeguarding culture

- Ignoring or delaying reporting of concerns; incomplete records; bypassing the Welfare Officer.
- Using unvetted personnel on site during sessions (16+) contrary to the vetting policy.
- Allowing uncredentialled photography/filming; poor consent management.

Immediate actions if poor practice occurs

- Make it safe now. Adjust the situation so it meets policy (add a second adult, move to an open area, cease the behaviour).

- Report the same day to the Welfare Officer (SWO) or IGA Safeguarding. If the conduct potentially meets a statutory threshold (e.g., grooming, assault, serious boundary violation), follow Reporting Routes by Nationimmediately.

- Record factually: who/what/when/where, actions taken, who was informed. Store securely.
- Inform parents/carers where appropriate, unless this increases risk or they are implicated (seek SWO guidance).

Self-reporting
If you believe your own actions may have caused distress, been misinterpreted, or breached boundaries (e.g., unplanned 1-to-1 situation, unintended inappropriate comment, poorly judged physical contact):
- Inform the SWO immediately, provide a factual account, and cooperate with any review.
- Do not attempt to resolve privately with the participant or family without SWO advice.

Managing poor practice
- SWO response: assess risk; decide on advice, retraining, increased supervision, written warning, or referralwhere thresholds are met.
- Patterns/repeats: repeated poor practice, escalation, or non-cooperation will trigger disciplinary action and may result in removal from role and/or referral to statutory/barring authorities.
- Learning: clubs must capture themes in training, supervision, and environment changes.

Standards to prevent poor practice (every session)
- Two-adult rule; no lone working.
- Observable and interruptible interactions; doors open/windows in doors where practicable.
- Approved communication channels only; include a parent/guardian in group comms with U18s.
- Explain—Ask—Check—Record for coaching touch; follow the Physical Contact guidance.
- Planned transport and rooming with logs and approval; never ad-hoc lifts.
- Vetting in place for all on-site roles (16+) during sessions.
- Prompt reporting & recording of concerns and incidents.

Responding to Disclosure

Applies to: Everyone involved in IGA activity (staff, coaches, volunteers, officials, tutors/assessors, contractors, parents/carers).

Purpose: To protect the person making (or about whom someone makes) a disclosure and to ensure actions comply with the relevant home-nation frameworks and IGA policy.

1) First principles (all nations)
- **Safety first:** If someone is in immediate danger or needs urgent medical help, call police/ambulance (UK 999; ROI 999/112) and take proportionate steps to protect.
- **Stay calm, listen, believe:** Be non-judgmental. Allow the person to speak in their own words and at their pace. Avoid shock, anger, or disbelief.
- **Do not investigate**: Do not ask leading or multiple questions, seek proof, or confront the alleged person. Preserve the person's account for specialist interview (e.g., ABE in E&W/NI; JII in Scotland; Tusla/An Garda Síochánaprocesses in ROI).

- **No confidentiality promises:** Explain you must share concerns with those who can help keep them safe. Only those who need to know will be told.
- **Reassure appropriately:** Thank them for telling you; state it's not their fault; explain what will happen next in simple terms.
- **Take minimal notes at the time (if any):** If you must write while listening, note exact words and key facts; otherwise record immediately after.

2) Step-by-step response

1. **Listen & acknowledge**
   - Use open prompts ("Tell me what happened," "Then what?").
   - Do not probe for detail, speculate, or offer explanations.
2. **Clarify immediate needs**
   - Are they safe now? Any injuries? Do they need a safe adult present?
   - Arrange first aid/medical support; avoid bathing/changing if sexual assault is suspected (to preserve forensic evidence).
3. **Explain next steps**
   - You will inform the Club Welfare Officer (SWO) / IGA Safeguarding and the concern may be referred to statutory services.
4. **Record promptly**
   - Record verbatim phrases, time/date, who was present, what you saw/heard, actions taken.
   - Use the club/IGA Recording Concerns form; sign and date.
5. **Report the same day**
   - Notify the SWO (or IGA DSL if the SWO is unavailable/implicated).
   - Follow Reporting Routes by Nation for statutory referral (children and/or adults at risk).
   - For allegations about staff/volunteers (positions of trust), use the nation-specific route (e.g., LADO in England).
6. **Preserve evidence**
   - Keep clothing/items separately bagged (if relevant).
   - Save digital evidence (screenshots/URLs, timestamps). Do not alter or forward content except to designated safeguarding channels.
7. **Ongoing support**
   - Arrange a safe adult/chaperone as appropriate; discuss immediate welfare needs and signpost to support (e.g., counselling, advocacy).
   - Agree a simple plan for who will update them and when.

3) Children vs. adults at risk — key differences

- Children: Welfare is paramount. Consent is not required to share information where there is a risk of significant harm. Referral thresholds and routes follow Working Together (England) / CPC Guidance (Scotland) / SBNI (NI) / Children First (ROI).

Adults at risk: Aim for Making Safeguarding Personal (choice, control, outcomes). Seek consent to share unless there is risk of serious harm, coercion/duress, impaired capacity, or others (including children) are at risk.

- **Capacity:** If capacity is in doubt, follow the relevant national approach (E&W: Care Act principles and Mental Capacity Act; Scotland: ASP and Adults with Incapacity; NI: Mental Capacity Act (NI); ROI: Assisted Decision-Making (Capacity) Act 2015).
- Where a crime may have occurred, you may still need to inform police/social services even without consent if justified by risk.

4) Nation-specific signposts (what your SWO/DSL will use)

- **England & Wales**
  - Children: Local Authority Children's Services (MASH/Front Door).
  - Allegations about staff/volunteers: LADO without delay.
  - Adults at risk: Local Authority Adult Safeguarding (Care Act s.42).
  - Specialist interviewing: Achieving Best Evidence (ABE).
- **Scotland**
  - Children: Social Work via local Child Protection Committee (CPC) procedures.
  - Adults at risk: Adult Support and Protection (duty to inquire).
  - Specialist interviewing: Joint Investigative Interview (JII).
- **Northern Ireland**
  - Children: HSC Trust Gateway team (per SBNI).
  - Adults at risk: HSC adult safeguarding.
  - Specialist interviewing: ABE (NI).
- **Republic of Ireland**
  - Children: Tusla (Mandated Report or standard CPWRF as applicable); Gardaí for urgent criminal risk.
  - Adults at risk: HSE Safeguarding & Protection Teams; Gardaí where criminal risk.
  - Mandated Persons must submit their own report to Tusla (in addition to club/IGA notification).

5) If the alleged person is a staff member/volunteer (positions of trust)

- Treat as high priority; keep the person who disclosed away from the alleged person.
- Do not discuss with or warn the alleged person.
- Inform SWO/IGA DSL immediately.
- Follow nation-specific routes (e.g., LADO in England) and apply interim measures (e.g., removal from regulated/relevant activity) as advised by authorities/IGA.
- After statutory handling, consider the duty to refer to barring authorities (DBS/Disclosure Scotland/AccessNI).

6) Special considerations

- **Communication/Accessibility:** Offer interpreters, trusted supporters, or communication aids. Avoid family members as interpreters where abuse is intra-familial.
- **Diversity & inclusion:** Be sensitive to culture, faith, disability, sexuality/gender identity—avoid stereotypes; focus on safety and rights.
- **Online disclosures:** Treat exactly as in-person; preserve digital evidence; follow Online Safety & Digital Communications standards.
- **Historic/non-recent abuse:** Report in the same way; it may still indicate risk to others and may be criminal.

7) Recording standards & data protection

- **Objective, precise, timely:** Use the person's exact words where possible; avoid opinion.
- **Secure & limited access:** Store records on the club/IGA safeguarding system; share on a need-to-know basis only.
- **Data law:** Share and store information lawfully and proportionately (UK GDPR/Data Protection Act in the UK; EU GDPR/Irish law in ROI).
- **Retention:** Follow the policy's Retention of Records schedule.

8) What not to do

- Do not promise to keep secrets.
- Do not ask leading questions ("Did they do X to you?") or press for detail.
- Do not make judgments about the alleged person or offer confidential advice outside policy.
- Do not delay referrals while seeking internal approval or "more evidence."
- Do not contact the alleged person or their family/friends.

9) Aftercare and follow-up

- Agree how the person will be kept informed (age/understanding appropriate).
- Provide or signpost emotional support (e.g., GP, counselling, advocacy services, national helplines).
- Debrief relevant staff and review any immediate safeguards (supervision, environment, communications).
- Reflect learning into training and practice.

Information Sharing

To set clear, lawful, and consistent rules for sharing information to protect children and adults at risk across England & Wales, Scotland, Northern Ireland, and the Republic of Ireland (ROI). These rules apply to all IGA personnel, affiliated clubs, event partners, contractors, and volunteers.

It is not the role of IGA staff, volunteers, or members to investigate suspected abuse or neglect, whether it involves a child or a vulnerable adult. However, it is our responsibility to report any concerns and share relevant information with the appropriate statutory authorities when necessary, in line with safeguarding laws and regulations. This ensures that the proper investigations can take place and that individuals at risk receive the protection and support they need.

If an individual is at immediate risk of significant harm, a referral should be made without delay to the relevant authorities, such as the Local Authority Social Services or the police, who are responsible for investigating suspected criminal offences. It is crucial that any action taken prioritises the immediate safety and well-being of the individual at risk.

1) Core principles

- **Safeguarding first**. If sharing information is necessary to protect someone from abuse or neglect, you should share—promptly and with the right people.
- **Necessary & proportionate.** Share only what is needed, with only those who need to know, when they need it.
- **Timely.** Do not delay a statutory referral while seeking consent or internal sign-off where risk is present.
- **Accuracy.** Record facts, clearly distinguish opinion, and correct inaccuracies quickly.
- **Security.** Use secure channels and store records in approved systems with restricted access.
- **Accountability.** Keep an audit trail of what was shared, with whom, when, why, and under which legal basis.

2) Lawful bases (high-level)

United Kingdom (England & Wales, Scotland, Northern Ireland)

- **Article 6 UK GDPR — lawful bases commonly used:**
  - **Vital interests** (to protect life/physical integrity).
  - **Public task (**functions in the public interest/official authority, including safeguarding duties).
  - **Legitimate interests** (for non-public bodies, balanced against the rights of the data subject).
- **Article 9(2) — special category data (health, etc.):**
  - **Vital interests, medical purposes, or substantial public interest for safeguarding of children and individuals at risk** (with appropriate policy/documentation under the Data Protection Act 2018, e.g., Sch. 1 conditions).
- **Criminal offence data:** Process in line with the Data Protection Act 2018 safeguards.

Republic of Ireland

- **Article 6 EU GDPR — lawful bases commonly used:**
  - Vital interests, public interest/public authority, or legitimate interests (as appropriate).
- **Article 9(2) — special category data:**
  - **Vital interests, medical/social care, or substantial public interest** consistent with Irish law and Children First/HSE safeguarding guidance.

- Criminal offence data: Process under Irish Data Protection Act 2018 conditions.

Consent is not required to share information for safeguarding where another lawful basis applies and sharing is necessary and proportionate to protect a child or adult at risk. Where appropriate and safe, involve the person (and parents/carers for children) in the decision to share.

3) When you must share without waiting for consent

- Immediate risk of significant harm or serious crime.
- Coercion/duress or intimidation suspected.
- Capacity concerns (adults at risk) where the person cannot make an informed decision and delay increases risk.
- Risk to others, including other children or adults at risk.
- Allegations about staff/volunteers (positions of trust) meeting the nation-specific thresholds (e.g., LADO in England).

4) Who you share with (by scenario)

- **Child protection concerns:**
  - **England & Wales:** Local Authority Children's Services (MASH/Front Door).
  - **Scotland:** Social Work via Child Protection Committee procedures.
  - **Northern Ireland:** HSC Trust (per SBNI guidance).
  - **ROI:** Tusla (Mandated Report Form or CPWRF).
- **Adults at risk:**
  - **England & Wales:** Local Authority Adult Safeguarding (Care Act s.42).
  - **Scotland:** Adult Support and Protection (duty to inquire).
  - **Northern Ireland:** HSC Adult Safeguarding.
  - **ROI:** HSE Safeguarding & Protection Teams.
- **Criminal concerns / immediate danger:** Police (UK 999 / ROI 999 or 112).
- **Allegations about staff/volunteers (positions of trust):**
  - **England:** LADO without delay; also inform IGA Safeguarding.
  - **Scotland/NI/ROI:** Follow local procedures with Social Work/HSC/Tusla and police as directed.

5) What you share (minimum content)

- **Identity:** Name, DOB, contact details, club, known additional needs; parent/carer details (for children).
- **Concern:** What happened, when, where, how you know (disclosure/observation/third party).
- **Risk:** Immediate risks, injuries, and protective actions already taken.
- **People involved:** Alleged person's details/role/relationship if known; witnesses.
- **Contact:** Your details and best times to call; how to reach the SWO/IGA DSL.

Share copies of relevant records (forms, timelines, screenshots) securely when requested by statutory services.

6) Information sharing with parents/carers and the person concerned

- **Children:** Inform parents/carers unless doing so:
  - places the child at further risk,
  - compromises evidence/police action, or
  - the parent/carer is implicated or cannot be contacted safely.
  - Take advice from statutory services/IGA Safeguarding where unsure.
- **Adults at risk:** Seek the person's views/consent where safe and appropriate (Making Safeguarding Personal). You may share without consent where risk is serious, capacity is impaired, or others are at risk. Record your decision and rationale.

7) Cross-border and multi-agency sharing

- **Place of delivery governs.** Use the framework of the nation where the activity occurred. If participants/agencies span nations or UK↔ROI, apply the higher protective standard and record your rationale.
- **Cross-border transfers:** Ensure a lawful basis, data minimisation, and secure transfer (encrypted email, secure portals).
- **Schools/health/other sports:** Share on a need-to-know basis to protect the person and enable coordinated action; keep a clear record.

8) Security standards (how to share)

- Use IGA/club-approved systems (encrypted email, secure portals, case-management tools).
- Do not send safeguarding information via personal email, personal messaging apps, or unencrypted devices.
- Label documents "Confidential — Safeguarding"; include version/date and page numbers.
- Verify recipient identity before sending; confirm receipt for urgent referrals.

9) Recording & retention

- Complete the Recording Concerns form promptly; time/date/sign entries.
- Upload to the secure safeguarding record; restrict access to need-to-know personnel (SWO, Senior Safeguarding Lead, IGA DSL).
- Retain records in line with the policy's Retention of Records schedule and applicable law. Do not keep local/duplicate copies outside the secure system.

10) Requests for information (SARs, legal requests, regulators)

- **Subject Access Requests (SARs):** Refer immediately to the club's Data Lead/IGA DSL. Safeguarding records may be disclosed in part with redaction to protect third parties or ongoing investigations, in line with law.
- **Police/statutory requests:** Share promptly on a lawful basis; log what was shared and the legal basis.
- **Court orders/regulators:** Comply within the stated timeframes; seek DSL/legal advice where needed.

11) Training & oversight

- All personnel involved in safeguarding must complete data protection and information-sharing training at induction and refresh at least every 3 years (or sooner if guidance changes).
- **Audit:** IGA Safeguarding may audit clubs' information-sharing records and processes. Findings must be actioned within agreed timescales.

12) Practical checklist (use every time)

1. Is there a safeguarding risk? If yes, share appropriately.
2. Who needs to know? Identify the statutory route and Welfare Officer/IGA DSL.
3. What is necessary? Share only what's needed; keep it accurate.
4. What is the lawful basis? (e.g., vital interests, public task, substantial public interest — safeguarding).
5. Is the person/parent informed? If safe/appropriate; if not, record why.
6. How will you send it? Use secure channels.
7. Have you recorded it? Date/time, what, who, basis, outcome, next steps.

Cross-Border (UK-ROI) Data sharing note

To set out how IGA clubs and staff share safeguarding information between the UK and the Republic of Ireland (ROI)lawfully, securely, and without delay when it is necessary to protect a child or an adult at risk.

1) **Which law applies?**

- **Exporter's law governs the transfer tool you need.**
  - If you send data from the UK to ROI (EEA), you follow UK GDPR/Data Protection Act 2018.
  - If you send data from ROI (EEA) to the UK, you follow EU GDPR/Irish Data Protection Act 2018.
- **Current adequacy status (time-sensitive):**
  - ROI/EEA → UK: The EU's adequacy decision for the UK has been extended to 27 Dec 2025 while the EU finalises renewal; draft renewed decisions were issued in July 2025 and the EDPB has adopted opinions on them (monitor for final adoption). European Data Protection Board+3Information Commissioner's Office+3DataGuidance+3
  - UK → ROI/EEA: The UK recognises the EEA as adequate, so no UK transfer mechanism is required for sending data to ROI. Information Commissioner's Office

IGA will update this note if the EU's adequacy for the UK changes. Until then, use the rules below.

2) When you can share without delay

- If sharing is **necessary and proportionate to protect** a child or adult at risk (e.g., referrals to **Tusla/HSE SPTs** in ROI or **Children's/Adult Services** in the UK, or to police), share immediately using secure channels and record the lawful basis (**vital interests, public task/substantial public interest — safeguarding**, or equivalent under EU/UK GDPR). See the Information Sharing section of this policy.

3) Transfer tools & fallbacks

A) ROI/EEA → UK

- While EU adequacy for the UK is in force (currently to 27 Dec 2025):
  - You may transfer safeguarding data to UK recipients without SCCs; still ensure necessity, proportionality, and security. Information Commissioner's Office+1
- **If EU adequacy for the UK lapses in future:**
  a. Put in place EU Standard Contractual Clauses (SCCs) with the UK recipient.
  b. Complete a Transfer Impact Assessment (TIA) addressing UK laws and your safeguards.
  c. Add supplementary measures if needed (e.g., encryption in transit/at rest; access controls; strict purpose limits).
  d. Record decisions and reassess periodically.
  e. (EDPB opinions and Commission drafts from July—Oct 2025 signal renewal is in progress—monitor updates.)

B) UK → ROI/EEA

- EEA is adequate under UK law: no IDTA/Addendum/SCCs are required solely because the recipient is in ROI; still apply UK GDPR principles (lawful basis, minimisation, security, accountability).

4) Lawful bases to rely on (examples)

- **Safeguarding referrals:** Vital interests or public task / substantial public interest (safeguarding) for special-category data; record the basis used under UK GDPR or EU GDPR as applicable.
- **Multi-agency coordination (non-urgent):** Public task/legitimate interests (UK GDPR/EU GDPR), with a risk assessment showing necessity and proportionality.

5) Security & sending

- Use encrypted email or secure portals approved by IGA/club; verify recipient identity; mark documents "Confidential — Safeguarding."
- Share only what is necessary (facts, dates/times, risk, actions taken, contacts).
- Preserve evidence (e.g., screenshots/metadata) and avoid personal messaging apps.

6) Records & accountability

- **Log each cross-border disclosure:** who/what/when/why, lawful basis, transfer tool (if any), and security methodused.
- **Store records in the secure safeguarding system;** restrict access to need-to-know personnel.
- For ROI exporters using SCCs (if adequacy lapses), keep the signed SCCs, TIA, and any supplementary measures with the case file.

7) Practical checklist (UK ↔ ROI)

1. Is sharing necessary to protect someone? If yes, proceed without delay using secure channels.
2. Exporter location? UK or ROI—this determines which regime and transfer tool apply.

3. Adequacy in place?

- ROI→UK: adequacy currently valid to 27 Dec 2025; otherwise use EU SCCs + TIA. Information Commissioner's Office
- UK→ROI: EEA is adequate under UK law. Information Commissioner's Office
- **Record lawful basis** (vital interests/public task/substantial public interest — safeguarding).
- **Minimise & secure** (encrypt, verify recipient).
- **Document** the transfer and outcomes.

Reporting Concerns

It is not the role of IGA personnel to investigate. It is everyone's duty to report concerns promptly to the appropriate safeguarding route so that statutory authorities can assess risk and act.

1) When to report

Report the same day if you:

- see/hear something that makes you worried about a child or an adult at risk;
- receive a disclosure (in person or online);
- observe poor practice that could lead to harm;
- have concerns about a person in a position of trust (coach/official/staff/volunteer);
- become aware of historic/non-recent abuse that may indicate current risk.

If anyone is in immediate danger or needs urgent medical help, call police/ambulance (UK 999 / ROI 999 or 112) first. Then notify the Club Welfare Officer (SWO) and IGA Safeguarding.

2) Who reports and to whom

- Anybody can and must raise a concern to the SWO or IGA Safeguarding immediately.
- The SWO/IGA DSL makes any statutory referral without delay using the nation-specific routes (see "Reporting Routes by Nation").
- Republic of Ireland: If you are a Mandated Person, you must submit your own report to Tusla (in addition to club/IGA notification).

3) Nation-specific routes (summary)

- **England & Wales:**
  - Children → Local Authority Children's Services (MASH/Front Door).
  - Allegations about staff/volunteers → LADO without delay.
  - Adults at risk → Local Authority Adult Safeguarding (Care Act s.42).
- **Scotland:**
  - Children → Social Work (via Child Protection Committee procedures).
  - Adults at risk → Adult Support & Protection (duty to inquire).
- **Northern Ireland:**
  - Children → HSC Trust (per SBNI).
  - Adults at risk → HSC Adult Safeguarding.
- **Republic of Ireland:**
  - Children → Tusla (Mandated Report or CPWRF); Gardaí for urgent criminal risk.
  - Adults at risk → HSE Safeguarding & Protection Teams; Gardaí where criminality suspected.

Where delivery spans more than one nation or is online with mixed locations, apply the stricter standard and record the decision.

4) Timelines and method

- **Urgent risk:** Call police/medical services immediately; make the safeguarding referral the same day by phone if needed.
- **Follow-up record:** Submit a written incident/referral record within 24—48 hours (use the IGA/club form).
- Do not delay a referral while seeking more information or waiting to reach the SWO—make the referral and inform the SWO/IGA DSL as soon as possible.

5) What to include in a referral (minimum)

- **Identity:** name, DOB, club, contact details; known additional needs; parent/carer details (for children).
- **Concern:** what happened, when/where, how you know (disclosure/observation/third party).
- **Risk & actions:** immediate risks, injuries, protective steps already taken (e.g., 999 called).
- **People involved:** alleged person's details/role/relationship (if known), witnesses.
- **Your details:** name/role/contact; best times for a call back.
- Attach relevant records/evidence securely (forms, timelines, screenshots).

6) Allegations about staff/volunteers (positions of trust)

- Treat as high priority. Keep the child/adult at risk away from the alleged person.
- Do not alert the alleged person.
- Route via the appropriate authority (e.g., LADO in England; Social Work/CPC in Scotland; HSC Trust/SBNI in NI; Tusla/Gardaí in ROI).
- Apply interim measures (e.g., removal from regulated/relevant work) as advised.
- After statutory handling, consider the duty to refer to the relevant barring authority.

7) Information sharing and parents/carers

- Share information lawfully and proportionately to protect from harm (UK GDPR/Data Protection Act in the UK; EU GDPR/Irish law in ROI).
- Children: Inform parents/carers unless doing so increases risk, compromises evidence, or they are implicated—take advice from statutory services/IGA Safeguarding.
- Adults at risk: Seek the person's views/consent where safe; you may share without consent if risk is serious, capacity is impaired, or others are at risk. Record your rationale.

8) Recording standards

- Complete the Recording Concerns form promptly; use objective language; include exact words used where possible; time/date/sign entries.
- Upload to the secure safeguarding system; restrict to need-to-know access.
- Keep a log of who was informed, when, advice received, and next steps.

9) Out-of-hours and escalation

- Use local Emergency Duty Teams (UK) or Tusla out-of-hours/Gardaí (ROI) when services are closed.
- If you believe a referral has not been acted on and risk remains, escalate (line manager → SWO → IGA DSL → statutory service manager). Call police if the risk becomes immediate.

10) Support for reporters and those affected

- Provide appropriate welfare support to the person at risk and those who reported in good faith.
- Whistleblowers are protected from detriment; retaliation is misconduct.

11) Interface with IGA procedures

- Statutory processes take precedence. IGA's Complaints & Disciplinary Procedure will run only when safe and appropriate alongside or after statutory action.
- Non-compliance with reporting duties may result in disciplinary action and/or withdrawal of affiliation.

Whistleblowing

o provide safe, confidential routes for anyone to raise concerns about wrongdoing, unsafe practice, or safeguarding failures within IGA or an IGA-affiliated club—especially where the concern involves someone in a position of trust or where normal reporting has not been acted upon.

Applies to: Staff, coaches, volunteers, officials, contractors, parents/carers, participants, and visitors across England & Wales, Scotland, Northern Ireland, and the Republic of Ireland.

1) What is whistleblowing?

Whistleblowing is when a person raises a concern about **wrongdoing in the public interest** (e.g., abuse, neglect, grooming, serious poor practice, cover-ups, falsified vetting/training records, unsafe ratios/lone working, intimidation/retaliation, data misuse), even if they are not directly affected.

Safeguarding first: If a child or adult at risk may be in **immediate danger, call police (UK 999 / ROI 999 or 112)** and follow the **Reporting Concerns procedures**. You can still make a whistleblowing report afterward.

2) Protections (by nation)

- **UK (England & Wales, Scotland, Northern Ireland):** Workers may be protected under the **Public Interest Disclosure Act 1998** (as amended).
- **Republic of Ireland:** Workers may be protected under the Protected Disclosures Act 2014 (as amended).
- IGA additionally commits to protect any person (including parents and young people) who raises safeguarding concerns in good faith from detriment or retaliation in IGA contexts.

Good faith & honesty: These protections do not extend to deliberately malicious or knowingly false allegations. Mistaken but honestly-held concerns are protected.

3) How to raise a whistleblowing concern (routes)

Internal routes (preferred where safe):

1. Club Welfare Officer (SWO) or Club Senior Safeguarding Lead
2. IGA Safeguarding Team / IGA DSL (direct email/portal)
3. IGA Board Safeguarding Lead (where the concern involves senior IGA staff)

External routes (use at any time):

- Statutory services per nation (Children's Services/Social Work/HSC Trust/Tusla; Adult Safeguarding; police).
- NSPCC Helpline (UK) or Tusla advice line (ROI) for safeguarding guidance.
- Protect (UK whistleblowing charity) for independent advice on protected disclosures.
- Regulators/Professional bodies (e.g., Disclosure & Barring bodies, Teaching Council, health regulators) where relevant.

Anonymous reporting: Accepted; however, it may limit feedback and evidence-gathering. Named reports help us act faster and offer protection.

4) What to include

- What happened (facts), when, where, who was involved/aware.
- Any risk to children/adults at risk, and any immediate action already taken.
- Any evidence available (emails, logs, screenshots).
- Whether you fear retaliation or want your identity restricted.

5) Confidentiality & information sharing

- IGA/club will keep your identity confidential and share it only on a need-to-know basis, or where legally required (e.g., police).
- Information will be handled under data-protection law (UK GDPR/Data Protection Act; EU GDPR/Irish law in ROI) and this policy's Information Sharing section.

6) What happens next (process & timelines)

1. **Acknowledge receipt (normally within 2 working days).**
2. Triage & risk assessment by SWO/IGA DSL without delay, including whether statutory referrals are required.
3. Interim safeguards if needed (e.g., remove an individual from regulated/relevant activity, restrict access, strengthen supervision).
4. Enquiry/Investigation: proportionate fact-finding or formal investigation (separate from any police/Tusla/social care enquiries).
5. Outcome & actions: findings recorded; actions may include training, management action, disciplinary measures, onward referrals, or duty-to-refer to barring authorities.
6. Feedback: We will inform you, as far as legally possible, of the outcome in principle and the actions taken to address risk.
7. Review & learning: Any systemic issues feed into policy, training, or audit improvements.

7) Escalation if you believe nothing is being done

If you believe your concern has not been acted upon or risk persists:

- Escalate to the IGA DSL → IGA Board Safeguarding Lead.
- Use an external prescribed person (e.g., statutory services, regulators).
- If at any point risk becomes immediate, call police.

8) Anti-retaliation & support

- Retaliation is prohibited. Bullying, victimisation, exclusion, loss of opportunity, or any adverse treatment for raising a concern is misconduct and may result in disciplinary action and withdrawal of affiliation.
- IGA/clubs will offer appropriate support (e.g., a named contact, wellbeing signposting).
- Where the reporter is a young person, a suitable adult advocate will be offered.

9) Record-keeping

- Keep a secure record of the concern, risk assessment, actions, referrals, and outcomes.
- Limit access to need-to-know personnel.
- Retain according to the policy's Retention of Records schedule.

10) Interface with safeguarding & discipline

- Statutory safeguarding takes precedence. Whistleblowing may run alongside external enquiries.
- IGA's Complaints & Disciplinary procedures will be used where appropriate after safeguarding risks are controlled.
- Where thresholds are met (removal/would-remove), IGA/club will consider referral to barring authorities(DBS/Disclosure Scotland/AccessNI; ROI notifications as applicable).

Responding to an Incident

Applies to: All IGA environments (training, competitions, trips, online), including partner venues and international events.

Goal: Make the situation safe immediately, protect evidence, notify the right people, and ensure statutory referrals are made without delay.

1) Immediate actions (make safe now)

- **Stop the harm.** If unsafe behaviour is ongoing, instruct it to stop at once. Prioritise safety of the person at risk.
- **Two-adult response where possible**. Approach with two vetted adults (ideally the Welfare Officer (SWO) plus another). If only one adult is available, act anyway—do not delay safety actions.
- **Separate and supervise.**

-Move the person at risk to a safe, supervised space.
-Separate the alleged person from participants and remove them from duties/areas of control.

- **Emergency services.** If anyone is in immediate danger or needs urgent medical help, call police/ambulance (UK 999 / ROI 999 or 112).
- **First aid/medical.** Provide first aid. If sexual assault is suspected, avoid bathing/changing to preserve forensic evidence; request a forensic-aware response if available.
- **Welfare presence.** Ensure the person at risk is not left alone; a suitable adult remains with them until a safe handover.

2) Control the scene & preserve evidence

- Do not tidy or alter the area unless necessary for immediate safety.
- Keep clothing/items separately bagged (labelled, dated).
- Digital evidence: save screenshots/URLs with date/time; do not forward/share beyond safeguarding channels.
- Keep a simple log of who enters/leaves the area ("chain of custody" concept).

3) Notifications (in this order)

1. **Emergency services** (if applicable) — immediately.
2. **Club Welfare Officer** (SWO) or, if unavailable/implicated, the IGA DSL — same day.
3. **Venue/security** lead if needed for crowd/area control.
4. **Parents/carers** (children) when safe and appropriate—seek SWO/statutory advice first if the parent may be implicated or informing could raise risk.
5. **Event control/trip lead** (at competitions or travel).

For **allegations about staff/volunteers** (positions of trust), follow the nation-specific route (e.g., LADO in England) and apply interim measures (remove from regulated/relevant activity).

4) Decide the referral route (same day)

Follow **Reporting Routes by Nation — Quick Reference:**

- **England & Wales:** Children → Children's Services (MASH/Front Door); staff/volunteer allegations → LADO; adults at risk → Local Authority Adult Safeguarding (Care Act s.42).
- **Scotland:** Children → Social Work (CPC procedures); adults at risk → Adult Support & Protection.
- **Northern Ireland:** Children → HSC Trust (SBNI); adults at risk → HSC adult safeguarding.
- **Republic of Ireland:** Children → Tusla (Mandated Report/CPWRF) and Gardaí where criminal risk; adults at risk → HSE Safeguarding & Protection Teams (and Gardaí if criminal risk).

Do not wait to gather more information if risk is present—refer and then continue internal steps as advised by authorities.

5) Managing the alleged person

- **Remove from duty** and any contact with participants pending advice (this is protective, not a finding of fact).
- Restrict **system/access** permissions and physical access to the venue/event.
- Instruct them **not to discuss** the incident with participants, parents, or staff.
- After statutory handling, consider **the duty to refer** to barring authorities (DBS/Disclosure Scotland/AccessNI; ROI notifications as required).

6) Recording standards (do this now)

- Complete the Recording Concerns form as soon as practicable (same day):
  - Who/what/when/where (facts only), injuries observed, exact words used if disclosed, actions taken, people informed, reference numbers.
- Time/date/sign every entry; store in the secure safeguarding system with restricted access.
- Attach photos of visible injuries only where appropriate and with care; do not photograph intimate areas.

7) Poor practice incidents (no immediate risk)

If behaviour appears to be serious poor practice (not abuse) and there is no immediate risk:

- **Make it safe** (add an adult, move to open area, stop the behaviour).
- **Inform** the individual privately and respectfully that the conduct is below standards.
- **Report and record** to the SWO **the same day**; SWO to decide on management action (advice, retraining, supervision, warning) or statutory referral if threshold is met.
- Consider informing parents/carers (children) where appropriate.

8) International and multi-federation events

- Follow local laws and event safeguarding rules at the host location.
- Make statutory referrals in the host nation; also inform IGA DSL.
- Where other National/International Federations are involved, notify the relevant federation safeguarding contact in line with host-nation guidance and event protocol.

9) Historic/non-recent allegations

- Treat with the same seriousness as recent incidents.
- Make statutory referrals as above; police may still investigate, and there may be current risk to others.
- Offer support and explain next steps clearly.

10) Communications & confidentiality

- Keep information on a need-to-know basis (see Information Sharing section).
- Media/social media: Only designated IGA/club spokespeople respond; do not comment publicly about individuals or ongoing cases.
- Remind staff/participants not to speculate online.

11) Aftercare & ongoing support

- Offer the person at risk immediate and ongoing support (trusted adult, wellbeing resources, counselling/advocacy signposts).
- Provide appropriate support to witnesses and to staff/volunteers involved in the response.
- Agree who will give updates and how often, consistent with statutory advice.

12) Post-incident review & learning

- The SWO/IGA DSL leads a short debrief (once safe to do so):
  - What worked, what to improve (ratios, supervision, access control, trip planning, comms).
  - Update risk assessments, training, or procedures accordingly.
- Record the review and actions; track to completion.

13) Data protection & retention

- Share/store information **lawfully and securely** (UK GDPR/Data Protection Act; EU GDPR/Irish law in ROI).
- Retain records per the **Retention of Records** schedule.
- Keep an **audit trail** of referrals, advice received, and decisions taken.

International/ Away Activity Note

To set mandatory safeguarding standards for any IGA activity conducted outside the usual home venue—including overnight trips, out-of-area competitions, international camps/events, exchanges, and tours. This note applies to children and adults at risk and must be read with: Home-Nation Frameworks, Reporting Routes by Nation, Positions of Trust, Information Sharing, and Responding to an Incident.

1) Jurisdiction & standards

- Place of delivery governs: Follow the safeguarding law/procedures of the host location (e.g., Scotland, ROI, France).
- Stricter standard rule: Where IGA/UK/ROI policy exceeds the host's requirements, use the stricter standardand record the decision in the trip plan.
- Statutory contacts: Before travel, compile a contacts sheet for the host area: child protection, adult safeguarding, police, ambulance, nearest A&E/urgent care, embassy/consulate (if abroad), venue security, event safeguarding lead.

2) Pre-trip approvals & documentation

- Event/Trip Safeguarding Plan (mandatory):
  - itinerary and accommodation details;
  - named leadership team and Welfare Officer (SWO);
  - supervision ratios and rooming plan;
  - transport plan (providers, routes, rest stops);
  - risk assessment(s), including country-specific risks and free time;
  - reporting routes (host nation) and emergency action cards;
  - communications plan (to/with parents, in-trip updates, media);
  - medication/medical needs register and consent forms;
  - photo/filming permissions and image-use rules;
  - code of conduct (athletes/staff), curfews, and sanctions ladder.
- **Parental/carer consent (children):** Obtain written, informed consent for travel, medical treatment, photography, rooming, and activity specifics.
- **Adults at risk:** Record capacity and decision-making arrangements (e.g., named supporter/advocate; ADM (ROI)/MCA principles (UK) as applicable).
- **Passports/visas/ESTA/ETIAS:** Check validity, visas, and entry rules; record emergency contacts and travel insurance details for each traveller.

3) Vetting, staffing & roles

- **Vetting:** All staff/volunteers on the trip or present at accommodation must hold current national vettingappropriate to their role and the nation they usually operate in (DBS/PVG/AccessNI/Garda). If host law requires additional checks/accreditations, secure them before departure.
- **Competence:** Include a designated SWO, Head Coach, and at least one first-aider per group; ensure gender balance appropriate to the group.
- **Ratios:** Set ratios based on age, needs, environment, and activity risk—never lower than home-standard ratios. One-to-one unsupervised contact is not permitted.
- **Briefings:** Deliver written and verbal briefings to staff and athletes covering conduct, boundaries, contact/curfew rules, hotel etiquette, local laws (alcohol, substances), and how to summon help.

4) Accommodation & rooming

- **Due diligence:** Use reputable providers; verify fire safety, night security, accessible rooms if required, single-sex floors/areas where appropriate.
- **Rooming:**
  - **Children:** no adult shares a room with a child who is not their own.
  - **Siblings/peers:** consider age, maturity, individual needs, and privacy.
  - **Gender identity:** consult the young person/parents (and adult at risk) sensitively and agree a safety-first, dignified arrangement.
- **Night checks:** Planned checks by two adults; log times; staff rooms near participants; clear no-entry rules for rooms.

5) Transport & travel

- **Providers:** Use licensed operators; check insurance and driver rest compliance.
- **Private vehicles:** Avoid; if unavoidable for short transfers, pre-approve, log, and ensure two-adult presence or multiple athletes.
- **Air/rail:** Group check-in, buddy system, rendezvous points, headcounts at transitions.
- **Emergency contingencies:** Alternative routes, spare funds, backup phone/power, and printed contact sheets.

6) Medical, medication & wellbeing

- **Medical forms:** Collect up-to-date medical info, allergies, GP/clinician details, and consent for treatment.
- **Medication:**
  - A named staff member controls storage/administration; double-check and log every dose.
  - For self-carry meds (e.g., inhalers, epipens), confirm they are on person and not left in luggage/rooms.
- **Injury/illness abroad:** Identify nearest medical facilities; for suspected sexual assault, request forensic-awareresponse.
- **Nutrition/hydration:** Plan suitable meals; manage allergies, religious/cultural needs, and competition timings.

7) Supervision, free time & contact rules

- **Observable & interruptible:** Coaching, rehab, and meetings occur in open, visible spaces or with doors open (where feasible).
- **Free time:** Pre-approved locations only; minimum of three athletes together ("rule of three"); fixed check-in times; staff on roaming duty.
- **Curfew:** Set and enforce; room checks logged.
- **Changing areas & pools:** Clear supervision plan; no adult changes with children; photography rules displayed and enforced.

8) Communications & digital safety

- **Contact tree:** Traveller cards with SWO, trip lead, local emergency numbers, hotel address in host language.
- **Parents/guardians:** Pre-trip briefing; method/frequency of updates; emergency contact hotline.
- **Online conduct:** No private 1-to-1 DMs with U18s from personal accounts; group channels only; maintain screenshotable communication.
- **Devices:** Guidance on location-sharing, roaming charges, and safe posting (no room numbers, schedules in real time).

9) Photography, media & image rights

- **Permissions:** Use trip-specific consent records; host-nation law may differ—apply the stricter rule.
- **Accreditation:** Only approved photographers; visible passes; images stored and shared via secure systems; nofilming in changing areas.

10) Insurance & finance

- **Travel & medical insurance:** Confirm sporting activity cover, repatriation, and liability cover for the destination.
- **Event insurance:** Verify host/event policies; keep certificates accessible.
- **Participant cover:** Confirm each gymnast's membership/insurance status is valid for the event type and country.

11) Incidents, concerns & allegations (abroad)

- **Immediate action:** Safety first; follow Responding to an Incident.
- **Statutory referrals:** Make referrals in the host country using local police/social services and inform the IGA DSL.
- **Dual notification:** Where participants are UK/ROI residents, inform home-nation services as advised by IGA DSL.
- **Event organisers:** Inform the event safeguarding lead per accreditation rules.
- **Records:** Keep objective, time-stamped notes; preserve evidence; follow Information Sharing for cross-border transfers.

12) Adults at risk & capacity abroad

- **Capacity:** Apply host-nation emergency practice while respecting home-nation capacity/decision-making arrangements; document best-interest decisions and who was consulted.
- **Supporters/advocates:** Where an adult at risk travels with a supporter, define roles and boundaries in the trip plan.

13) Post-trip debrief & learning

- **Hot debrief** on return (or sooner if needed): incidents, near-misses, supervision effectiveness, venue quality, medical/medication issues, travel logistics.
- **Actions:** Update risk assessments, future itineraries, training, and this note if required; assign owners and deadlines.

14) Pack lists & quick checks (appendix-ready)

- **Documents:** Passports/visas, EHIC/GHIC or equivalent, insurance, consent/medical forms, emergency cards.
- **Safety kit:** First-aid kits, spare meds, emergency cash, chargers/power banks, high-vis/ID lanyards.
- **Admin:** Rooming lists, contact sheets, coach rotas, incident forms, image-consent list, local reporting routes, venue maps.

Investigation

To set out how concerns of abuse or serious poor practice are investigated and coordinated with statutory authorities, and how IGA conducts any internal process—safely, fairly, and lawfully.
Principles (apply in all nations).

- **Safety first:** Protective actions take priority over fact-finding if risk is present.
- **Statutory primacy:** Police and statutory safeguarding agencies lead on criminal/protection matters. IGA will notdo anything that could prejudice those inquiries.
- **Fairness & proportionality:** Treat all parties with dignity; decisions are evidence-based and proportionate.
- **Confidentiality & data law:** Share on a need-to-know basis under UK/EU GDPR and national laws; keep accurate, secure records.
- **Standards of proof:** Criminal processes use beyond reasonable doubt; safeguarding/disciplinary decisions use balance of probabilities.

1) External (statutory) investigations

Criminal investigation (all nations)

- **Lead:** Police (e.g., Police Scotland, PSNI, An Garda Síochána, local police in E&W).
- **Scope:** Suspected offences (e.g., physical/sexual assault, grooming, online offences, coercive control).
- **IGA/club duties:** Preserve evidence, secure scenes/devices, identify witnesses, and cooperate. Do not interview witnesses about the facts beyond immediate safety information.

Child protection investigations

- **England & Wales:** Local Authority Children's Services; may include a Section 47 Children Act 1989 enquiry.
- **Scotland:** Social Work via Child Protection Committee (CPC) procedures; Joint Investigative Interview (JII)as appropriate.
- **Northern Ireland:** HSC Trust per SBNI guidance.
- **Republic of Ireland:** Tusla under Children First (Mandated/Non-mandated reports); Gardaí for criminal risk.

Adult safeguarding investigations

- **England:** Local Authority Adult Safeguarding (Care Act 2014 s.42 enquiries).
- **Wales:** Social Services & Well-being (Wales) Act 2014 duties.
- **Scotland:** Adult Support and Protection (Scotland) Act 2007—duty to inquire.
- **Northern Ireland:** HSC Adult Safeguarding procedures.
- **Republic of Ireland:** HSE Safeguarding & Protection Teams; ADM (Capacity) Act 2015 principles on decision-making.

Positions of trust (E&W): Allegations about staff/volunteers are also referred to the LADO (Local Authority Designated Officer) without delay. Equivalent coordination occurs via Social Work/HSC/Tusla in other nations.

2) Multi-agency coordination

- A strategy discussion/meeting (name varies by nation) may include police, social care/Tusla/HSE/HSC, education, health, IGA, and the club SWO.
- It agrees roles, information-sharing, immediate safeguards, and whether/when IGA may run limited internal steps (e.g., risk management) without compromising statutory work.

3) IGA internal investigation (disciplinary/safeguarding)

When:

- Where statutory agencies advise it is safe, or where concerns do not meet statutory thresholds but indicate policy breaches or serious poor practice.

- **Scope & boundaries:**
- Determines breaches of IGA policy/standards, fitness for role, and organisational learning.
- Will pause/adjust if police/statutory authorities request, to avoid prejudicing their inquiries.

- **Process (typical):**

1. Triage & Terms of Reference by IGA DSL (what, where, time window, evidence sources).
2. Case manager appointed (independent from delivery line); investigator identified.

- **Evidence gathering:** documents, system logs, training/vetting records, messaging/platform extracts, incident forms, witness accounts.

- **Interviews:** trauma-informed approach; right to be accompanied (policy-compliant); written notes agreed.
- **Assessment & findings:** balance of probabilities; link findings to policy clauses/standards.
- **Outcome & action:** no case to answer / management action (training, supervision) / disciplinary (warnings up to removal) / safeguarding measures (restrictions) / duty to refer (see below).
- **Communication:** Outcome-in-principle shared with complainant (as appropriate) and respondent; reasons recorded.
- **Right to appeal:** As set out in the Complaints & Disciplinary Procedure.

Fair treatment & support:

- Offer appropriate welfare support to the reporting person and witnesses.
- The respondent is informed of the allegation in broad terms, safeguards, and process, subject to police/statutory advice.

4) Capacity, consent, and adjustments (adults at risk)

- Apply the relevant nation's capacity framework (e.g., MCA 2005 E&W; ASP/Adults with Incapacity Scotland; MCA (NI); ADM 2015 ROI).
- Make reasonable adjustments (communication aids, advocates, interpreters).
- Seek the adult's views and outcomes (Making Safeguarding Personal). Share without consent if risk is serious, others are at risk, or consent is not possible.

5) Records, information sharing, and data protection

- Keep contemporaneous, factual records (who/what/when/where; advice received; actions taken).
- Store in the secure safeguarding system with restricted access (need-to-know).
- Share information lawfully and proportionately under the Information Sharing section (UK/EU GDPR, national laws).
- Retain per the Retention of Records schedule.

6) Outcomes, learning, and aftercare

- Protective measures may continue irrespective of criminal outcomes if the risk assessment supports them.
- Embed learning into training, supervision, ratios, environment, and policy updates.
- Provide appropriate aftercare and signposting to support services for affected parties.

7) Duty to refer (barring) and notifications

- If IGA/club removes (or would have removed) a person from regulated/relevant work due to harm/risk, consider referral to:
  - DBS (England & Wales; also NI barred lists),
  - Disclosure Scotland (PVG),
  - AccessNI (NI—DBS lists apply),
  - ROI: notify Tusla/HSE and relevant regulators; maintain internal blocks on re-engagement.
- Notify licensing/professional bodies where relevant.

8) Interim measures (protective, not disciplinary)

To safeguard participants and the integrity of any investigation, IGA/club may implement immediate, time-limitedmeasures, reviewed regularly and adjusted with statutory advice:

- Removal from regulated/relevant activity and any supervisory/selection roles;
- Restricted access to venues, systems, and communications;
- Supervised presence or re-assignment to non-contact duties;
- Contact restrictions (including online);
- Event/travel bans.

Deciding and documenting:

- Base on a written risk assessment (nature/seriousness, pattern, vulnerability, context).
- Communicate the decision, scope, duration, and review points to the individual.
- These measures do not imply guilt; they are safeguards.

9) Communications & media

- One named spokesperson (club or IGA) handles any external/media queries.
- Staff/volunteers must not comment publicly or on social media about ongoing cases.
- Internal briefings are limited to what is necessary for safety and continuity.

10) International and cross-border cases

- Follow host-nation reporting and investigation procedures; inform the IGA DSL.
- Where parties reside in different nations (UK/ROI or UK home nations), the DSL coordinates dual notification and data sharing (see Cross-Border Data Sharing Note).
- Apply the stricter safeguarding standard and document the rationale.

Adults' Capacity & Consent reminder

o set out how IGA staff, coaches, volunteers, and clubs must work with adults at risk in a way that respects choice, control, and dignity, while taking lawful action to protect from harm when necessary.

Applies in: England & Wales, Scotland, Northern Ireland, and the Republic of Ireland (ROI). Use this with: Information Sharing, Reporting Routes by Nation, Responding to a Disclosure, and Responding to an Incident.

1) Core principles (all nations)

- Presume capacity. Adults are presumed to have capacity unless it is shown they lack it for the specific decision at the specific time.
- Decision-specific & time-specific. Capacity can fluctuate; reassess if circumstances change.
- Support first. Take all practicable steps to help the adult decide (plain language, visual aids, interpreter, extra time, quiet room, supporter/advocate).
- Unwise ≠ incapable. An adult may make a decision others view as unwise; this alone does not indicate lack of capacity.
- Least restrictive. When protective action is needed, choose the option that least restricts rights and freedoms.
- Making Safeguarding Personal. Agree outcomes the adult wants, involve them in plans, and review.

2) Nation-specific frameworks (summary)

- **England & Wales:** Mental Capacity Act 2005 (MCA) principles & code of practice; adult safeguarding under Care Act 2014 (s.42). IMCA (Independent Mental Capacity Advocate) may be required in certain serious decisions.
- **Scotland:** Adults with Incapacity (Scotland) Act 2000 (principles: benefit, least restrictive, consultation); adult protection under Adult Support and Protection (Scotland) Act 2007.
- **Northern Ireland:** Mental Capacity Act (NI) 2016 (decision-specific capacity across health/care/criminal justice contexts) alongside Adult Safeguarding procedures.
- **Republic of Ireland:** Assisted Decision-Making (Capacity) Act 2015—tiered supports (Decision-Making Assistant; Co-Decision-Maker; Decision-Making Representative), advanced healthcare directives, and enduring powers of attorney; adult safeguarding via HSE Safeguarding & Protection Teams.

Follow the framework of the place of delivery; if delivery spans borders, apply the stricter protective standard and record your rationale.

3) Capacity assessment — quick guide (when you're the first responder)

1. Is there a concern about understanding/retaining/weighing/communicating this specific decision now?
2. Support the decision: adjust communication, provide information, allow time, involve a trusted supporter (not the alleged person).
3. If doubt remains: escalate to the Welfare Officer (SWO) to coordinate a formal capacity assessment through health/social care under the relevant nation's law.
4. Record: what decision, what support you tried, the adult's views, and who you consulted.

4) Consent to share information

- **With capacity:** Seek informed consent before sharing, explain who/what/why. Respect refusals unless an override is justified (see §5).
- **Without capacity:** Share on a lawful basis where necessary in the person's best interests (E&W/MCA), under benefit/least-restrictive principles (Scotland), MCA (NI) standards, or ADM 2015 routes (ROI).
- **Advocacy:** Consider IMCA (E&W) or equivalent advocacy/support (Scotland/NI/ROI) for serious decisions.

5) When you may share without consent

Share promptly (and record why) if one or more apply:

- Serious/Immediate risk to the adult or others (including children).
- Coercion/duress suspected (e.g., domestic abuse; controlling carer/partner).
- The adult lacks capacity for this decision at this time.
- A serious crime may have been committed or is likely.
- Public interest to prevent harm or protect others.

Use the nation-specific reporting routes and the lawful bases in Information Sharing (e.g., vital interests, public task/substantial public interest — safeguarding).

6) Consent in sport settings (practical points)

- Coaching touch/physical assistance: Explain what/why, ask, check, and respect "no". Adapt technique if consent is refused.
- Medical/first aid: Gain consent where possible; if unconscious or unable, act in vital interests and record.
- Images/filming: Obtain informed consent; offer opt-out; never photograph in changing areas; follow image policy.
- Trips/overnights: Agree support needs, rooming plans, medication management, and who can be contacted, in advance.

7) Coercion, undue influence & domestic abuse

- Watch for someone speaking for the adult, contradicting them, or isolating them.
- If consent may be under pressure, treat it as not freely given; seek a private conversation; consider immediate referral to statutory services.
- Never use family members as interpreters where they may be involved in the concern.

8) Best-interests / supported-decision pathway (when capacity is lacking)

1. Identify the decision and urgency.
2. Consult those who know the person (family/advocates/appointed decision-makers), not anyone implicated.
3. Consider the person's past and present wishes, feelings, beliefs, values.
4. Choose the least restrictive safe option; set a review point.
5. Document the decision, who was consulted, and why this option was chosen.

(ROI: use the ADM 2015 supports/arrangements; Scotland: apply benefit/least-restrictive tests; NI/E&W: apply best-interests under MCA frameworks.)

9) Adults who decline help but have capacity

- Explore options and agree a safety plan the adult is comfortable with; offer information about how to get help later.
- If there remains risk to others (e.g., children, other adults at risk), you may still need to share information with authorities—explain what you will share and why, and record your reasoning.

10) Recording standards

- Note: the decision in question; capacity indicators; supports provided; the adult's views/outcomes; whether consent was given/refused; lawful basis if overriding; people consulted; and next steps/review date.
- Store securely; restrict to need-to-know.

11) Quick checklist (carry with you)

- Have I presumed capacity and offered support to decide?
- Is this decision specific and time-bound? Any fluctuation?
- Do I need an advocate/supporter involved (IMCA/ADM arrangement/advocacy)?
- If sharing without consent, do I have a clear safeguarding/legal basis?
- Have I chosen the least restrictive safe option and documented it?
- Have I agreed follow-up and review?

Criminal Convictions

To set out how IGA and affiliated clubs respond when an individual linked to IGA (staff, coach, volunteer, official, participant, contractor) has a criminal conviction or related legal outcome that is relevant to safeguarding.

1) Scope — what this covers

- Convictions in any jurisdiction (UK or overseas) relevant to safeguarding (e.g., violence, sexual offences, child/adult abuse, exploitation, grooming, image offences, stalking/harassment).
- Other court outcomes that indicate risk: cautions, absolute/conditional discharges (where disclosed), Sexual Harm Prevention Orders (SHPOs), Sexual Offences Prevention Orders (SOPOs), Restraining Orders, Domestic Abuse Protection Orders/Notices, Harassment orders, bail conditions.
- Overseas convictions/orders and credible information from competent authorities.
- Barred-list status (Children's and/or Adults' lists) where applicable.

For ROI, Garda Vetting may disclose specified information relevant to children/vulnerable persons roles even where Irish "spent convictions" rules would otherwise limit disclosure.

2) Effect of a relevant conviction

- A relevant conviction for abuse/neglect/serious violence/sexual offending will ordinarily be sufficient to conclude(on the balance of probabilities) that serious misconduct occurred for IGA disciplinary/safeguarding purposes.
- In such cases, IGA does not need to re-investigate the underlying facts. IGA's role is to determine protective and disciplinary outcomes.

3) Immediate actions on notification

1. **Safety first:** Apply or continue interim safeguards (e.g., removal from regulated/relevant activity, access restrictions, event bans).
2. Integrity Unit / IGA DSL notified immediately.
3. **Risk assessment:** Written, considering offence nature, recency, pattern, role, access to children/adults at risk, any orders/conditions, rehabilitation evidence.
4. **Duty to refer:** Where criteria are met (removed/would remove from regulated/relevant work due to harm/risk), make/consider referral to the DBS (E&W/NI) or Disclosure Scotland; in ROI, notify Tusla/HSE and relevant regulators as appropriate.
5. **Update vetting/records:** Flag barred-list status/conditions on the Single Central Record.

4) Disciplinary and safeguarding outcomes

Following the conviction and risk assessment, IGA may:

- Terminate or refuse membership/role/engagement in regulated or relevant work;
- Impose conditions/restrictions (no contact roles, supervised access only, prohibition from trips/events);
- Permanently exclude from IGA environments where risk is unacceptable;
- Notify partner clubs/venues on a need-to-know basis for safety;
- Inform regulators/licensing bodies where applicable (e.g., professional registers).

Decisions are taken on the balance of probabilities, are recorded with reasons, and communicated in line with the Complaints & Disciplinary Procedure (including any right of appeal). Criminal outcomes do not prevent IGA from taking protective measures needed to keep participants safe.

5) Spent convictions, filtering, and disclosure (fairness + compliance)

- IGA applies the law of the place of delivery and the role's eligibility level:
  - England & Wales / NI: Roles eligible for Standard/Enhanced DBS checks (including barred lists where eligible) fall within the Rehabilitation of Offenders Act (Exceptions) Order; certain spent convictions/cautions may be disclosed (subject to filtering rules).
  - Scotland: PVG Scheme and Disclosure routes govern disclosure for regulated work; relevant spent information may be released in accordance with Scottish law.
  - ROI: Under the National Vetting Bureau Acts, Garda Vetting discloses relevant information for relevant work with children/vulnerable persons, notwithstanding some spent-conviction limits.
- IGA will only use disclosed information to assess suitability and risk, keep it confidential, and process it in line with data-protection law.

6) Non-conviction information & ongoing cases

- Arrests/charges/pending cases can still indicate risk. IGA may apply interim measures and proceed with a safeguarding/disciplinary assessment on available information (balance of probabilities), in coordination with statutory agencies to avoid prejudicing proceedings.
- Acquittal: IGA may still consider whether the risk assessment supports protective conditions or role changes, based on the totality of safeguarding information.

7) Self-reporting and notifications (mandatory)

- Any IGA person in scope must inform their Club Welfare Officer or IGA DSL within 48 hours if they are arrested, charged, convicted, or made subject to a court order relevant to safeguarding; or if they learn they are barred or under investigation for such matters.
- Failure to self-report is a disciplinary matter and may itself lead to removal from role.

8) Data protection, confidentiality, and records

- Handle conviction data as special category/criminal offence data: minimise, secure, restrict access (need-to-know), and record lawful basis (e.g., substantial public interest — safeguarding).
- Keep a clear audit trail (decision, rationale, actions, referrals). Retain per the Retention of Records schedule.
- Do not disclose details beyond what is necessary to protect participants and comply with law.

9) Overseas convictions & cross-border issues

- Treat confirmed overseas convictions/orders as relevant. Verify via competent authorities where possible.
- Use the Cross-Border (UK↔ROI) Data Sharing Note for lawful, secure sharing; apply the stricter standardwhere frameworks differ.

10) Review and reintegration (where appropriate)

- In limited cases (e.g., non-barred individuals with historic, lower-level offences and strong evidence of rehabilitation), IGA may consider risk-managed roles without unsupervised access to children/adults at risk.
- Any such plan must be documented, time-limited, reviewed regularly, and immediately revoked on any breach or new information.

Retention of Records

To ensure safeguarding records are kept long enough to protect children and adults at risk, support statutory processes, and evidence IGA's actions—while complying with UK GDPR/Data Protection Act 2018 (UK) and EU GDPR/Irish Data Protection Act 2018 (ROI).

Scope: Applies to all safeguarding records created or held by IGA and affiliated clubs, in any format (digital, paper, audio, image, CCTV).

1) Core rules

- **Security & access:** Store in an approved, access-controlled safeguarding system. Limit access to need-to-knowpersonnel (SWO, Senior Safeguarding Lead, IGA DSL).
- **Accuracy & completeness:** Records must be factual, date/time stamped, and linked to actions and outcomes.
- **Lawful basis:** Process and retain under public task/substantial public interest (safeguarding), vital interests, and where applicable legal claims bases.
- **Data minimisation:** Keep only what is necessary. Avoid duplication across systems.
- **Destruction:** When the retention period ends and there is no legal hold, securely destroy (cross-cut shred; certified digital deletion). Log destruction.

2) Standard retention periods

These are minimum periods. If a legal/insurance hold, statutory inquiry, complaint/disciplinary, or ongoing risk applies, retain until the matter is closed + the period shown.

Record type	Minimum retention	Rationale/notes
Child safeguarding case file(concern, referral, actions, outcomes)	**Until the child's 25th birthday** (i.e., DOB + 25 years)	Aligns with safeguarding best practice so history is available into adulthood.
Adult-at-risk safeguarding case file	**10 years from case closure**	Supports longer risk horizons and potential civil/fitness-to-practise actions. Retain longer if risk persists.
Allegations about staff/volunteers (positions of trust)—including unsubstantiated but not malicious	**10 years from case closure** (or longer if barred/order in place)	Supports future risk checks, DBS/Disclosure Scotland/AccessNI interface, reference requests.
Malicious or unfounded allegations	**Remove identifying data without delay**; keep an anonymised audit note **for 2 years**	Prevent prejudice to the accused while keeping an audit trail.
Whistleblowing files	**10 years from case closure**	Evidences anti-retaliation and actions taken.
Incident/accident forms linked to safeguarding	**10 years from incident** (or child's 25th, whichever is longer)	Insurance/claim limitation periods.
DBS/PVG/AccessNI/Garda Vetting results	**Do not retain full certificate**. Keep **status + reference number, date, role, decision**for **3 years** (or while in role)	Fulfils Safer Recruitment evidence; never store the full certificate.
Single Central Record(vetting/training log)	**Duration of engagement + 6 years**	Employment limitation period.
Training & supervision records(safeguarding, PoT, first aid)	**Duration of engagement + 6 years**	Evidence of competence/due diligence.
CCTV relevant to a safeguarding incident	**Hold until case closure + 1 year**	Override normal 30–90 day cycles when flagged for safeguarding.
Email/communications extracts placed on case file	**Match the case file**	Avoid parallel stores—file into the case record then purge duplicates.

Where ROI law applies, these periods are compatible with EU GDPR principles and Irish practice; if a regulator or insurer specifies longer, follow the longer period and record the reason.

3) Legal holds & exceptions

- Immediate legal hold if: police/statutory investigation, litigation/insurance notification, disciplinary appeal, regulator inquiry, or active complaints.
- The hold suspends destruction until formally lifted by the IGA DSL (or club Senior Safeguarding Lead). Record who applied/lifted the hold and why.

4) Special categories & criminal offence data

- Treat health, capacity, and offence data as special category/criminal offence data.
- Keep a Data Protection Policy/Appropriate Policy Document (UK) or equivalent (ROI) describing conditions relied upon (e.g., substantial public interest — safeguarding, vital interests).
- Share externally only on a need-to-know basis and record the lawful basis each time (see Information Sharing section).

5) Storage & security standards

- Digital: Encrypted at rest and in transit; role-based access; automatic audit logs; routine integrity checks; secure backups held within approved jurisdictions.
- Paper: Locked cabinet in a restricted area; sign-in/out for files; no home storage.
- Audit: Annual audit of access logs, active/closed cases, and pending destruction lists.

6) Subject access & third-party requests

- Subject Access Requests (SARs): Route to Data Lead/IGA DSL immediately. Redact third-party data and information that would risk harm or prejudice investigations. Respond within statutory timeframes.
- Police/statutory requests: Share promptly on a lawful basis; keep a record of what was shared, with whom, when, and why.
- Court/regulator orders: Comply and log; place/maintain legal hold where required.

7) Destruction & documentation

- Secure destruction: Cross-cut shredding for paper; certified digital wipe/erasure for electronic files (include backups where feasible).
- Destruction log: date, file reference, method, authoriser, and operator/vendor certificate (if outsourced).

8) Communication & training

- Make these rules part of induction for SWOs, club admins, and anyone handling safeguarding data; refresh every 3 years or on policy updates.
- Clubs must be able to evidence compliance (policy on site, retention schedule, destruction logs, recent audit).

9) Deviations

- No local deviation may shorten these periods. Longer retention is permitted only where justified (e.g., open risk, insurer direction, regulator requirement) and must be recorded on the case file.

PART THREE

Procedures Section 1 - Reporting concerns about a child or children

Applies to: Everyone involved in IGA activity (staff, coaches, volunteers, officials, contractors, parents/carers, participants, visitors) across England & Wales, Scotland, Northern Ireland, and the Republic of Ireland (ROI). Use with: Reporting Routes by Nation, Information Sharing, Responding to a Disclosure, and Responding to an Incident.

A. Immediate safety

- If a child is in immediate danger or needs urgent medical help: call police/ambulance (UK 999 / ROI 999 or 112) and take proportionate steps to make them safe.
- Preserve evidence (scene, clothing, digital evidence) and ensure the child is supported and not left alone.

B. Who can report

- Anyone who sees, hears, or suspects harm—or receives a disclosure—must report the same day.
- You may refer directly to statutory services and/or inform the Club Welfare Officer (SWO) or IGA Safeguarding without delay. Do not wait to "gather more proof."

C. Where to report (by nation)

- **England & Wales:** Local Authority Children's Services (MASH/Front Door).
  - Allegations about staff/volunteers: LADO without delay (behavior harming/possibly harming a child; possible criminal offence; risk-of-harm behavior).
- **Scotland:** Social Work using local Child Protection Committee (CPC) procedures (and Police Scotland where criminal risk).
- **Northern Ireland:** HSC Trust Gateway per SBNI guidance (and PSNI where criminal risk).
- **Republic of Ireland:** Tusla under Children First.
  - Mandated Persons must submit a Mandated Report; others use the Child Protection and Welfare Report Form. Contact An Garda Síochána for urgent criminal risk.

If activity spans nations or is online with mixed locations, apply the stricter standard and record your rationale.

D. How to make the referral (same day)

1. Phone the relevant service if urgent; follow with the written referral if their process requires.
2. Provide minimum information (share more if available; do not delay because some details are missing):
   - Child's name, DOB, address/club, parent/carer details; known additional needs.
   - What happened, when/where, how you know (disclosure/observation/third party).
   - Immediate risks and actions taken (e.g., called 999, first aid given).
   - Person of concern (if known): name/role/relationship.
   - Your name/role/contact and the SWO/IGA DSL contact.
3. Record the referral (time/date, person spoken to, advice/next steps). Upload to the secure safeguarding system.

E. Role of the Welfare Officer (SWO) / IGA DSL

- Triage & refer without delay via the nation's route; consult with statutory services if unsure.
- For positions of trust allegations (staff/volunteers): route via LADO (England) or the equivalent multi-agency route (Scotland/NI/ROI) and consider interim safeguards (removal from duties, access restrictions).
- Inform IGA Safeguarding promptly for all serious concerns or any allegation involving an IGA member/affiliate.

F. Parents/carers and the child's voice

- Inform parents/carers unless doing so increases risk, compromises evidence, or they are implicated—seek statutory advice if unsure.
- Ensure the child's voice, wishes, and feelings are heard and recorded in age-appropriate ways.

G. Information sharing & confidentiality

- Share only what is necessary with those who need to know, when they need it, on a lawful basis (e.g., vital interests, public task/substantial public interest—safeguarding).
- Do not promise confidentiality. Explain that information will be shared to keep them safe.

H. Recording standards

- Use the club/IGA Recording Concerns form.
- Objective, factual, time-stamped entries; include the child's exact words where possible.
- Store in the secure safeguarding system with restricted access.

J. Follow-up and feedback

- The referrer (or SWO) should seek confirmation that the referral was received and note any case/reference number.
- Continue to support the child and cooperate with statutory enquiries. Internal disciplinary/complaints processes will proceed only when safe and appropriate.

K. Special situations

- Online harms: Preserve screenshots/URLs with timestamps; stop live harm (e.g., end live stream).
- Historic/non-recent abuse: Report in the same way; there may be current risk to others.
- International/away events: Refer in the host country and inform IGA DSL; consider dual notification to home-nation services as advised.

L. Quick checklist (carry this)

- Is anyone in immediate danger? If yes → 999 (UK) / 999 or 112 (ROI).
- Report today to Children's Services/Social Work/HSC/Tusla (and LADO if staff/volunteer in England).
- Inform SWO/IGA DSL (or go direct if SWO unavailable/implicated).
- Record facts, actions, and advice received in the secure system.
- Parents/carers informed where safe/appropriate (seek advice if unsure).
- Interim safeguards in place if a position of trust is implicated.
- Escalate if there's no adequate response; keep the child's welfare at the centre.

Procedures - Section 2: Procedures - Reporting concerns about adults at risk

Everyone in IGA environments (staff, coaches, volunteers, officials, contractors, parents/carers, participants, visitors) across England & Wales, Scotland, Northern Ireland, and the Republic of Ireland (ROI). Read with: Adults' Capacity & Consent — Reminder, Information Sharing, Reporting Routes by Nation, Responding to a Disclosure/Incident.

A. First principles

- Safety first: If anyone is in immediate danger or needs urgent medical help, call police/ambulance (UK 999 / ROI 999 or 112) and take proportionate steps to protect.
- Presume capacity; support decision-making: Adults are presumed to have capacity for the specific decision at the time. Provide support (plain language, interpreter, advocate, time) before concluding capacity is lacking.
- Making Safeguarding Personal: Involve the adult, seek their desired outcomes, and choose the least restrictivesafe option.
- Report, don't investigate: You do not need proof. If concerned, report the same day.

B. Who can report & where to report (by nation)

Anyone who has a concern may:

- inform the Club Welfare Officer (SWO) or IGA Safeguarding immediately, and/or
- make a direct referral to the appropriate statutory route:
- England & Wales: Local Authority Adult Safeguarding (Care Act 2014 / Social Services & Well-being (Wales) Act 2014).
- Scotland: Adult Support and Protection (ASP) via the Local Authority (duty to inquire).
- Northern Ireland: HSC Trust Adult Safeguarding.
- Republic of Ireland: HSE Safeguarding & Protection Teams (SPTs); Gardaí where criminal risk.

If delivery spans nations or is online with mixed locations, apply the stricter standard and record your rationale.

C. Capacity, consent & when to share without consent

1. If the adult has capacity and agrees: Make the referral and record consent.
2. If the adult has capacity and refuses: Respect their wishes unless one or more apply—then share without consent and record your rationale:
    - Serious/Imminent risk to the adult or others (including children).
    - Coercion/duress is suspected (e.g., domestic abuse, controlling carer/partner).
    - Serious crime may have been or may be committed.
    - Public interest requires disclosure to prevent harm.
3. If capacity is in doubt or lacking: Seek a formal capacity assessment via statutory services/health. Share information on a lawful basis (best interests/ASP/ADM principles).
4. Inform the adult of your decision to share and who you will inform unless doing so increases risk or prejudices enquiries.

D. Making the referral (same day)

Provide the minimum necessary (add more if available; do not delay because details are incomplete):

- Adult's name, DOB, address/club, known care/support needs; key contacts/GP.
- What happened, when/where, how you know (disclosure/observation/third party).
- Immediate risks and actions taken (e.g., 999 called; moved to safe space).
- Person of concern (if known): name/role/relationship.
- Your name/role/contact and the SWO/IGA DSL contact.
- Record: time/date, who you spoke to, advice given, reference numbers, next steps.

E. Allegations about staff/volunteers (positions of trust)

- Treat as high priority; remove the person from relevant/regulated activity pending advice.
- England: consult LADO if any child risk intersects; for adults, proceed via Adult Safeguarding.
- Scotland / NI / ROI: follow the local adult-safeguarding route; involve police where criminal risk.
- Consider the Duty to Refer to Barring Authorities if removal/would-remove thresholds are met (DBS/Disclosure Scotland/AccessNI; ROI notifications to Tusla/HSE/regulators as applicable).

F. Domestic abuse, coercive control & undue influence

- Be alert to someone speaking for the adult, restricting access to money/phone/transport, or monitoring communications.
- Assume consent may not be freely given in these contexts; seek a private conversation, safety-plan, and referwhere thresholds are met.

G. Online/financial/organisational abuse

- Online: Save screenshots/URLs with timestamps; do not forward beyond safeguarding channels.
- Financial/material abuse: Note unexplained withdrawals, missing items, new "handlers," sudden debt.
- Organisational abuse: Rigid regimes, lack of choice/privacy, punitive responses—log and refer.

H. Parents/family/carers & third parties

- With a capacitous adult, do not share with family/carers without their consent (unless an override applies—see §C).
- Where the alleged person is a family member/carer, seek statutory advice before any contact to avoid increasing risk.

I. Recording standards

- Use the Recording Concerns form; be objective, include exact words where possible; time/date/sign entries.
- Store in the secure safeguarding system with need-to-know access only.
- Cross-reference any capacity assessment, consent decisions, and legal bases used for sharing.

J. Out-of-hours & escalation

- Use Emergency Duty Teams (UK) or HSE/Gardaí out-of-hours routes in ROI.
- If you believe there is no adequate response and risk remains, escalate (line manager → SWO → IGA DSL → service manager). Call police if risk becomes immediate.

K. Aftercare & protection planning

- Agree immediate safety measures with the adult (and advocates where appropriate).
- Offer/support advocacy (IMCA/E&W; advocacy under ASP/Scotland; advocacy under MCA(NI); ADM supportsin ROI).
- Review protection plans; adjust as information changes; record outcomes.

L. Quick checklist

- Immediate danger? If yes, 999 (UK) / 999 or 112 (ROI).
- Capacity considered and supported? (decision/time-specific)
- Consent sought (if safe) or override justified and recorded (see §C).
- Referral made today to Adult Safeguarding route for your nation.
- Positions of trust involved? Apply interim safeguards; consider duty to refer.
- Record facts, actions, advice, lawful basis, and next steps in the secure system.
- Escalate if response is inadequate; keep the adult's outcomes central.

Appendix 1 - Categories of abuse defined in working together to safeguard children

To define the statutory child-protection categories used across England (and recognised across the UK/ROI frameworks) so IGA staff, coaches and volunteers can recognise concerns and act quickly. These definitions apply to children. Many behaviours have parallels for adults at risk; where that's the case we signpost but adult categories are addressed in the Adults section of this policy.

1) Physical abuse

Definition: Intentional physical harm to a child.

Includes: Hitting, shaking, throwing, poisoning, burning/scalding, drowning, suffocating; fabricated or induced illness (FII/"Munchausen syndrome by proxy"); inappropriate/unsafe restraint; forcing excessive exercise or punitive drills.

Possible indicators: Unexplained injuries or patterns (e.g., loop marks, handprints), inconsistent or implausible explanations, delay in seeking treatment, fear of going home or of specific people, covering up with clothing.

Sport cues: Repeated "impact" injuries; being forced to train through significant pain; punitive physical conditioning.

2) Emotional abuse

Definition: Persistent emotional maltreatment that causes severe and persistent adverse effects on a child's emotional development.

Includes: Humiliation, belittling, bullying (including cyberbullying), intimidation, threats; age- or developmentally-inappropriate expectations; overprotection/limiting exploration; isolating the child; making them feel worthless/unloved; exposure to domestic abuse/coercive control; scapegoating; degrading language.

Possible indicators: Low self-esteem, anxiety/depression, withdrawal or aggression, excessive need to please, developmental delay not otherwise explained.

Sport cues: Public shaming for performance; body-shaming; relentless criticism; threats about deselection to control behaviour.

Note: All abuse involves some emotional harm; this category may also stand alone.

3) Sexual abuse (including online)

Definition: Forcing, pressuring or enticing a child to take part in sexual activities—whether or not the child understands what is happening and with or without physical contact.

Contact examples: Rape, assault by penetration, sexual touching/kissing, masturbation involving or in the presence of a child.

Non-contact examples: Exposing a child to sexual acts or materials; causing them to watch sexual activities; encouraging sexualised behaviour; sending/soliciting sexual images; grooming (in person or online).

Child Sexual Exploitation (CSE): A form of sexual abuse where a child is manipulated/coerced into sexual activity in exchange for something (e.g., gifts, money, status, accommodation) or for the benefit of the perpetrator or network. Often involves grooming, power imbalance, and/or technology.

Possible indicators: Sexualised behaviour or knowledge beyond age; STIs, pregnancy; self-harm; gifts/tech from unknown sources; secretive online activity; controlling older associates.

Sport cues: Boundary-breaking by adults in positions of trust (private messaging, gifts, "special" treatment, one-to-one meetings in private spaces), sexualised comments about body/weight/leotards.

Appendix 2 - Categories of abuse defined in working together to safeguard adults

Adult safeguarding categories derive from the Care Act 2014 statutory guidance (England) and are mirrored in the Social Services & Well-being (Wales) Act 2014, Adult Support and Protection (Scotland) Act 2007, NI Adult Safeguarding guidance, and HSE/Tusla practice in ROI. Wording may vary by nation, but the types of harm below are recognised across the UK and ROI.

This appendix defines the main adult safeguarding categories and gives indicators plus sport/club-specific cues to help IGA personnel recognise concerns and act the same day (see: Reporting Concerns — Adults; Responding to a Disclosure/Incident; Information Sharing).

1) Physical abuse

Definition: Non-accidental physical harm to an adult at risk.

Examples: Hitting, slapping, pushing, kicking; misuse of medication; inappropriate or unauthorised restraint; rough handling.

Indicators: Bruises/burns with patterns; injuries at different healing stages; fearfulness around particular people; frequent "accidents."

Sport cues: "Coaching" that uses force, unsafe manual handling, punitive drills; pressure to train through injury against medical advice.

2) Domestic abuse (including coercive/controlling behaviour)

Definition: Abuse between intimate partners or family members, including physical, emotional, sexual, financial abuse and coercive control.

Indicators: Isolation from friends/activities, restricted phone/transport/money, monitoring of communications, fear of repercussions.

Sport cues: A partner/family member controlling attendance, finances or communications with the club; visible fear when contacted by that person.

3) Sexual abuse / sexual exploitation

Definition: Any sexual act without free and informed consent, or where consent cannot be given; exploitation linked to power imbalance or dependency.

Examples: Assault by penetration; sexual touching; sexualised "care" or "coaching touch"; indecent exposure; sexualised communications; facilitating pornography.

Indicators: STIs, injuries, distress around specific people or settings, sudden withdrawal, gifts/benefits linked to sexual access.

Sport cues: Boundary-crossing by a person in position of trust (private messages, gifts, one-to-one meetings in private spaces).

4) Psychological / emotional abuse

Definition: Acts causing emotional harm, distress, fear, or loss of dignity.

Examples: Threats, humiliation, intimidation, gaslighting, isolation, harassment, cyber-abuse, controlling daily life.

Indicators: Anxiety, depression, low confidence, hypervigilance, sleep disturbance.

Sport cues: Public shaming for performance, threats about deselection or access to training to control behaviour.

5) Financial or material abuse

Definition: Theft, fraud, pressure over property or money, misuse of benefits or possessions.

Indicators: Unexplained withdrawals, missing possessions, sudden debts/unpaid bills, changes to wills or signatories, new "handlers."

Sport cues: Demands for cash or gifts linked to team selection or extra training; misuse of athlete funds or reimbursements.

6) Modern slavery / trafficking

Definition: Exploitation through slavery, servitude, forced/compulsory labour, or human trafficking.

Indicators: Someone speaking for the adult, restricted movement, long hours, poor living conditions, fear of authorities, lack of documents.

Sport cues: Third parties controlling travel, accommodation, and communications for the adult; signs of debt bondage.

7) Discriminatory abuse

Definition: Harassment, ill-treatment, or exclusion due to protected characteristics (e.g., disability, race, religion, sex, sexual orientation, gender reassignment, age) or other status (e.g., neurodivergence).

Indicators: Derogatory language, exclusion from opportunities, hate incidents.

Sport cues: Bias in selection, facilities access, or coaching attention; hostile locker-room culture; online hate targeting an adult's identity.

8) Organisational / institutional abuse

Definition: Harm arising from culture or practice within a service/setting, including routines that deny choice, dignity, or safety.

Examples: Rigid regimes, unsafe staffing/ratios, punitive rules, poor privacy, tolerance of bullying, ignoring complaints.

Indicators: Multiple adults showing similar harms; "that's just how we do it here."

Sport cues: Normalising lone working, closed-door coaching, or unsafe supervision; failure to apply vetting and safeguarding checks.

9) Neglect and acts of omission

Definition: Failure to meet basic needs, including access to health care, medication, nutrition/hydration, warmth, personal care, or safety.

Indicators: Dehydration, malnutrition, pressure sores, missed medication/appointments, unsafe living/transport arrangements.

Sport cues: Repeated attendance without essential medication/equipment; ignoring medical advice; inadequate supervision for known needs.

10) Self-neglect (including hoarding)

Definition: A wide range of behaviours showing neglect of personal hygiene, health, or environment, including hoarding, that puts the person's wellbeing at risk.

Indicators: Severe clutter/unsanitary conditions, refusal of essential care or services, marked decline in physical/mental health.

Action note: Consider capacity and safety; approach via Making Safeguarding Personal and national frameworks (e.g., MCA/ADM).

Referral triggers (same-day)

Report the same day via your nation's adult safeguarding route (and police for criminal/urgent risk) where you see:

- Indicators consistent with any category plus credible concern or disclosure;
- Imminent or serious risk to the adult or others (including children);
- Abuse by a person in a position of trust;
- Evidence of coercion/duress, restricted liberty, or criminality (e.g., trafficking, sexual offences, serious violence).

See: Procedures — Reporting Concerns (Adults), Responding to a Disclosure/Incident, Information Sharing, and Duty to Refer to Barring Authorities.

Recording reminder

Use the Recording Concerns form; capture facts, exact words, who/what/when/where, immediate actions, advice received, and the lawful basis for any information sharing. Store in the secure safeguarding system with need-to-knowaccess.

Appendix 3 - Poor Practice

To identify and address conduct that falls below expected safeguarding and coaching standards but may not (yet) meet the threshold for abuse. Poor practice undermines boundaries, increases risk, and must be challenged and reported immediately.

Applies to: Everyone in IGA environments (staff, coaches, volunteers, officials, tutors/assessors, contractors, parents/carers, participants, visitors), in person and online.

A. What counts as poor practice

Behaviours, decisions or omissions that are inconsistent with policy, professional boundaries, or safe coaching standards, including actions undertaken with "good intentions." Poor practice can be a single serious incident or a pattern.

B. Examples (non-exhaustive)

1) Behaviour on the fringe of emotional abuse

- Name-calling, sarcasm, racist/sexist/ableist remarks; humiliating or belittling athletes.
- Excessive monitoring of weight/body; body-shaming or appearance-based criticism.
- Persistent undermining, threats about deselection, coercive pressure to perform.
- Forcing participation beyond the person's wishes or safe capacity.
- Ostracising or "freezing out" individuals; ignoring concerns or feelings.

2) Inadequate safeguarding practice

- Operating without a designated Welfare Officer (SWO) or failing to display contact details.
- Using unvetted personnel on site (16+) or inadequate supervision/ratios; lone working.
- Failing to act on concerns/allegations; delaying referrals; penalising reporters/whistleblowers.
- Excluding parents/carers from transparent observation without a risk-based reason.
- Misuse of images: unauthorised filming/live-streaming; poor consent control.

3) Neglect in a sports context

- Ignoring physical safety (e.g., training in unsafe temperatures, defective equipment).
- Pressuring athletes to train through injury/illness or ignoring medical advice.
- Failing to provide reasonable adjustments for known needs (e.g., asthma plans, allergies).

4) Breaches of recognised coaching practice

- Running sessions without another responsible adult present.
- Working beyond qualification/competence; unsafe progressions and load management.
- Excessive training volume; inappropriate methods for age/developmental stage.
- Improper or excessive physical support/stretching; unexplained touch; no Explain—Ask—Check—Record process.

5) Practices that pose significant risks

- Taking a child/adult at risk to a secluded place; closed-door 1-to-1 without safeguards.
- Rough, physical, or sexually provocative “games”; inappropriate touching/remarks.
- Sharing rooms with children/adults at risk; entering changing areas without protocol.
- Humiliation, bullying, or allowing abusive language to go unchallenged.
- Ignoring or minimising disclosures/concerns; failing to ensure safe dispersal after sessions.
- Abusing a position of trust; cultivating secret communications or gifts/favours.
- Excessive time alone with participants; personal electronic communications or social-media relationships; sending inappropriate messages.

6) Digital/online poor practice

- Private 1-to-1 DMs with U18s from personal accounts; use of disappearing messages.
- Sharing/allowing sexualised, demeaning, hateful, or intrusive content.
- Posting identifiable schedules/room numbers; lax privacy settings for team channels.

C. Immediate response to poor practice

1. Make it safe now. Add a second adult, move to an open space, stop the behaviour/equipment use.
2. Report the same day to the SWO or IGA Safeguarding (use the club/IGA Recording Concerns form).
3. Record factually: who/what/when/where; exact words where relevant; actions taken; who was informed.
4. Inform parents/carers (children) where appropriate and safe; seek SWO guidance if unsure.
5. Preserve evidence (e.g., screenshots/URLs, CCTV holds).
6. If the conduct indicates abuse or a position-of-trust breach, follow Reporting Routes by Nationimmediately and apply interim safeguards (e.g., removal from duties).

D. Managing poor practice (club/IGA)

- SWO triage: assess risk; decide on advice/retraining, increased supervision, written warning, or referral if thresholds are met.
- Patterns/repeats/escalation trigger formal disciplinary action and may require referral to statutory/barring authorities.
- Learning loop: feed themes into training, supervision, environment changes, and risk assessments.

E. Risk assessment requirements (events, competitions, trips)

When risk factors exist, complete a written risk assessment that:

- Identifies specific hazards (e.g., changing areas, warm-up space, transport, free time).
- Sets controls (two-adult rule; observable/interruptible interactions; vetted access; image control; medical/medication plans).
- Names responsible persons and timescales; includes emergency actions (999/112, host-nation routes).
- Is briefed to all staff/volunteers and reviewed on site.

F. Minimum standards to prevent poor practice (every session)

- Two-adult rule; no lone working.
- Interactions are observable and interruptible; doors open/windows where practicable.
- Approved communication channels only; group messaging with parents/guardians for U18s.
- Explain—Ask—Check—Record for coaching touch; follow Physical Contact guidance.
- Vetting in place for all on-site roles (16+) during sessions.
- Prompt same-day reporting & recording of concerns and incidents.

G. Consequences

Failure to challenge or report poor practice is itself a policy breach and may result in disciplinary action, removal from role, and/or withdrawal of affiliation. Where thresholds are met, IGA/club will refer to statutory services and consider any duty to refer to barring authorities.

Appendix 4 - Key Indicators of Abuse

Practical, quick-reference signs that may indicate abuse, neglect, or exploitation in children and adults at risk. Indicators are not proof; treat them as warning signs that require same-day reporting via this policy's procedures.

A. Universal red flags (any age)

- Unexplained or implausible injuries, frequent "accidents," delay in seeking treatment.
- Marked behaviour change: withdrawn, fearful, aggressive, highly compliant, or "frozen."
- Hypervigilance around specific people/settings; flinching at sudden movements.
- Poor hygiene/nutrition, persistent tiredness, missed medication/appointments.
- Isolation: prevented from social contact; someone speaks for the person.
- Gifts/cash/tech appearing without clear source; secrecy about new relationships.
- Online secrecy: late-night messaging, multiple accounts, disappearing messages.
- Disclosure (direct or indirect), or third-party information indicating harm.

B. Children — by category (Working Together, 2023)

1) Physical abuse

- Patterned bruises (hand marks, loop/implement), burns, bite marks, injuries at different healing stages.
- Explanations don't match the injury or the child's ability; fear of going home.
- Sport cues: forced training through pain/injury; rough handling; unsafe restraint.

2) Emotional abuse

- Persistent low self-esteem, anxiety, depression; excessive need to please; development delay not explained.
- Exposure to domestic abuse/coercive control; humiliation, degrading language.
- Sport cues: public shaming for performance/body; threats about deselection.

3) Sexual abuse / CSE (including online)

- Sexualised knowledge/behaviour beyond age; STIs, pregnancy; pain when sitting/walking.
- Secret relationships; gifts/money/transport from older individuals; hotel or unknown addresses.
- Online: sexual messaging, image requests, sextortion; sudden device anxiety.
- Sport cues: private 1-to-1 contact from adult in position of trust, gifts/favours, "special" treatment.

4) Neglect

- Consistent lack of food/appropriate clothing/hygiene; untreated health issues; unsafe supervision.
- Frequent lateness/absence; failure to bring essential medication/equipment.
- Sport cues: repeated attendance without kit/meds; unsafe training environment.

C. Children — age-specific signs

Under 5

- Flat affect or minimal response to caregiver separation/return; failure to thrive without medical cause; missed developmental milestones.

5–11

- Secretive about home life; reluctance to go home; poor attendance/punctuality; not allowed friends home; reluctance to change for PE; bedwetting/soiling.

11–16

- Early alcohol/drug use; talk of running away; challenging school behaviour; increased secrecy; reluctance to change for PE.

D. Adults at risk — by category (Adult frameworks)

Physical

- Injuries inconsistent with explanation; rough handling; misuse of medication; inappropriate restraint.

Domestic abuse (incl. coercive control)

- Isolation, monitored communications/finances/transport; fear of partner/family; frequent "accidents."

Sexual / exploitation

- Non-consensual sexual contact; coerced sexual activity; sexualised communications; STI, distress.

Psychological / emotional

- Threats, intimidation, humiliation, controlling behaviour; notable anxiety/depression.

Financial / material

- Unexplained withdrawals, missing possessions, unpaid bills, sudden changes to signatories/wills.

Modern slavery / trafficking

- Someone controls documents/movement/work; fear of authorities; poor living conditions.

Discriminatory

- Harassment/exclusion based on protected characteristics; hate incidents.

Organisational / institutional

- Rigid routines; lack of dignity/choice; unsafe ratios; complaints ignored.

Neglect / acts of omission

- Missed meds/appointments; dehydration/malnutrition; unsafe environment/transport.

Self-neglect (incl. hoarding)

- Severe clutter/unsanitary conditions; refusal of essential care; marked decline in health—consider capacity and best-interests frameworks.

Sport cues (adults): excessive training load against medical advice; private unsupervised 1-to-1 sessions; boundary-breaking by staff in positions of trust.

E. Online-facilitated indicators (all ages)

- Sexual, coercive, or hostile messaging; requests for images; grooming patterns; doxxing, stalking, threats.
- Sudden new devices/accounts; demands for secrecy; location-sharing risks.

F. What to do — same-day actions

1. Safety first: If immediate danger/urgent medical need → 999 (UK) / 999 or 112 (ROI).
2. Report today: Follow Reporting Routes by Nation (children or adults). For staff/volunteer concerns, use positions of trust routes (e.g., LADO in England).
3. Record factually: Use the Recording Concerns form; include exact words, who/what/when/where, actions taken, advice received.
4. Preserve evidence: Keep clothing/items separate; save screenshots/URLs with timestamps.
5. Information sharing: Share what's necessary with those who need to know on a lawful basis (see Information Sharing).

G. Important notes

- One sign alone may not confirm abuse; a pattern or context elevates concern.
- Do not investigate or ask leading questions—refer.
- Consider intersectional risks (disability, language, LGBTQ+, racism, immigration status) that may affect how abuse presents and how safely someone can disclose.

Appendix 5 - Recording Concerns

Create clear, factual, and secure records so statutory services and IGA can act quickly and appropriately. Records are evidence, not narratives—keep them objective, timely, and complete.

Everyone in IGA environments (staff, coaches, volunteers, officials, tutors/assessors, contractors, parents/carers, participants, visitors). Use with: Reporting Concerns, Information Sharing, Responding to a Disclosure/Incident, Retention of Records.

A. Golden rules (use every time)

- Record the same day (as soon as practicable after the event/disclosure).
- Facts first. Separate fact, the child/adult's words, opinion, and hearsay—label each clearly.
- Use exact words for any disclosure (verbatim if possible, in quotation marks).
- No leading questions. Do not investigate—record and refer.
- Time/date/sign every entry; include your printed name and role.
- Secure storage only (approved case system/locked cabinet); need-to-know access.

B. Minimum content to capture

1. Your details
   - Full name, role, organisation/club, phone/email; date/time the record was made.
2. Person at risk (child or adult)
   - Full name, DOB/age, address, club/group, known additional needs/medical info; parent/carer details (for children).
3. Concern/allegation summary
   - What happened, when/where, how you became aware (disclosure/observation/third party).
   - Exact words used by the person disclosing.
   - Context (session type, location, staffing, who else present).

1. Injuries/health (if relevant)
    - Description and location of any visible injuries; use a body map (no photos of intimate areas).
    - The person's account of how injuries occurred; whether first aid/medical care was given (by whom, when).
2. Online/digital elements (if relevant)
    - Platforms/apps, account names, device types, URLs, dates/times; whether images/messages are involved.
    - Preserve evidence: screenshots with timestamps/URLs; do not alter metadata; do not forward beyond safeguarding channels.
3. Person of concern (if known)
    - Name, DOB (if known), address/club/role/relationship to person at risk; whether they are in a position of trust.
4. Immediate actions taken
    - Safeguards applied (separated parties, stopped activity, added second adult); emergency services contacted (ref no. if given); first aid.
5. Who was informed
    - SWO/IGA DSL/statutory services contacted: names, roles, numbers, date/time, advice given, reference/case numbers.
6. Parental/carer contact (children)
    - Whether informed; by whom; date/time; if not, record the reason (e.g., risk, instruction from services).
7. Next steps / plan

- Actions agreed, who will do them, by when; any interim measures (restrictions, supervision).

C. Do/Don't checklist

Do

- Write legibly/clearly; avoid jargon.
- Use one record per case with a running chronology.
- Attach copies of relevant emails/forms/notes into the case file (avoid duplicates elsewhere).
- Mark sensitive records "Confidential — Safeguarding."
- Escalate if you believe response is inadequate.

Don't

- Diagnose or speculate on motives.
- Promise confidentiality; explain you must share to keep people safe.
- Interview witnesses or gather statements beyond what is necessary for immediate safety.
- Store on personal devices/accounts or share via unsecured apps.

D. Telephone referral follow-up

- Do not delay a statutory referral while collecting detail.
- If made by phone, complete and send the written referral/incident form within 24—48 hours (or earlier if the agency specifies).
- Record the recipient's name/role, team/department, reference number, and the advice given.

E. Body maps & attachments

- Use a standard body map to mark injuries (date/time/initial).
- Attach: screenshots (with timestamps/URLs), session registers, staffing rotas, relevant risk assessments, CCTV hold requests.
- Never photograph intimate areas. For suspected sexual assault, follow forensic-aware guidance and preserve clothing separately.

F. Objectivity guide (label clearly)

- FACT: "Bruise approx. 3cm on left forearm; child said 'X hit me with…'"
- PERSON'S WORDS: "He told me to keep it secret."
- OPINION (labelled): "In my opinion, the explanation did not match the injury."
- HEARSAY (labelled): "Another parent reported… (name recorded)."

G. Information governance

- Use the lawful bases in Information Sharing (e.g., vital interests, public task/substantial public interest — safeguarding).
- Keep an audit trail of what was shared, with whom, when, why, and by which secure method.
- Follow the Retention of Records schedule; apply legal holds when investigations/claims/appeals are live.

H. Template fields (for your incident form)

- Reporter: name/role/club/contact | Date/time of report
- Person at risk: name/DOB/address/club/parent-carer (child) | Additional needs/medical
- What happened (facts) | Exact words disclosed | Where/when | Others present
- Injuries/health (body map attached Y/N) | First aid/medical (who/when)
- Digital/online evidence (platforms/handles/URLs/timestamps) | Evidence preserved Y/N
- Person of concern: name/role/relationship | Position of trust Y/N
- Immediate safety actions | Emergency services (ref #)
- People informed (SWO/IGA/statutory): names/roles/contact | Date/time | Advice/ref #
- Parents/carers informed (children) Y/N | If no, reason
- Interim measures applied | Next steps/responsible person/deadlines
- Signature/printed name/role | Date/time

I. Quality checks before you file

- Dated, timed, signed, printed name/role included
- Facts vs opinion vs hearsay clearly labelled
- Exact words captured in quotes
- Referral details and reference numbers recorded
- Evidence preserved and attached/logged
- Stored in secure safeguarding system; duplicates removed

Appendix 6 - Responding to a Disclosure

To set out what any IGA coach, volunteer, official, staff member, or contractor must do when a child or an adult at riskdiscloses abuse, neglect, or exploitation. Read with: Reporting Concerns (Children/Adults), Reporting Routes by Nation, Information Sharing, Adults' Capacity & Consent, Responding to an Incident.

A. Golden rules (apply in every disclosure)

- Safety first: If anyone is in immediate danger or needs urgent medical help, call 999 (UK) / 999 or 112 (ROI), then follow reporting routes.
- Listen—don't investigate: Your job is to hear, reassure, record, and refer. Avoid leading questions.
- No promises of secrecy: Explain you must share concerns with people who can help keep them safe.
- Use their own words: Note exact phrases where possible.
- Same-day action: Record accurately and refer the same day via the nation-specific route (and LADO in England if an allegation involves staff/volunteers).

B. If the disclosure is from a child

Do:

1. Stay calm; move to an observable, interruptible space.
2. Reassure: "You've done the right thing telling me. I'm here to help."
3. Listen actively without interruption; allow silences.
4. Clarify lightly only if needed using open questions (e.g., "Tell me what happened," "Where did this happen?").
5. Explain next steps: who you will tell (SWO/Children's Services/Police) and why.
6. Record immediately (Section D).
7. Report the same day to statutory services:
    - England & Wales: Children's Services (MASH/Front Door) and LADO for staff/volunteer allegations.
    - Scotland: Social Work via CPC procedures (and Police Scotland if criminal risk).
    - Northern Ireland: HSC Trust Gateway (and PSNI if criminal risk).
    - Republic of Ireland: Tusla (mandated/non-mandated as applicable) and Gardaí where criminal risk.

Don't:

- Ask multiple/why or leading questions, confront the alleged person, or delay to gather proof.
- Promise confidentiality or speculate about outcomes.

Parents/carers: Inform unless doing so increases risk, compromises evidence, or they are implicated—seek statutory advice first.

C. If the disclosure is from an adult at risk

Do:

1. Check immediate safety and offer support.
2. Presume capacity for this decision; support understanding (plain language, time, interpreter/advocate).
3. Seek consent to share and ask who they do/do not want informed.
4. Explain limits of confidentiality: you may need to share without consent if there's serious/imminent risk, risk to others (including children), suspected serious crime, coercion/duress, or where capacity is lacking.
5. Record and report the same day to the adult-safeguarding route for the nation (Care Act E&W; ASP Scotland; HSC NI; HSE SPT ROI) and inform SWO/IGA Safeguarding.
6. If capacity is in doubt or lacking, escalate for formal assessment and proceed on a best-interests/benefit/least-restrictive basis per national law.

Don't:

- Share with family/carers without consent unless an override applies (or they are implicated).
- Underestimate domestic abuse/coercive control—seek a private conversation and safety-plan.

D. What to record (same day)

Record on the Recording Concerns form:

- Who disclosed: name, DOB, club; how/when/where the disclosure occurred.
- Exact words used; presentation; any visible injuries (describe—no intimate photography).
- What happened: time/date/location; any witnesses; any digital evidence (screenshots/URLs/handles—save but don't forward beyond safeguarding channels).
- Immediate actions: safety/medical steps; who you told (names/roles, time/date), advice received, reference/case numbers.
- Parents/carers informed? (children) and rationale if not.
- Adults: whether consent to share was given/refused; lawful basis if overriding.
- Your name/role/contact; sign and date. Store in the secure safeguarding system.

E. Preserving evidence

- Do not tidy/alter the scene except for safety.
- Keep clothing/items separately bagged, labelled, dated.
- Place a CCTV hold where relevant.
- Save digital evidence with timestamps; keep within safeguarding channels.

F. After you report

- Statutory primacy: Police/Children's/Adult Services lead; follow their advice.
- Apply interim safeguards (e.g., remove the alleged person from duties) as advised.
- For positions of trust, use the correct route (LADO in England; local equivalents elsewhere).
- Provide ongoing support and updates (as permissible); maintain accurate, confidential records.

G. Helpful phrases

- **No secrecy:** "I can't keep this just between us, because I want to help keep you safe. I'll only tell people who need to know."
- **Next steps:** "I'm going to speak with our Welfare Officer and the people who can help. We'll do this today."
- **Adult consent limits:** "I respect your choice. If I'm worried about your immediate safety—or someone else's—I may still need to share this to get help. I'll explain what I'm doing."

Appendix 7 - Information Sharing to Protect or Promote the Welfare of Children and Adults at Risk

To explain when and how IGA personnel and affiliated clubs may share personal information lawfully and safely to prevent harm and promote welfare. Read with: Reporting Concerns (Children/Adults), Adults' Capacity & Consent, Cross-Border (UK-ROI) Data Sharing Note, Recording Concerns, and Retention of Records.

1) Core safeguarding principle

Data protection law enables, not blocks, safeguarding. If sharing information is necessary and proportionate to protect a child or an adult at risk, you should share with the appropriate authority without delay.

2) Key definitions

- Personal data: Any information that identifies a living person (e.g., name, DOB, contact, images).
- Special category data: Sensitive data (health, ethnicity, beliefs, sexuality, biometrics).
- Criminal offence data: Allegations, investigations, convictions, barred-list status.
- Controller/processor: The organisation deciding why/how data is used (controller) and any party processing it for them (processor).

3) Lawful bases to share (Article 6 UK GDPR / EU GDPR for ROI)

Use one or more of the following (choose the most appropriate):

- **Vital interests** — to protect life or prevent serious harm (good for emergencies).
- **Public task** — performing a task in the public interest (safeguarding) or under official authority.
- **Legal obligation** — you must share to comply with a law/court order.
- **Legitimate interests** — where appropriate for non-public bodies and not overridden by the person's rights.
- **Consent** — only where genuinely free and informed (not usually relied on for safeguarding if risk exists).

IGA/affiliated clubs generally rely on public task/vital interests/legal obligation for safeguarding disclosures. Use consent where safe and appropriate, particularly with capacitous adults.

4) Additional conditions for sensitive data

When sharing special category data (e.g., health) or criminal offence data, you also need a Schedule 1 condition (UK) or equivalent public-interest condition (ROI), typically:

- Substantial public interest — safeguarding of children and adults at risk; or
- Vital interests where the person cannot consent; or
- Medical purposes (with a health professional); or
- Legal claims.

IGA maintains an Appropriate Policy Document describing these conditions and safeguards.

5) When you must/should share without consent

Share promptly and record your reasons if any apply:

- Risk of significant/serious harm to a child or adult at risk.
- Risk to others, including children in the household or club.
- Serious crime suspected/likely (e.g., sexual offences, trafficking, violent abuse).
- Coercion/duress suspected (consent not freely given).
- The person lacks capacity for this decision at this time.
- Court order/statutory request (police, social care/Tusla/HSE, regulator).

Where safe, inform the person what you will share and with whom. If doing so increases risk or prejudices enquiries, delay notification and record why.

6) Children vs Adults at Risk — key differences

- **Children:** Welfare is paramount. Share with Children's Services/Police where risk of significant harm exists—consent is not required. Parents/carers should be informed unless this raises risk or they are implicated.
- **Adults at risk:** Presume capacity; seek informed consent. If refused, share only where a lawful override applies (see §5). Apply national frameworks (MCA 2005 E&W; ASP Scotland; MCA(NI); ADM 2015 ROI).

7) The Seven Golden Rules (adapted for IGA)

1. Be open and honest about what you will share and why—unless unsafe.
2. Seek advice early (SWO/IGA DSL/Data Lead) if unsure—anonymise where possible.
3. Share with consent where appropriate, but do not let lack of consent prevent sharing when a lawful basis exists.
4. Base decisions on safety and necessity—is sharing needed to prevent harm or get help?
5. Share the minimum necessary: necessary, proportionate, relevant, accurate, timely, and secure.
6. Record your decision—share or not share—and your lawful basis/condition.
7. Ensure security—use approved channels; avoid personal email/messaging.

8) Practical "who and how"

Who to share with (examples):

- Children's Services / Social Work / HSC Trust / Tusla, and Police.
- Adult Safeguarding (Local Authority/HSC/HSE).
- LADO (England) for positions of trust allegations about those working with children.

- DBS/Disclosure Scotland/AccessNI when a duty to refer is triggered.
- Medical services (A&E, SARC, GP) for safety/forensic care.

How to share securely:
- Use official email to official addresses or secure portals; encrypt if available.
- Phone first for urgent risk; follow with written referral within 24—48 hours.
- Attach only what is necessary (incident form, key notes, screenshots).
- Do not use personal accounts or group chats.

9) Minimum content to share (for referrals)
- Who: subject's name/DOB, address, club, parent/carer details (children), support needs.
- What/When/Where: concise description of concern, dates/times/locations, injuries seen.
- How you know: disclosure/observation/third party; screenshots/URLs if online.
- Risk now: immediate danger, medical needs, alleged person's access to others.
- Actions taken: first aid, moved to safe space, who informed already.
- Your details: name/role/contacts; SWO details.

10) Recording your decision (non-negotiable)
Every time you decide to share or not share, log:
- Decision (shared/not shared) and why.
- Lawful basis (Art. 6) and, if applicable, special category/criminal data condition.
- Who you shared with (names/roles), what you shared, when/how you shared, and advice received (reference/case numbers).
- Any capacity/consent discussion (adults) and override rationale if used.

Store in the secure safeguarding system and follow the Retention of Records schedule.

11) Avoid "tipping off"
- Do not alert alleged perpetrators or others where this could increase risk or prejudice an investigation.
- Coordinate messaging with statutory services and the IGA DSL; one named spokesperson handles any external/media queries.

12) Repeated/regular sharing & DPIAs
If your club routinely shares data (e.g., recurring safeguarding feeds to a local authority), the controller should consider a Data Protection Impact Assessment (DPIA) and ensure appropriate contracts/data-sharing agreements are in place.

13) Cross-border considerations (UK ↔ ROI and overseas)
- Follow the host nation's safeguarding law and process; apply the stricter standard where frameworks differ.
- For data transfers between the UK and ROI/EU, use the lawful bases and safeguards in the Cross-Border Data Sharing Note.

Appendix 8 - Consent and Mental Capacity

o set out how IGA staff, coaches, volunteers, officials and clubs obtain, rely on, or lawfully dispense with consent, and how to assess/support capacity—for children/young people and adults at risk—across England & Wales, Scotland, Northern Ireland, and the Republic of Ireland (ROI). Use with: Information Sharing, Reporting Concerns, Adults' Capacity & Consent — Reminder, and Recording Concerns.

1) Core principles (apply in all nations)

- **Safety first:** Safeguarding can lawfully proceed without consent where necessary to prevent or reduce risk of harm or serious crime.
- **Presume capacity:** Adults are presumed to have capacity for the specific decision at the specific time until shown otherwise.
- **Support decision-making:** Give information in accessible ways, allow time, provide interpreters/advocates, reduce pressure.
- **Unwise ≠ incapable:** People may make choices others see as unwise; that does not equal lack of capacity.
- **Least restrictive:** When acting without or beyond consent, choose the least restrictive safe option and record your rationale.
- **Record everything:** Decisions about consent/capacity must be documented (what was decided, why, lawful basis).

2) Children & young people (consent/competence)

- England & Wales / Northern Ireland:
  - Under 16: May consent if Gillick competent (sufficient understanding/intelligence to fully comprehend the decision). For sexual health/medical contexts, Fraser guidelines may be relevant.
  - 16–17: Presumed to have capacity to consent unless evidence to the contrary.
- Scotland:
  - Age of Legal Capacity (Scotland) Act 1991: A person under 16 has capacity to consent to any transaction (including medical treatment) where they have sufficient understanding of the nature and consequences.
- Parental responsibility: Where a child lacks competence, those with parental responsibility may consent—exceptwhere this would place the child at risk or prejudice safeguarding.
- Safeguarding override: If there is risk of significant harm, share information with statutory authoritiesirrespective of parental or child consent. Consider whether informing parents/carers is safe and appropriate; seek advice if unsure.

Good practice with children/young people

- Involve the child in decisions in a developmentally appropriate way.
- Explain what, why, and who will know.
- Avoid leading questions; record the child's exact words.

3) Adults — national capacity frameworks (summary)

- **England & Wales:** Mental Capacity Act 2005 (MCA) + Code of Practice; adult safeguarding under Care Act 2014 (England) and Social Services & Well-being (Wales) Act 2014. IMCA (Independent Mental Capacity Advocate) in defined serious decisions.
- **Scotland:** Adults with Incapacity (Scotland) Act 2000 (principles: benefit, least restrictive, consultation, past/present wishes) and Adult Support and Protection (Scotland) Act 2007.
- **Northern Ireland:** Mental Capacity Act (NI) 2016 (decision-specific capacity across health/care/justice contexts) and Adult Safeguarding Procedures.
- **Republic of Ireland:** Assisted Decision-Making (Capacity) Act 2015 (ADM) with tiered supports: Decision-Making Assistant, Co-Decision-Maker, Decision-Making Representative; advance healthcare directives; adult safeguarding via HSE Safeguarding & Protection Teams.

Apply the framework of the place of delivery. If activity spans borders, apply the stricter protective standard and record your rationale.

4) The capacity test (what you consider/record)

Capacity is decision-specific and time-specific. An adult lacks capacity only if, after support, they cannot:

1. Understand the relevant information (nature, purpose, reasonably foreseeable consequences).
2. Retain that information long enough to decide.
3. Use or weigh that information as part of the decision-making process.
4. Communicate a decision (by any means, including signs/assistive tech).

If capacity is unclear: involve the Welfare Officer (SWO) and seek a formal assessment via health/social care; consider advocacy (IMCA/ADM supports/independent advocacy).

5) Valid consent (what "good" looks like)

Consent must be:

- Informed: The person understands what they are agreeing to, why, risks/benefits, and alternatives.
- Freely given: No coercion, undue influence, intimidation, or dependency pressure.
- Specific & time-bound: To a particular action/data use; review if circumstances change.

If doubt: pause and seek advice. Do not rely on consent obtained under pressure, from a conflicted carer, or in crisis.

6) When consent is not required (or may be overridden)

You may/should share or act without consent where any of the below apply (record the lawful basis and reason):

- Child at risk of significant harm (children's welfare is paramount).
- Serious/Imminent risk to an adult or others (including children).
- Serious crime suspected or likely (e.g., sexual offences, trafficking, serious violence).
- Coercion/duress suspected (consent not freely given).
- The adult lacks capacity for this decision at this time.
- There is a court order or statutory requirement/request from competent authority.

Lawful bases (data protection): typically Public Task, Vital Interests, and/or Legal Obligation (plus a Schedule 1 substantial public interest condition for special category/criminal data). See Information Sharing appendix.

7) Practical areas of consent in sport

- Coaching touch / spotting: Use Explain → Ask → Check → Record. Explain purpose, seek permission, check comfort during, and record where required (e.g., one-to-one adjustments). Offer alternatives if refused.
- Medical/first aid: Seek consent where possible; if unconscious/unable, act in vital interests and document.
- Images/filming: Obtain informed, role-appropriate consent (parents for non-competent children; young person's views considered). No photography in changing areas. Respect opt-outs.
- Trips/overnights/international: Document consent for supervision, rooming, medication management, emergency contacts; confirm how information may be shared in a safeguarding incident.
- Digital communications: Use approved channels; for U18s, keep communications observable and interruptible(e.g., group + parent/guardian included). Do not rely on a child's "consent" for private one-to-one messaging by staff in a position of trust.

8) Coercion, undue influence & domestic abuse

- Warning signs: someone answers for the person, restricts access to money/phone/transport, monitors communications, or the person appears fearful.
- Treat consent in such contexts as not freely given; seek a private conversation, consider immediate referral, and record why consent was not relied upon.

9) Best-interests / supported-decision pathways (when capacity is lacking)

- England & Wales (MCA 2005): Make a best-interests decision after consulting those who know the person (excluding anyone implicated), considering their past/present wishes, feelings, beliefs, values, and choosing the least restrictive option. Consider IMCA where required.
- Scotland (AWI 2000): Apply principles of benefit, least restrictive, consultation, and take account of wishes/feelings.
- Northern Ireland (MCA NI 2016): Follow decision-making safeguards and documentation requirements for interventions without consent.
- ROI (ADM 2015): Use assisted decision-making arrangements (Decision-Making Assistant/Co-Decision-Maker/Representative) and document supports; involve the Decision Support Service where relevant.

10) Documentation (non-negotiable)

Every time you rely on, seek, or override consent, record:

- The decision in question and timing.
- Capacity: concerns, supports provided, and outcome.
- Whether consent was given/refused; any evidence of coercion.
- The lawful basis for sharing/acting if without consent.
- Who was consulted (and excluded, if implicated), advice received, and why the chosen option is least restrictive.
- Review point/date if circumstances may change.

Store in the secure safeguarding system and retain per Retention of Records.

Helpful Documents and Information

Safeguarding: Helpful Contacts (UK & ROI)

Emergencies (any nation): Call 999 (or 112).
Police (non-emergency): UK 101; ROI contact your local Garda station (serious but not urgent: Garda Confidential Line 1800 666 111).

UK - Wide

- **NSPCC Helpline (adults worried about a child):** 0808 800 5000 (voice line currently Mon–Fri 10:00–16:00). You can email 24/7: help@nspcc.org.uk. If you don't get a timely response and risk is rising, contact Police or Children's Services directly. NSPCC+1

- **Childline (for children & young people under 19):** 0800 1111, 24/7; phone or 1-to-1 online chat.

England

- **Report a concern about a child**: Find your local council Children's Services via GOV.UK: "Report child abuse to a local council." GOV.UK

- **Police (non-emergency):** 101; 999 if immediate danger. GOV.UK

- **Adults at risk:** Contact your local council Adult Social Care (search "[your council] report adult abuse"). Example local pages confirm the process.

Scotland

- **Child protection:** If not an emergency, contact Police Scotland 101 or your local Social Work department; 999 if immediate danger.

- **Adults at risk (Adult Support & Protection):** Report to your local council Social Work; out-of-hours numbers are listed by each council (examples shown in public pages). 999 if immediate danger.

Wales

- **Child protection:** Contact your local council Children's Services (or NSPCC/Police as above). GOV.UK

- **Meic Cymru (advice for under-25s in Wales):** 0800 880 23456, 8am–midnight, 7 days (phone, text, or IM).

Northern Ireland

- **Children (Gateway Services):** Contact your local HSC Trust Gateway Team (numbers vary by Trust). NI Direct lists the contact details; out-of-hours Regional Emergency Social Work service is also available. Examples:
- **Northern Trust:** 0300 1234 333 (Gateway).
- **Belfast Trust:** 028 9050 7000 (Children); Adult Protection Gateway 028 9504 1744; out-of-hours 028 9504 9999. Belfast Health & Social Care Trust+3nidirect+3nidirect+3
- **Adults at risk:** Contact your HSC Adult Protection Gateway Service (see NI Direct list by Trust). nidirect
- **Police:** 999 in an emergency; 101 otherwise.

Republic of Ireland

- **Tusla (Child & Family Agency):** Report child protection/welfare concerns to your local Tusla Social Work office; 999/112 if urgent. Facebook
- **ISPCC Childline (for children & young people):** 1800 66 66 66, 24/7, or chat online. ispcc.ie+1
- **Adults at risk:** Contact HSE Safeguarding & Protection Teams (use HSE guidance for where to report); 999/112 if immediate danger.

Helpful Documents:

Our website is home to a comprehensive collection of safeguarding documents that are available for download. Whether you need to access our safeguarding policy, reporting forms, training materials, or guidelines on safe practices, these documents are easily accessible. They are essential resources designed to provide clear guidance and support to our members, ensuring that safeguarding measures are understood and followed consistently throughout IGA.