THE PICKLEBALL SHED SAFEGUARDING POLICY

1. Introduction

The Pickleball Shed (PbS) is committed to creating and maintaining a safe and positive environment for all participants to enjoy pickleball. We accept our responsibility to safeguard and protect children, young people and adults at risk, and to protect them from harm (arising from poor practice, bullying, discrimination and abuse).

PbS Safeguarding Policy and procedures are mandatory and apply to all individuals involved, whether paid or in a voluntary capacity in an affiliated Club. Everyone in Pickleball has a responsibility to safeguard and protect anyone engaged in our sport, to act appropriately, and to report concerns.

The Pickleball Shed is proud of the passion, commitment and investment that has led to the sport becoming one of the fastest growing, most inclusive 'new' sports to be recognised by the national sports councils in England and the other UK home nations.

PbS's values (respect; ambition; inclusion; teamwork; focus and excellence) underpin every element of our sport and the behaviours we promote within Pickleball. These values and behaviours align with those that are essential for effective safeguarding practice.

Definition of a Child: Under UK legislation and guidance children and young people are afforded rights to additional protection and support to promote their welfare. Children and Young People are defined as being under 18. However, the Children and Families Act 2014 extended the support and protection available to Looked After Children (children in the care of the Local Authority / care leavers) up to 21 years of age and for those with a recognised disability up to 25 years of age through the transition into early adulthood. Social and scientific research (including research undertaken by both Harvard and Cambridge Universities) indicates that the adolescent brain does not fully mature until approximately 25-30 years of age, with full social and cognitive maturity for many extending into the thirties. The changes in the brain as a person transitions into adulthood can affect behaviour, risk assessment and vulnerability. The age at which an individual becomes an adult in developmental terms is different for everyone and the period of potentially increased safeguarding risks as young people transition away from universal services (school) and familiar local communities. The implications of this emerging and informed understanding of the transition into adulthood is

something we take very seriously and reflect in evidence-based policies and practice. Twenty-five years after the Children Act 1989 established children's statutory rights to support and protection, the Care Act 2014 extended these rights to adults at risk. During that time research and evidence from practice have expanded society's understanding of the factors which potentially increase risks of harm and abuse, particularly the risks which originate outside of the family context.

Definition of Adults at Risk: The Care and Support Statutory Guidance defines adults at risk (formerly referred to as vulnerable adults) as a person over 18: 'who is or may be in need of community care services by reason of mental or other disability, age or illness', and 'who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. PbS recognises that adults may not self-identify as being vulnerable/at risk when this is related to the context and circumstances in which they find themselves. PbS has reflected this understanding by choosing to use the terminology 'adult who may be additionally vulnerable' because statutory language can be stigmatising and can create barriers to understanding and engagement for a range of reasons. We recognise that any one of our members, volunteers or coaches may be additionally vulnerable at any time irrespective of age or recognised risk factor. We acknowledge that everyone has their own unique lived experiences, including experiences of discrimination and oppression and that we must consider the range of intersectional factors (individual, contextual, relational and transitional) that can marginalise people, thereby creating increased risk and vulnerability.

PbS recognises that some people experience significant barriers, for example, to communication in raising concerns or seeking help. We also recognise that social inequalities, isolation, physical and mental health, disability and need for care and support can affect a person's resilience. These factors can vary at different points in people's lives. Any individual can become additionally at risk according to the context in which they find themselves and because of other factors relating to their lived experience.

PbS is committed to working in partnership at all levels with parents, carers and participants appropriately. We do not expect members to be safeguarding experts, but it is everyone's responsibility to respond positively to low-level concerns and to seek advice and support without delay. Do not wait until there are indicators that abuse has occurred, or significant harm has been caused. By keeping the individual's voice central to all risk assessment and decision-making, and by responding to low level concerns, we will be more able to ensure that responses to concerns are informed, defensible and contribute to better outcomes for our members.

PbS has both a legal and a moral duty of care to ensure that every individual's rights to be safeguarded, supported and protected from harm are prioritised in the delivery of inclusive activities and services for all members. This policy also forms part of our visible and expressed commitment to ensuring that diversity is valued and celebrated, with equity and inclusion supported in everything we do. These considerations are central to effective safeguarding practice. This policy is informed by both the NSPCC Child Protection in Sport Unit Standards for safeguarding children in sport | CPSU and the Safeguarding Adults in Sport Framework developed by The Ann Craft Trust, to help ensure that Pickleball England's Safeguarding approach reflects best practice in safeguarding across the sport and leisure sector.

2. **Principles**

This policy is based on the following principles:

All people, regardless of age, ability or disability, sex, race, religion, ethnic background social status, gender identity and sexual orientation have the right to be protected from abuse and to enjoy all aspects of Pickleball in an enjoyable and safe environment, this includes whilst playing, volunteering and in leadership or coaching roles.

The safety and welfare of children is paramount. Should a conflict of interest arise between a child and an adult, the paramountcy principle as set out by the Children Act 1989 applies. The rights, dignity and worth of all people should always be respected. All concerns and allegations will be taken seriously and responded to quickly in line with PbS's Safeguarding Policy and procedures It is everyone's responsibility to ensure that their behaviours are aligned to PbS's Code of Conduct and to share any safeguarding concerns at the earliest opportunity. We recognise the role and responsibilities of the statutory agencies in safeguarding young people and adults at risk, and our safeguarding framework fully complies with the procedures of Local Safeguarding Partners and Safeguarding Adult Boards.

The Care and Support guidance under the Care Act 2014 sets out the following principles that should underpin the safeguarding of adults and should equally apply to the way that we work with all age groups:

- Empowerment

People being supported and encouraged to make their own decisions and informed consent.

I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.

- Prevention

It is better to take action before harm occurs.
I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

- Proportionality

The least intrusive response appropriate to the risk presented.
I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.

- Protection

Support and representation for those in greatest need.
I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.

- Partnership

Local solutions through services working with their communities.
Communities have a part to play in preventing, detecting and reporting neglect and abuse. Working in partnership with parents/carers is also critically important.
I know that any personal and sensitive information is treated in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.

- Accountability

Accountability and transparency in delivering safeguarding.
I understand the role of everyone involved in my life and so do they.

Whilst we recognise that there are critical differences when seeking to support and safeguard adults, we recognise that risks and vulnerability do not suddenly decrease as young people transition into adulthood, and for many, protection and support decrease considerably. Our approach to safeguarding both children and adults is framed by our values and shared principles. We have however outlined the procedures for responding to safeguarding concerns for children and for adults separately.

Appendix C: Signposting to Support

3. **Legislation and Statutory Guidance**

Safeguarding is everybody's business. This policy recognises the obligations and duty of care on organisations working with children, young people and adults at risk as set out in national legislation, statutory guidance and sport sector guidance including but not limited to:
Key Legislation:

• Children Act 1989 (the primary legislation for child protection)
• Children Act 2004
• UN Convention on the Rights of the Child (ratified 1991)
• Human Rights Act 1998
• Care Act 2014 (the primary legislation for adult protection)
• Gender Recognition Act 2004
• Mental Capacity Act 2005
• Mental Capacity (Amendment) Act 2019 [introduced the Liberty Protection Standards into the MCA)
• Domestic Abuse Act 2021
• Adoption and Children Act 2002
• Sexual Offences Act 2003 (Positions of Trust legislation extended to coaches and leaders in the sport sector in June 2022)
• Serious Crime Act 2015
• Modern Slavery Act 2015
• Children and Families Act 2014
• The Education Act 2002 – Sections 157/175
• Data Protection Act 2018
• General Data Protection Regulations 2018
• Counter-Terrorism and Security Act 2015 [Prevent Duty (Home Office 2015) /Anti-Radicalisation statutory responsibilities]
• Children and Social Work Act 2017
• Equality Act 2010
• Safeguarding Vulnerable Groups Act 2006
• Protection of Freedoms Act 2012 [Chapter 1 of Part 5 amendments to the SVGA]
• Education and Training (Welfare of Children) Act 2021

Statutory Guidance:

• Working Together to Safeguard Children (2023 - updated Jan 2024)
• Care and Support Statutory Guidance (updated October 2023)
• Keeping Children Safe in Education (2024)

4. What is abuse?

There are different types and patterns of abuse and neglect and different circumstances in which they may take place. Very few adults or young people who are experiencing harm or distress would define themselves as being abused or exploited as that is uncomfortable language for most people. It is important that the language we use does not stigmatise or serve to block individuals reflecting upon the behaviours,

attitudes and impacts of those who may cause them harm or disempower them. Within a pickleball context it is far more likely that you might notice that something appears wrong, someone's behaviour has changed or indicates that they might be feeling upset or uncomfortable. Disclosures of abuse are rare and so it is important that we all take pride in creating safe and supportive spaces where people of any age can feel safe and comfortable enough to seek help and support. The statutory definitions of abuse (and wider current safeguarding issues and concerns) are outlined in the appendices to this policy. Categories of child abuse can be found in
Appendix A and categories of adult abuse are set out in Appendix B.
Whilst it may be helpful to be aware of categories of abuse that are explained in the appendices, safeguarding issues are rarely standalone events which fit into a clear definition and many issues of concern may overlap. Sport can change lives and create opportunities for an aware and informed community of coaches, leaders and volunteers to promote positive experiences and contribute meaningfully outcomes for everyone involved in pickleball.
Our clear message is that if you are concerned, we are listening. Do not wait until you are certain or until you can see evidence that harm has occurred. Trust your intuition and seek advice and support from the PbS Safeguarding Officer

Appendix C provides helpful signposting to support for anyone involved in our sport.

Signs and indicators of concern, abuse and neglect
Abuse can take place in any context and by all manner of perpetrator. Abuse may be
inflicted by anyone within the organisation or staff may suspect that an individual is
being abused or neglected outside of a pickleball setting. There are many signs and
indicators that may suggest someone is being abused, harmed or neglected. There
may be other explanations, but concerns should not be ignored.
Indicators include but are not limited to:
• Unexplained bruises or injuries – or lack of medical attention when an injury or illness is present
• Person has belongings or money going missing
• Person is not attending / no longer engaging with pickleball activities despite previously engaging very positively

• Someone losing or gaining weight / an unkempt appearance /marked deterioration in personal hygiene
• A change in the behaviour or confidence of a person, particularly if this appears to be in relation to the presence of a specific individual(s)
• They may self-harm
• They may have a fear of a particular group or individual
• They may tell you / another person they are being abused (a disclosure)
• Harassing of an individual in relation to protected characteristics under the Equality Act1
• Coaches or leaders who are showing favouritism, or not meeting the needs of the participant
• Isolating or consistently excluding an individual from conversations/events/activities or withholding appropriate developmental opportunities
• Anybody intentionally striking another individual
• Unnecessary or unwanted physical contact
• The sending of unwanted personal and/or sexually explicit text messages to an individual
• Threats of harm or abuse
• Persistent blaming of an individual or undermining of their self-esteem and confidence
• Indicators of harmful substance use or dependency
• Unexplained sources of income

We recognises the diverse and intersectional factors which potentially increase risk and vulnerability for some individuals and groups, including:

• Stereotyping
• Prejudice
• Age
• Discrimination, including ethnic or racial, or in relation to sexuality, sex. Gender identity, disability or faith
• Isolation
• Low self-image and low self-esteem resulting in vulnerable self-presentation
• Lack of knowledge about appropriate behaviours by others
• Desire for acceptance, affection and attention
• Lack of social support and stability
• Poverty and unemployment
• Powerlessness to protect themselves
• Dependency upon others to care for them
• Alcohol and drug use
• Disordered eating

• Self-harm and mental health issues
• Neurodivergence
• Inability to communicate that abuse has occurred (including language and communication differences)
https://www.equalityhumanrights.com/en/equality-act/protected-characteristics
• Mistrust of statutory and support agencies
• Grooming (in person, online etc)
• Lack of, or inappropriate, supervision
• Offending
• Substance use
• Social media and the online environment
• International conflict and events, displacement
• Polarising political narratives
• Terrorism, extremism and radicalisation
• Legislative changes which increase the potential for conflict or create anxiety and uncertainty whilst new guidance is awaited e.g. The Supreme Court gave its judgment in the appeal of For Women Scotland v Scottish Ministers on 16 April 2025. The Equality and Human Rights Commission (EHRC) has released interim guidance on how organisations should interpret the UK Supreme Court's ruling that a woman is defined by biological sex in law2

5. Roles and Responsibilities

We are committed to having a Safeguarding Policy and procedures and to produce anddisseminate guidance and resources to support the policy and procedures.
A clear commitment by senior management to the importance of safeguarding and promoting children's welfare.
A Designated Safeguarding Lead and Deputy to provide advice and support to Members.
Procedures for dealing with allegations of abuse against members of staff and volunteers
Staff, including temporary staff and volunteers who work with children, who are aware of, and familiar with our arrangements for safeguarding and promoting the welfare of children and their individual responsibilities.
A culture of listening to and engaging in dialogue with young people – seeking their views in ways appropriate to their age and understanding, and taking account of those both in individual decisions and the establishment or

development of services; and appropriate whistle blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

We will appoint a suitable and appropriate Safeguarding Officer (CSO) and deputy to promote safeguarding and good practice and ensure compliance with our safeguarding policy, procedures, practice guidance and Code of Conduct. Ensure that all staff, coaches and club members are aware of their roles and responsibilities for safeguarding everyone involved in Pickleball. Ensure that sport sector safeguarding standards are clearly communicated and satisfied. From November 2024, UK Coaching Standards for Deployment3 (and the Standards for safeguarding children in sport | CPSU which were already a requirement of national sports council recognition), require all coaches to be subject to enhanced level DBS checks and to have undertaken recognised safeguarding children and adults training.
All staff/ volunteers working with young people and/or adults at risk must complete an enhanced level criminal record check through the Disclosure and Barring Service (DBS)

6. Practice never to be sanctioned.
Best practice with young people must be observed by all adults working with young people and/or adults in both a paid and voluntary capacity, the following practices must be avoided:

- Spending time alone with young people away from others
- Inviting or allowing a young person to stay at their home
- Transporting a young person in a car alone
- Engaging in rough, physical or sexually provocative games with young people
- Sharing a room with a young person
- Allowing or engaging in any form of inappropriate physical touching or sexual contact or behaviour
- Using or allowing participants to use inappropriate language unchallenged (this includes ‘banter’ that is discriminatory, oppressive, unkind, bullying or sexual in nature)
- Engaging in any form of sexually related contact or activity with someone for whom you have responsibility in a pickleball context. This extends to sexual inuendo, flirting, inappropriate gestures, language or sexually suggestive comments.

- Failing to respond to a safeguarding concern or allegation. Allowing allegations unrecorded or not acted upon. Information-sharing in the interests of safeguarding is essential.
- Doing things of a personal or intimate nature for a young person or adult at risk that they can do for themselves. Where any individual has care and support needs, there should be an agreed support plan in place to ensure that these needs can be met in partnership with parents/carer. This does not preclude anyone attending to an injured/ill young person or rendering first aid
- Departing from the Pickleball club or agreed meeting point before the safe dispersal of all young people is complete. Contact details for parents/carers and arrangements for collection should be formally agreed at the point of joining the club.

Humiliating or undermining an individual or acting in a way that negatively affects their self esteem. Demonstrating favouritism or treating some participants less favourably than others. Creating a dependent relationship between themselves and a participant/member. Appropriate professional boundaries must be maintained. Private texts, social network messages and emails without parental consent or knowledge.

7. Consequences of Inappropriate Behaviour with young people

We are committed to working in partnership with local statutory agencies and will seek support at the earliest stage as appropriate where safeguarding concerns arise Any internal action will be held pending the outcome of any statutory investigation and outcome. In these instances, an interim suspension will be issued. This is a neutral act intended to protect and safeguard all parties.

Adults who do not observe and adhere to best practice guidance, breach the Safeguarding Policy and/or the Code of Conduct will be investigated by the PbS. Where appropriate, further investigation, risk assessments and disciplinary action will be taken.

8. Whistleblowing

All suspicions and allegations must be taken seriously and shared appropriately with the CSO, and, where appropriate, statutory agencies. This is critically important as failures in information sharing have been shown to contribute to poor outcomes for both children and adults who are at risk.

At a local level it can be difficult and distressing where any form of abuse or poor practice is suspected because of loyalty and friendships within close clubs and communities. Information should only be shared with, and advice sought

from, designated safeguarding leads and/or local children's and adults social care.
Individuals who are experiencing harm or negative impacts may not share what has happened to them or concerns they are aware of because they fear a negative response, isolation, harassment or victimisation. It is important to recognise this and to always provide reassurance that they have done the right thing by telling someone. It is never an option to do nothing in these circumstances, but it is important to explain the need to share concerns and seek support, whilst ensuring confidentially and support are prioritised appropriately. Anyone in a position of trust or leadership who fails to share safeguarding concerns may be subject to disciplinary action in relation to their suitability and appropriateness for their role.
We are committed to the highest possible standards of openness, honesty and accountability. In line with that commitment, all members are encouraged to come forward and voice any concerns. It is recognised that confidentiality must be maintained and information only shared on a 'need-to-know' basis in the interests of safeguarding. Where possible, the identities of those who have been brave enough to share concerns will be protected.
We will support any individual who reports any concerns relating to the welfare of a child(ren), poor practice or possible abuse in good faith but who feels unable to communicate those concerns to the CSO or follow
normal procedures for any reason.
Where concerns arise about the welfare of a child or adult, the behaviour of an adult towards a participant or peer-on-peer bullying and abuse, concerns must be shared in the first instance with the CSO.
All information received will be treated in confidence and only shared on a 'need to know' basis with those individuals who will be able to manage and resolve the situation. It may be necessary to seek advice from and / or inform the statutory agencies e.g. the police or Children's Social Care.
All concerns will be taken seriously and managed according to the Safeguarding Policy.
Where an individual feels unable to report concerns internally they should contact the NSPCC Helpline [Tel 0808 800 5000], the Police or Adult/Children's Social Care.

9. Positions of Trust
All adults who work with children, young people and/or adults who may be additionally vulnerable, are in a position of trust which has been invested in them by the parents, the sport and the young person. This relationship can be

described as one in which the adult is in a position of power and influence by virtue of their position.
The government amended the Sexual Offences Act 2003 in June 2022 to extend the Positions of Trust legislation to cover coaches and leaders in the sport and faith sectors. These are now settings and roles where it is illegal for an adult holding a position of trust to enter into a sexual relationship with a 16 or 17 year old in their care and extends the legal protection for young people and for any participant for whom the coach has responsibility in a pickleball context, particularly those who may be in need of additional support and protection (Adults at Risk, care experienced young people, those with recognised disabilities etc).
Any concerns relating to grooming, intimate relationships, sexual activity or touching by anyone in a position of trust in a pickleball context will be immediately reported to the Local Authority Designated Officer (LADO), and their advice will be sought. Any concerns relating to an individual in a position of trust will be taken very seriously. In most cases an immediate interim suspension will be issued to the subject of concern as a neutral act intended to ensure that concerns can be investigated appropriately and to protect the interests of all parties (in accordance with PbS's Disciplinary Policy).
In the sport of Pickleball professional boundaries between the coach / official / volunteer and participants must be made clear and maintained. The relationship is no different to the position of trust that exists between a teacher and a student. Adults must not encourage a physical or emotionally dependant relationship to develop between the person in a position of trust and pickleball participants.

10. Relevant safeguarding concerns and convictions

Action to be taken under this Policy and the PbS disciplinary procedures where an organisation / person over whom PbS has jurisdiction is found to have failed to safeguard and protect children, young people or adult participants in pickleball from harm and/or abuse or whose conduct (whether in Pickleball or not) is deemed to pose an actual or potential risk of harm to children, young people or adults.
Not all convictions or cautions will be relevant to safeguarding risk or prohibit an individual from being deployed or employed in a pickleball context. The burden of proof required to secure a criminal conviction is however very high ('beyond reasonable doubt'). Where concerns and/or convictions arise which are relevant to safeguarding however (from any source: external agencies, criminal record checks, references, reporting verbally or in writing or through

observation etc) they will be subject to robust and an informed safeguarding risk assessment and decision-making process, with support from external expertise and/or statutory agencies where appropriate.
The standard of evidence applied when assessing safeguarding risk will whether PbS can satisfy itself 'on the balance of probabilities' that someone is suitable and appropriate for a role in our sport or 'is it more likely than not' that concerns relating to safeguarding risks are valid.
The Pickleball Shed will implement its disciplinary procedures in the event of safeguarding concerns arising, and interim suspension will be considered whilst concerns are investigated and risks assessed. Suspension is a neutral act intended to protect all parties. Those who are subject to safeguarding investigations and/or disciplinary procedures will be signposted to appropriate support.

Safeguarding Procedures

The following four actions must always be taken by anyone who may have a concern or is made aware of a concern about a member:

Part 1: Reporting concerns about a child or young person (under 18)

Anyone who has concerns about a child's welfare must report the concerns to the Club Safeguarding Officer (CSO) as soon as possible.
Any safeguarding concerns about a child that are reported to the CSO should be reviewed to determine whether information should be shared with the statutory authorities or any other organisations.
If a child is suffering significant harm or is likely to suffer significant harm, a referral should be made to the Local Authority Children's Social Care and/or the police without delay.
If a child is at immediate risk and action needs to be taken urgently, contact the Police by dialling 999. If concerns are identified out of hours, the Police and Children's Social Care Services provide an out-of-hours service.
Where appropriate, where concerns arise in relation to a child, a parent or carer should also be informed. This is particularly important if a situation arises where an individual was hurt or distressed, may have misunderstood or misinterpreted something that was said or done. However, where you have reason to believe that a parent/carer/family member may be responsible for abuse or neglect, you should always seek advice from police or children's social care FIRST and follow their advice in relation to what action should be taken and about who will inform the parents.

When a referral is made to Children's Social Care, they have a legal responsibility to make enquiries where a child may be at risk of significant harm. This may involve gathering information from others who know the child or talking to the young person and their family. Enquiries may be carried out jointly with the Police where a criminal offence is suspected.

Part 2: Reporting concerns about adults

2.1 Anyone who has concerns about an adult member should share their concerns with the Club Safeguarding Officer (CSO) in order to access appropriate support and advice. Consent to share information with designated safeguarding leads internally is not required but must always be considered for any external referral for support unless it is assessed that there is an immediate risk of significant harm.

2.2 Adults have a right to make their own decisions, including whether information relating about them is shared and with who. Their rights to self-determination should not be ignored just because it is felt that they are making 'unwise' decisions.

2.3 However, if concerns are raised about the welfare of a member or they themselves disclose that they are being subjected to harassment and abuse by someone connected to your Club, this information may need to be shared even if this is not in accordance with their wishes. If the individual of concern holds a Position of Trust in relation to, or responsibilities for, members or others who may be vulnerable are at risk of harm and/or if a serious crime has been committed, it is likely that the information will need to be shared with local authority and/or the police. This is because there may be current or continuing risks for the individual and/or others.

2.4 The Care Act 2014 emphasises the need to empower people, to balance choice and control against preventing harm and reducing risk, and to respond proportionately to concerns. It makes it clear however that the priority in safeguarding should always be to ensure the safety and wellbeing of the adult. Information should always be shared with designated safeguarding people/statutory agencies:

- to prevent death or serious harm
- where the individual is a parent and domestic abuse or violence is suspected, because the protection of children will always be the paramount consideration

• to coordinate effective and appropriate responses
• to enable early interventions to prevent the escalation of risk for the individual or others
• to prevent abuse and harm that increase the need for care and support
• to maintain and improve good practice in safeguarding adults
• to help identify people who present a potential risk to others.

2.5 Anyone who becomes aware that an adult member may be experiencing harassment or abuse has a responsibility to report these concerns. In the first instance, it may be appropriate to discuss the matter with the Club Safeguarding Officer (CSO) to determine whether the information amounts to a safeguarding or conduct concern.

2.6 Any referral needs to capture the criteria set out in UK legislation and statutory guidance. An adult at risk is defined as a person aged 18 or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness,' and 'who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.'
2.7 Where the concern is considered to be a serious safeguarding conduct matter, the information should be shared internally with relevant Club Safeguarding Officer (CSO) who will be responsible for determining whether this information needs to be shared with a statutory authority. If on the basis of the information available, the following three steps are met, a referral must be made to the local authority:
Where there are concerns that there is immediate or significant risk of harm to the individual a referral must be made to the statutory agencies in order that an informed assessment can be made by appropriately trained and skilled social care professionals.

2.8 Unless there is an immediate risk to the individual or others, if it is considered necessary to share information outside the organisation, the reasons why this is necessary will be explained to the member and any fears or objections they have about this will be fully considered. If it is deemed necessary to share information about them, the member should be informed who the information is to be shared with and why unless it is felt that by doing so risks might increase for them or others.

2.9 If it is determined that there is no lawful reason to share the information unless the member consents, then this will be explained to the member and

consideration will be given to why sharing this information might benefit them e.g. it could help them to access appropriate help and support.

2.10 If the member does not wish to give their consent, then the safeguarding concerns will be recorded together with the member's decision at the time and the reasons for their decision. In all cases, the member should be given reassurance that any information will only be shared with those who have a legitimate need to know in the interests of safeguarding and that appropriate support will be available to them if required.

2.11 Local Authorities are required under Section 42 of the Care Act 2014 to make enquiries or ensure that enquiries take place, if they reasonably suspect that an adult who would meet the criteria of being at risk, has been abused or neglected or is at risk of being abused or neglected.

2.12 Capacity and Consent: before making a referral to the Local Authority or the Police, consideration should be given to whether the adult at risk is able to understand the concerns and has the mental capacity to consent to concerns being shared. Where it is considered that an adult lacks the mental capacity to make that decision, this must be properly explored and recorded in line with the Mental Capacity Act 2005. Nobody within pickleball is expected to be an expert, but the following information should guidedecision-making:
If a person is distressed, frightened or traumatised they may have a reduced ability to make informed decisions in the moment. Whilst capacity is a complex issue, it should not get in the way of genuinely seeking to ensure that all individuals, irrespective of their age, are respectfully consulted in relation to sharing of information about them.
A young person aged 16 or older is presumed in law to have capacity to consent, unless there is evidence to the contrary. Capacity to consent is not simply based on age however, particularly where learning and communication differences and disabilities are identified. You should also consider a person's capacity to understand the consequences of giving or withholding their consent. They should not be treated as unable to make a decision until all practicable steps to help and support them have been taken.
When assessing a person's understanding you should explain the issues using their preferred mode of communication and language. This should be done in a way that is suitable for them, considering all you know about them from your contact with them, particularly their age, language and likely understanding.
If you are unsure whether they have the capacity to consent, then you should consult your CSO, County DWSO, the PbS safeguarding Team or seek advice

from Adult Social Care (this can be a “no name” consultation but should be appropriately recorded). The following criteria should be considered when assessing whether a person on a particular occasion has sufficient understanding to consent, or to refuse consent, to sharing of information about them or participating in specific activities:

- Can the person understand the question being asked of them?
- Are they taking an active part in the discussion?
- Can they explain how this situation arose e.g. what are the perceived benefits of the relationship or arrangements?
- Can they rephrase the question in their own words?
- How would they explain it to someone else?
- Do they have a reasonable understanding of what the risks or benefits of giving their consent or saying no?
- What do they say they think would happen if they agree the action being suggested?
- Can they appreciate and consider the alternatives, weighing up one aspect against another and express a clear and consistent personal view? Encourage them to say out loud, or write down, their view of the pros and cons. You could recheck these views later or at a later meeting.

2.13 If the adult at risk appears to have capacity but does not give their consent for the concern to be reported to Adult Social Care, although their wishes must always be considered, there are circumstances where information can be shared without consent. Where there is a serious safeguarding concern, there are only a limited number of circumstances where it would be acceptable not to share information with relevant organisation with safeguarding responsibilities including where:

- Nobody else is at risk or the risk is not significant enough to warrant sharing information without consent.
- No serious crime has been or may be committed.
- The concerns do not relate to someone with care and support needs.
- The concerns do not relate to a person in a Position of Trust.
- No coercion or duress is suspected.
- No other legal authority has requested the information.

2.14 Where it is determined that information should be shared, the adult at risk should be informed of this decision. They should also be told who the information will be shared with, unless it would increase the risks of harm. The adult’s decision to withhold consent to share information must be recorded, along with other information relating to the decision to share information.

2.15 In respect of adults where they appear to not have capacity, safeguarding and abuse concerns should always be shared with relevant statutory authorities.

2.16 When the adult at risk has the capacity to make the decision, it should be up to them to decide what information is disclosed and to whom (e.g. parents, carers, partner or other family members). It is always helpful to ask them to identify who they trust to support them and would turn to for help as this may well be the person they will consent.

2.17 Information should be recorded. No information should be shared without the expressed and recorded consent of the adult at risk.
When the adult does not appear to have the capacity, it may not always be appropriate to share information with carers/parents of the adult at risk. Consideration must be given to the relationship between the carers/parents and the alleged abuser and whether it is appropriate for information to be shared. In these circumstances, advice should be sought from Adult Social Care.

Part 3: Reporting allegations against staff or volunteers
3.1 Where an allegation relates to a member of staff, a coach or volunteer who is in a Position of Trust a referral must be made to the Local Authority Designated Officer (LADO) within one day of receipt of the allegation.
3.2 Within the context of pickleball at all levels Positions of Trust will include any individual who holds a leadership position and/or supports the delivery of pickleball activities, irrespective of whether they are in a paid position or a volunteer. We expect all of those who work or volunteer in our context to behave in a way which is aligned to our values and, in addition to modelling the behaviours set out in PbS's Code of Conduct, to ensure that they are familiar with and conduct themselves in a way that will not put members, the pickleball community or PbS's reputation at any risk.
3.3 All Local Authorities in England should have a Designated Officer or an appropriate team of officers to be involved in the management and oversight of allegations against people who volunteer or work with children who:
• behave in a way that has harmed a child, or may have harmed a child;
• possibly committed a criminal offence against or related to a child; or
• behave towards a child or children in a way that indicates they may pose a risk of harm to children.
3.4 The Designated Officer is responsible for managing and overseeing cases and will be involved from the initial phase of the allegation through to the conclusion of the case but is also available to discuss any concerns and to

advise whether to make a referral and/or take any immediate management action to protect a child.
3.5 Local authorities are also responsible for providing advice and guidance to employers and organisations on how to manage allegations against people who work with children and vulnerable groups.

Appendices

Appendix A: Definitions and Categories of Child Abuse

Categories of Child Abuse and Current Safeguarding Issues in Wider Society
Physical abuse.
A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse
The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse
Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching

sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect
The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
• provide adequate food, clothing and shelter (including exclusion from home or abandonment);
• protect a child from physical and emotional harm or danger;
• ensure adequate supervision (including the use of inadequate care-givers); or
• ensure access to appropriate medical care or treatment.
It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Source: Working Together to Safeguard Children 2024 (DfE HM Government)

Bullying
Ref: www.gov.uk/bullying
Bullying is not a category of abuse under statutory guidance but can have a profound impact upon the welfare of children, young people and others who are additionally vulnerable.
There is no legal definition of bullying. However, it's usually defined as behaviour that is:
• Repeated
• intended to hurt someone either physically or emotionally
• often aimed at certain groups, e.g. because of race, religion, gender or sexual orientation
Bullying takes many forms and can include:
• physical assault
• teasing
• making threats
• name calling
• cyberbullying - bullying via mobile phone or online (e.g. email, social networks and instant messenger)

Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

CSE involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of children or young people, and victims can be boys or girls. Young people are often unwittingly drawn into sexual exploitation through the offer of opportunities, financial gain, friendship, love and care, gifts, drugs and alcohol, and sometimes accommodation. Sexual exploitation is a serious crime and can have a long-lasting adverse impact on a young person's physical and emotional health. It may also be linked to child trafficking.

A common feature of sexual exploitation is that the children and young people often don't recognise the coercive nature of the relationship and therefore do not see themselves as a victim. In some cases parents/guardians also fail to recognise that a relationship is potentially abusive and both the child and their carers may initially resent what they perceive as interference by staff. Staff must however act on their concerns, as they would for any other type of abuse. All staff are made aware of the indicators of sexual exploitation and all concerns must be shared without delay with a member of the Safeguarding Team.

Radicalisation and Extremism

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups or activities. The government defines extremism as 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs' (HM Government Prevent Strategy).

Some young people are at risk of being radicalised: adopting beliefs and engaging in activities which are harmful, criminal or dangerous. Religious extremism is the most widely publicised form however staff should also remain alert to the risk of radicalisation into white supremacy. The most vulnerable and disadvantaged young people are usually targeted by those seeking to radicalise others (e.g. those on the autistic spectrum, those absent from

education, those experiencing systemic racism, poverty, social isolation and inequality of opportunity).
'Prevent' is a cross-government policy that forms one of the four strands of the UK's strategy for counter terrorism underpinning the Counter-Terrorism and Security Act 2015 which includes the prevention of radicalisation of vulnerable adults and young people. Those who are targeted with a view to radicalise them are often the most vulnerable in society including those with poor networks of support or who are experiencing socially isolated, mental health issues and/or learning and communication issues.
Keeping children and young people safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding young people from other risks. If the behaviour of anybody involved in our activities indicates that they or those around them are at risk of harm, staff should report these concerns immediately to a member of the Safeguarding Team. In the event that there appears to be an immediate risk or danger call 999.
Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

County Lines
As set out in the Serious Violence Strategy, published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Child Criminal Exploitation (CEE)
As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or

facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Domestic abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Domestic abuse is not limited to physical acts of violence or threatening behaviour, and can include emotional, psychological, controlling or coercive behaviour, sexual and/or economic abuse. Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and adolescent to parent violence. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home. Domestic abuse continues to be a prevalent risk factor identified through children social care assessments for children in need. Domestic abuse has a significant impact on children and young people. Children may experience domestic abuse directly, as victims in their own right, or indirectly due to the impact the abuse has on others such as the non-abusive parent. More information can be found in the Draft Domestic Abuse Statutory Guidance Framework, including the new statutory definition of domestic abuse that is embedded in the Domestic Abuse Act 2021.

Controlling and coercive behaviour

Also known as coercive control, the use of control and coercion in relationships is a form of domestic abuse and, since December 2015, a criminal offence. Controlling and coercive behaviour is outlined in Government guidance issued under section 77 of the Serious Crime Act 2015 as part of the Government's non-statutory definition of domestic violence and abuse. It is described as:

- Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour; and
- Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Coercive control is a form of abuse that involves multiple behaviours and tactics which reinforce each other and are used to isolate, manipulate and regulate the victim. This pattern of abuse creates high levels of anxiety and

fear. This has a significant impact on children and young people, both directly, as victims in their own right, and indirectly due to the impact the abuse has on the non-abusive parent.
Children may also be forced to participate in controlling or coercive behaviour towards the parent who is being abused. Controlling or coercive behaviour also form part of the definition of domestic abuse
in section 1(3)(c) of the Domestic Abuse Bill. More information can be found in the Draft Domestic Abuse Statutory Guidance Framework.

Peer-on-peer abuse
Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control exercised between children, and within children's relationships (both intimate and non-intimate), friendships, and wider peer associations.
Peer-on-peer abuse can take various forms, including (but not limited to): serious bullying (including cyberbullying), relationship abuse, domestic violence and abuse, child sexual exploitation, youth and serious youth violence, sexual violence, harmful sexual behaviour and/or prejudice-based violence including, but not limited to, gender-based violence.2 Online peer-on-peer abuse is any form of peer-on-peer abuse with a digital element, for example, sexting, online abuse, coercion and exploitation, peer-on-peer grooming, threatening language delivered via online means, the distribution of
sexualised content, and harassment. Making clear that it is not acceptable, will never be tolerated and is not an inevitable part of growing up; not tolerating or dismissing it as "banter".
Challenging behaviours (potentially criminal), such as grabbing bottoms, breasts and genitalia. Sexual violence and sexual harassment between children in schools and colleges likely to be complex and require difficult professional decisions to be made, often quickly and under pressure. Pre-planning, effective training and effective policies will provide schools and colleges with the foundation for a calm, considered and appropriate response to any reports.
Keeping Children Safe in Education 2024 (S.468)
https://www.mariecollinsfoundation.org.uk/assets/news_entry_featured_image/MCF-Peer-on-peer-Abuse-Research-Report-sunday-final-version.pdf

Misogyny, sexual violence and sexual harassment
Misogyny is the prejudice, hatred, dislike, or mistrust of women, manifested in various forms such as physical intimidation and abuse, sexual harassment and rape, social shunning and ostracism. This can prevail unchallenged in strongly

male dominated environments and cultures. It can manifest as ingrained and institutionalised prejudice against women and sexism and has become a strong focus of concerns in UK educational settings after widespread reports of sexual violence against teenagers in secondary education in March 2021. He revelations came after 'Everyone's Invited'6, a website and Instagram page dedicated to giving young people a platform to report cases of sexual abuse and harassment, became inundated with testimonies. Many girls who've spoken up have demanded that sexual violence and gender inequality be openly discussed and tackled by school leaders. These issues have been the source of concern and media attention in wider society

Microaggression

Microaggression is a term used for brief and commonplace daily verbal, behavioural or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative attitudes toward stigmatized or culturally marginalized groups. This is an area which particularly impacts those who are from Black and Minority ethnic groups.

Some racism is so subtle that neither victim nor perpetrator may entirely understand what is going on. For these individuals there is not a choice to be colour-blind or unaware of racism but for many white people it is extremely difficult to get them to realise and acknowledge that maybe at an unconscious level they have biased thoughts, attitudes and feelings that negatively impact or harm people of colour.

Appendix B: Definitions and Categories of Adult Abuse

The Care Act 2014 identifies the intended to be exhaustive list as to the concern.

The following Categories of Adult Abuse as an illustrative guide and is not sort of behaviour which could give rise to a safeguarding.

Self-neglect – this covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Domestic Abuse and coercive control – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. It can occur between any family members.

Discriminatory Abuse – discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.

Organisational Abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example,

or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Physical Abuse – including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual Abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Financial or Material Abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect – including ignoring medical or physical care needs, failure to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Emotional or Psychological Abuse – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Not included in the Care Act 2014 but also relevant:

Cyber Bullying – cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

Forced Marriage – forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or sexual violence and abuse. In England and Wales the practice is a criminal offence under the Anti-Social Behaviour, Crime and Policing Act 2014. The reporting of any concerns about either suspected forced marriage or FGM is mandatory.

A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. In an arranged marriage, which is common in several cultures, the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses.
The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry. The forced marriage of adults with learning disabilities occurs when the adult does not have the capacity to consent to the marriage. It is important to be particularly alert to suspicions or concerns raised in relation to any young person who is being taken abroad who appears anxious or expresses fears that they may be prevented from returning to the UK.
Mate Crime – a 'mate crime' (or 'mate hate') as defined by the Safety Net Project as 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been several Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.
Misogyny, sexual violence and sexual harassment
Misogyny is the prejudice, hatred, dislike, or mistrust of women, manifested in various forms such as physical intimidation and abuse, sexual harassment and rape, social shunning and ostracism. This can prevail unchallenged in strongly male dominated environments and cultures. It can manifest as ingrained and institutionalised prejudice against women and sexism and has become a strong focus of concerns in UK educational settings after widespread reports of sexual violence against teenagers in secondary education in March 2021. He revelations came after 'Everyone's Invited', a website and Instagram page dedicated to giving students a platform to report cases of sexual abuse and harassment, became inundated with testimonies. Many girls who've spoken up have demanded that sexual violence and gender inequality be openly discussed and tackled by school leaders. These issues have been the source of concern and media attention in wider society (#MeToo movement10).
https://www.everyonesinvited.uk/
https://metoomvmt.org/

Stalking
Stalking is like harassment, but it's more aggressive. The stalker will have an obsession with the person they're targeting. Someone known to the individual

could be stalking them; an ex-partner or a person they were friends with, or it might be a stranger. If it's someone known to them, that does not imply compliance or any fault on behalf of the person being stalked - it's an offence.
Stalking may include:
• regularly following someone
• repeatedly going uninvited to their home
• checking someone's internet use, email or other electronic communication
• hanging around somewhere they know the person often visits
• interfering with their property
• watching or spying on someone
• identity theft (signing-up to services, buying things in someone's name)
It's stalking if the unwanted behaviour has happened more than once and it should be recorded on every occasion and reported without delay. The National Stalking Helpline can offer free advice for anyone who is a victim of stalking (Tel: 0808 802 0300)
Social networking sites, chat rooms, gaming sites and other forums are often used to stalk and harass someone, for example:
• to get personal information
• to communicate (calls, texts, emails, social media, creating fake accounts)
• damaging the reputation
• spamming and sending viruses
• tricking other internet users into harassing or threatening identity theft
• threats to share private information, photographs, copies of messages
Microaggression
Microaggression is a term used for brief and commonplace daily verbal, behavioural or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative attitudes toward stigmatized or culturally marginalized groups. This is an area which particularly impacts those who are from Black and Minority ethnic groups.
Some racism is so subtle that neither victim nor perpetrator may entirely understand what is going on. For these individuals there is not a choice to be colour-blind or unaware of racism but for many white people it is extremely difficult to get them to realise and acknowledge that maybe at an unconscious level they have biased thoughts, attitudes and feelings that negatively impact or harm people of colour.

Appendix C: Signposting to Support
Individuals should be encouraged to speak to their GP in all instances where they have any health support issues e.g. mental health, depression, anxiety, struggling to cope, unmet healthcare needs.

Numbers to note: NHS: 111 and Emergency Services: 999
Ann Craft Trust
A leading UK authority on safeguarding Adults and young People at risk, with a focus upon supporting individuals with disabilities and their carers
https://www.anncrafttrust.org/
Tel: 0115 951 5400
Email: ann-craft-trust@nottingham.ac.uk
Hub of Hope
https://hubofhope.co.uk/
Immediate local signposting to accessible support for anyone needing help in relation to:
mental health; feeling suicidal; BAME, LGBTQ+ or social inequality issues etc; struggling to access appropriate support. Just put your postcode into the search engine on their site. Samaritans: 116 123 Email: jo@samaritans.org
This helpline is for anyone who needs support with anxiety, depression, worries or concerns. They can help you to talk through anything which is troubling you and offer help and support. 24 hours a day, 365 days a year, free to call. Mind Infoline: 0300 123 3393 Email: info@mind.org.uk
For anyone who needs to discuss mental health problems, where to get help, medication and alternative treatments and advocacy. Lines are open 9am to 6pm, Monday to Fridays except Bank Holidays.
SANEline: 0300 304 7000
Support for anyone over 16 years of age experiencing mental health problems 4.30pm to 10.30pm daily.
Visit http://www.sane.org.uk/home for more information.
Open every day of the year. Ring 07984 967708 to leave a message and someone will return your call. Email: support@sane.org.uk
SHOUT Crisis Helpline
Text SHOUT to 85258 to chat by text
New free 24/7 helpline service for people in crisis in the UK
Visit http://youngminds.org.uk for more information.
The Mix – Support for those aged 13-25
Free and confidential helpline available 365 days a year by phone, email or webchat. They also offer discussion boards, live chat and resources on issues such as sex and relationships, money, housing and more. Visit https://www.themix.org.uk/ for more information.
Phoneline open from 3pm to midnight every day 0808 808 4994 For crisis support Text. THEMIX to 85258. FRANK: 0300 123 6600
National helpline providing advice and information about drugs
National Association for the Children of Alcoholics: 0800 358 3456

Free helpline for anyone whose parent(s) has an alcohol problem.
Drinkaware alcohol support service
If you are concerned about your drinking, or someone you care about.
Drinkline: 0300 123 1110 (11am – 4pm weekdays or 9am – 8pm weekends)
Drinkchat: live chat Monday-Friday 9am-2pm www.drinkaware.co.uk
DrugFam: 0300 888 3853
Support for family and friends of someone who has an addiction to gambling, alcohol or drugs
Lifeline of safe support and care to those affected by someone else's addiction/dependency.
Open 365 days a year 9am to 9pm
Email: office@drugfam.co.uk
Visit https://drugfam.co.uk/ for more information
NAPAC: 0808 801 0331
Supporting recovery from abuse in childhood. The service is confidential, and the number won't show on your bill. 10am to 9pm Mon-Thurs and 10am to 6pm Fridays. NSPCC Helpline : 0808 800 5000
If you're worried about a child, or you work with children and young people and need advice or information, the helpline is available 24 hours a day, 7 days a week.
Beat
Beat offers help and support to people affected by eating disorders. Provides details of support networks, self-help groups and Beat's national helpline (open 4pm-8pm on bank holidays and weekends and 9am-8pm on weekdays)
Support for adults: 0808 801 0677 or help@beateatingdisorders.org.uk
Support for students: 0808 801 0811 or studentline@beateatingdisorders.org.uk
Support for Under 18s: 0808 801 0711 or fyp@beateatingdisorders.org.uk
Karma Nirvana: 0800 5999
Supporting victims of honour-based violence, abuse and forced marriage.
Winston's Wish: 08088 020 021
Supports bereaved children, their families and the professionals who care for and support them.
CRUSE Bereavement Care Helpline 0808 808 1677
For anyone needing support after a bereavement.
Visit https://cruse.org.uk/ for more information.
Galop have a national helpline for LGBTQ+ individuals https://galop.org.uk/get-help/helplines/ , particularly in relation to Domestic Abuse and a pan-London advocacy service National Bereavement Partnership: 0800 448 0800

Helpline open 7am to 10pm 7 days a week Text: 07860 022814
Email: helpline@nationalbereavementpartnership.org
Visit www.nationalbereavementpartnership.org for more information.
For those who have experienced grief, anxiety or mental health issues related to the Covid pandemic. Offering support and advice plus befriending service.
CALM (Campaign Against Living Miserably): 0800 58 58 58
Webchat: https://www.thecalmzone.net/help/webchat/
A helpline for people in the UK who are down or have hit a wall for any reason, who need to talk or find information and support. (5pm – midnight 365 days a year)
PAPYRUS Hopeline: 0800 068 4141
Charity for the prevention of suicide in the under 35s (young suicide). Open 9am-midnight 365 days a year. Text: 07860 039967
Email: pat@papyrus-uk.org Visit https://papyrus-uk.org/ for more information.
National Domestic Abuse Helpline: 0808 2000 247
This helpline is free and operates 24 hours a day to support anyone experiencing domestic abuse, domestic violence (including coercion and control), or worried about someone they know who may be experiencing this.
CEOP Think You Know: support about relationships and online safety for 11-18 year olds
https://www.thinkuknow.co.uk
Childline 0800 1111
Free confidential support helpline and over the phone for young people under
www.childline.org.uk
Respect: Men's Advice Line
For male domestic abuse survivors
Tel: 0808 801 0327. www.mensadviceline.org.uk
ManKind Initiative
For male victims of domestic abuse. Helping men escape domestic violence & abuse. Tel: 01823 334 244 Confidential helpline National LGBT+ Domestic Abuse Helpline Tel: 0800 999 5428
Victim Support
Provides practical advice and help, emotional support and reassurance to those who have suffered the effects of a crime.
Tel: 0808 168 9111 www.victimsupport.com
Help after Rape and Sexual Assault
If you've been sexually assaulted it's important to remember that it was not your fault. Sexual violence is a crime, no matter who commits it or where it happens. Don't be afraid to get help. Sexual assault referral centres (SARCs) offer medical, practical and emotional support to anyone who has been raped,

sexually assaulted or abused. SARCs have specially trained doctors, nurses and support workers to care for you.
You can get help from a SARC by booking an appointment with your nearest one via: Help after rape and sexual assault - NHS
Rape Crisis Federation of England and Wales
Rape Crisis was launched in 1996 and exists to provide a range of facilities and resources to enable the continuance and development of Rape Crisis Groups throughout Wales and England.
Email: info@rapecrisis.co.uk www.rapecrisis.co.uk
Respond
Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities and training and support to those working with them.
Tel: 020 7383 0700 or 0808 808 0700 (Helpline)
Email: services@respond.org.uk www.respond.org.uk
Shore
Shore was launched in 2023 to provide a safe and anonymous place for young people to get help and support. The aim of this website is to prevent harmful sexual behaviours among young people. It's for anyone who:
• has questions about healthy sexual relationships
• wants to change their own behaviour
• is looking for reliable information to help them respond to someone else's behaviour
A chatline is available from 5-8pm daily. Their website signposts parents and young people to sources of additional information and support.
https://shorespace.org
Stop Hate Crime
Works to challenge all forms of Hate Crime and discrimination, based on any aspect of an individual's identity. Stop Hate UK provides independent, confidential and accessible reporting and support for victims, witnesses and third parties.
24 hours service: Telephone: 0800 138 1625
Web Chat: www.stophateuk.org/talk-to-us/
E mail: talk@stophateuk.org Text: 07717 989 025
By post: PO Box 851, Leeds LS1 9QS
Women's Aid Federation of England and Wales
Women's Aid is a national domestic violence charity. It also runs a domestic violence online
help service.
www.womensaid.org.uk/information-support

Susy Lamplugh Trust
The Trust is a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms – physical, verbal and
psychological.
Tel: 020 83921839 Fax: 020 8392 1830
Email: info@suzylamplugh.org www.suzylamplugh.org
The Beaumont Society
The largest and longest-established transgender support group in the UK.
Getting Support | Beaumont Society to email or text 24-hour information line: 01582 412220
Source: © Universal Safeguarding Solutions Ltd.
Updated May 2025

Appendix D: Local Contact Details

Club Safeguarding Officer:
Name:
Tel:
Email:
Deputy Club Safeguarding Officer:
Name:
Tel:
Email:

Appendix E: Safeguarding Incident Report Form
We have a responsibility to ensure the safety and wellbeing of all adults and young people and will act accordingly, reporting concerns, taking all allegations seriously ensuring they are responded to quickly in accordance with our Safeguarding policy and procedures.
We should have an appropriate named person and all matters of concern should be reported to them in the first instance.
This form should be used to register a safeguarding concern relating to pickleball activity.
This could involve children or adults at risk (or both).
If it does not increase the risk to the individual, you should explain to them that it is your duty to share the concern with the Safeguarding Lead.
• Describe the circumstances in which the disclosure arose.

• Take care to distinguish between fact, observation, allegation, and opinion. It is important that the information you share is accurate.
• Be mindful of the need to always maintain confidentiality. The information must only be shared with the Safeguarding Lead and any others strictly on a need-to know basis.
• Make a note below of what the person has said using his or her own words as soon as is practicable.

Once completed refer this to your Club Safeguarding Officer, (CSO) for appropriate investigation. If requires the Pickleball England Safeguarding Lead/Team will then ensure that the allegation/concern/disclosure is effectively being managed and will offer support and guidance to the CSO and the individual at risk.

If the matter concerns the behaviour or wellbeing of the CSO, contact the Pickleball England Safeguarding Lead. If in doubt contact Pickleball England Safeguarding, details below.

If the matter is urgent and relates to the immediate safety of a child or adult at risk, then contact the emergency services immediately.

Support

Raising safeguarding concerns can be very difficult, distressing, and stressful. We are here to support you and are available to listen to any safeguarding concerns you may have. If you would like advice and support before contacting Pickleball England you can call the NSPCC on 0808 800 5000, Local Safeguarding Adults/Children Boards or Police. If you are a child or young person, you can also contact Childline (free) on 0800 1111

Information to be Recorded.

1. Your Details

Name:
Phone:
Email:
Role (e.g., player, parent, coach, volunteer):

2. Details of Your Concern

Location:
Date and time of Incident:
Who is this report about: (please provide as much detail as possible e.g. name, age, address if known. If concern involves a young person, include name/contact of parent and whether they are aware of concern).
Details of your concerns:
(Please provide as much detail as possible e.g. name, age, address if known of the individual who is the subject of concern)

Please describe what happened in as much detail as possible (please try to report in a clear and chronological order giving details of what happened, how it happened, description of any injuries sustained, behaviour witnessed and whether the information provided is being recorded as fact, opinion, or hearsay).

3. Are there any witnesses who can give any information regarding your concerns?

Please provide details of this individual or individuals:

4. Are you aware of any other evidence which supports your concerns?

5. Has the club taken any action to manage this issue?

If necessary, the CSO should seek advice from Pickleball England. If you wish to discuss the referral please speak to Stuart Trayler on 07736 150069.

CONTACTS:

Pickleball England Designated Safeguarding Leads
DSL: Stuart Trayler Mob: 07736 150069
Email: safeguarding@pickleballengland.org
Deputy DSL: Karen Mitchell Mob: 07739 739056
Email: karen@pickleballengland.org
NSPCC Helpline: Tel 0808 800 5000 (24 hours/day, 7 days a week)
Email: help@nspcc.org.uk
Ann Craft Trust: support relating to safeguarding adults
Tel: 0115 951 5400 Email: ann-craft-trust@nottingham.ac.uk