



DRH SPORTS LTD

Camp GO!

Handbook

Policy Statement

Safeguarding is everyone's responsibility: not responding to a safeguarding concern is not an option. The protection of children in our care is the responsibility of everyone employed by or working on behalf of DRH Sports Ltd. This policy applies to all staff, including all contractors (self employed coaches), paid staff, volunteers, sessional workers, students or anyone working on behalf of DRH Sports Ltd.

The purpose of this policy:

- To protect children and vulnerable adults who receive DRH Sports Ltd's services.
- To provide staff and volunteers with the overarching principles that guides our approach to safeguarding and child protection.

DRH Sports Ltd believes that a child, or vulnerable adult, should never experience abuse of any kind. We have a responsibility to promote their welfare and to keep them safe; it is the responsibility of every DRH Sports Ltd's employee to report any suspicions they have regarding the treatment of the children/vulnerable adults in their/our care.

We will seek to keep children and vulnerable adults safe by:

- Valuing them, listening to them and respecting them
- Appointing a Designated Safeguarding Officer.
- Adopting child protection and safeguarding practices through procedures and a code of conduct for staff and volunteers.
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
- Recruiting staff and volunteers safely, ensuring all necessary checks are made.
- Recording and storing information professionally and securely, and sharing information about safeguarding and good practice with children, their families, staff and volunteers via leaflets, posters etc...
- Using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately.
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise.
- Ensuring that we have effective complaints procedures in place.
- Ensuring that we provide a safe physical environment for everyone, by applying health and safety measures in accordance with the law and regulatory guidance.

Safeguarding Policy

- Prioritise the well-being of all children and adults at all times
- Don't travel alone with a child.
- Be a positive role model. Act with integrity, even when no one is looking
- Help to create a safe and inclusive environment and promote the Fair Play values
- Value and celebrate diversity and make all reasonable efforts to meet individual needs
- Keep clear boundaries between your professional and personal life, including on social media.
- Check you have the relevant consent from parents/carers, children and adults before taking or using photos and videos.
- Ensure your own roles and responsibilities, and those of everyone you are responsible for, are clearly outlined and everyone has the information, training and support to carry them out. WHERE POSSIBLE, DO NOT BE ALONE WITH A CHILD OR ADULT AT RISK
- Do not abuse, neglect, harm, radicalise, draw into extremist behavior, or discriminate against anyone; or act in a way that may be interpreted as such*
- Doing nothing is NOT an option: report all concerns and disclosures as soon as possible, following the Safeguarding Procedures. If someone is in immediate danger, call the police (999).
- *It is illegal to have a relationship with someone who is under 18 years old if you are in a position of trust; it is illegal to have a sexual relationship with anyone under the age of 16 whether they give consent or not.
- The Code of Conduct should be interpreted in a spirit of integrity, transparency and common sense, with the best interests of children and adults at risk as the primary consideration.

Safeguarding Children Procedures

As childcare professionals we have a moral and statutory duty to safeguard and promote the welfare of children and are committed to the protection of all children. At DRH Sports Ltd we ensure there is a designated Safeguarding Lead at a day of camp, if that person has to leave or is ill the duty is passed down to the second in command. We commit to offering Safeguarding training to our coaches and assistant coaches to ensure they are equipped with the knowledge to maintain the welfare and safety of the children in our care.

The prime responsibility of DRH Sports Ltd is to protect the children in our care. At all times we try to have a clear understanding with parents about our roles and responsibilities and parents will be informed of our policy in emails and all this documentation is available to them at all times during camp. The routine recording of minor incidents and injuries is an integral part of our policy of working in partnership with parents to share information about their child in our care. Also if a child arrives at a setting with a mark/cut/bruise relating to injury a coach must log this as a home accident on the incident form, which is signed by both the member of staff and parent/carer.

All our coaches undergo checks on their suitability to care for children including enhanced disclosures by the Disclosure and Barring Service (DBS) and disqualification by association.

Where this procedure refers to the Safeguarding Lead this is the Camp GO! Manager, or in their absence it falls upon most senior person in charge.

If a coach suspects any type of abuse, by any individual, whether it be physical, emotional, sexual, neglect, racial or religious harassment or if a child discloses information that may indicate they are subject to abuse it should immediately be brought to the attention of the Safeguarding Lead. This also applies to coaches who have concerns regarding the conduct of other coaches. Coaches are also made aware in their induction of whom to contact and the location of telephone numbers if they are concerned about the Safeguarding Lead. Coaches can raise these concerns without fear of repercussion.

If there are any concerns about a child's wellbeing, the parent/carer is the first point of contact unless doing so puts the child at increased risk of significant harm. Further concerns must be referred to your Local Children's Social Care department. The Camp Manager must also be notified.

A referral form can be made available on request. Once the Local Children's Social Care department has been contacted they will send their own referral forms for completion.

Following the referral, the Duty Social Worker will deal with the referral or advise the setting. All concerns must be recorded in the incident/report book. All sheets containing information with regards to concerns attaining to a child will be kept confidential and stored in the child's file in a lockable filing cabinet. Staff must realise that confidentiality is of PARAMOUNT importance. Remember – the interests of the child must come first.

The role of the Safeguarding Lead: Main Purpose

To liaise with the local children's social care department and other agencies in any safeguarding children situation. To ensure that all staff are aware of safeguarding children issues, including possible indications of abuse or neglect, and receive training and support to enable them to implement the policy and procedures of safeguarding children. Also offer continuing support to the family and those involved in any case or allegation.

Roles and responsibilities

- To liaise with the local children's social care department and other agencies.
- To ensure that all relevant people are kept informed on issues such as case reports, referrals and where appropriate disciplinary action.
- To provide information, advice and support to staff
- Ensure safeguarding children policies and procedures are kept up to date according to the Local safeguarding children board.
- Maintain case records which will be stored in a secure/locked filing cabinet
- Attend any safeguarding children training and feedback to staff.

RESPONDING TO ALLEGATIONS OF ABUSE

If a child tells you of an alleged abuse you must follow the procedures given below:

DIRECT ALLEGATION

- The member of staff must not promise to keep the allegations secret
- Listen carefully to what the child says
- DO NOT QUESTION THE CHILD OR MAKE SUGGESTIONS ABOUT WHAT THE CHILD MEANS
- If the child is questioned this could have a direct impact on the information gathered, which may later be used in court.
- Remain calm and allow the child to speak for as long as they want to
- Always take the child seriously but this does not mean accepting everything as a fact
- Coaches must NOT question the adult implicated in the allegation
- Write down the conversation as it happens if possible, if not straight after the child has finished talking on the record of Child's Conversation Log Sheet
- Inform the Safeguarding Lead, or the Deputy in their absence.
- The Safeguarding Lead must then inform their Local Children's Social Care Department, and the Childcare Director.
- In the absence of the Safeguarding Lead the duty of making a referral then falls upon the next senior person in charge, usually the Deputy Manager.
- The Safeguarding Children Lead will speak to the child's parent/carer unless doing so causes greater risk of harm to the child.
- Children's Social Care Department will want to speak to the member of staff who recorded the conversation. They will be the agency that speaks with the parents if it is inappropriate for the Safeguarding Lead to do so.

SUGGESTIONS OF ABUSE

- If a child appears to be suggesting abuse but the member of staff is not clear, the adult should make time to allow the child to talk freely
- The member of staff must listen carefully and again take notes of what is ACTUALLY being said by the child
- The member of staff should only ask questions to clarify what the child has said. As soon as it is clear that the abuse has taken place the member of staff must not ask any questions
- Following this the member of staff must then inform the Safeguarding Lead, who in turn will contact the Local Children's Social Care Department, the Childcare Manager and Managing Director. Suggestions of abuse can come from not only the child verbally making suggestions but also through other signs and symptoms, such as changes in behaviour, using inappropriate language and drawings that may suggest the child is being subjected to abuse.

It is important that staff remain vigilant for such signs and symptoms and act in the appropriate way by:

- Recording the concern regarding the child on the incident report form.
- Inform the Safeguarding Lead, or in the absence of the Safeguarding Lead the duty of making a referral then falls upon the next senior person in charge, usually the Deputy Manager.
- The Safeguarding Lead (or senior in charge) must then inform their Local Children's Social Care Department, and the Childcare Manager or Director.
- The Safeguarding Lead will speak to the child's parent/carer unless doing so causes greater risk of harm to the child.
- The Children's Social Care Department will want to speak to the member of staff who identified concerns. They will be the agency that speaks with the parents if it is inappropriate for the Safeguarding Lead to do so.

All coaches also need to be aware that abuse can also come from other children for example bullying. This could be verbal, physical and/or emotional. Incidents involving these types of actions, for example biting, are logged on a form and the parents/ carers of all the children involved are informed.

Allegations against a coach, student or volunteer

If an allegation of serious harm or abuse is made against a member of staff or volunteer, we will follow the HM Government guidance in 'Working together to safeguard children'. The allegation should be reported to the senior manager on duty. If this person is the subject of the allegation then this should be reported straight to LADO. The manager will contact the Local Authority Designated Officer (LADO), who will review the information received and decide whether an investigation is needed. If this is the case, the

LADO will conduct the investigation and meet with relevant parties to ensure all information is gathered. Safeguarding concerns must also be reported to Ofsted, within 14 days of the allegation being made, if you are unsure please speak to the LADO for further advice.

- The LADO will be informed immediately for advice and guidance
- A full investigation will be carried out by the appropriate professionals to determine how this will be handled
- The setting will follow all instructions from the LADO, Ofsted, LSCB and asks all staff members to do the same and co-operate where required
- Support will be provided to all those involved in an allegation throughout the

external investigation in line with LADO support and advice

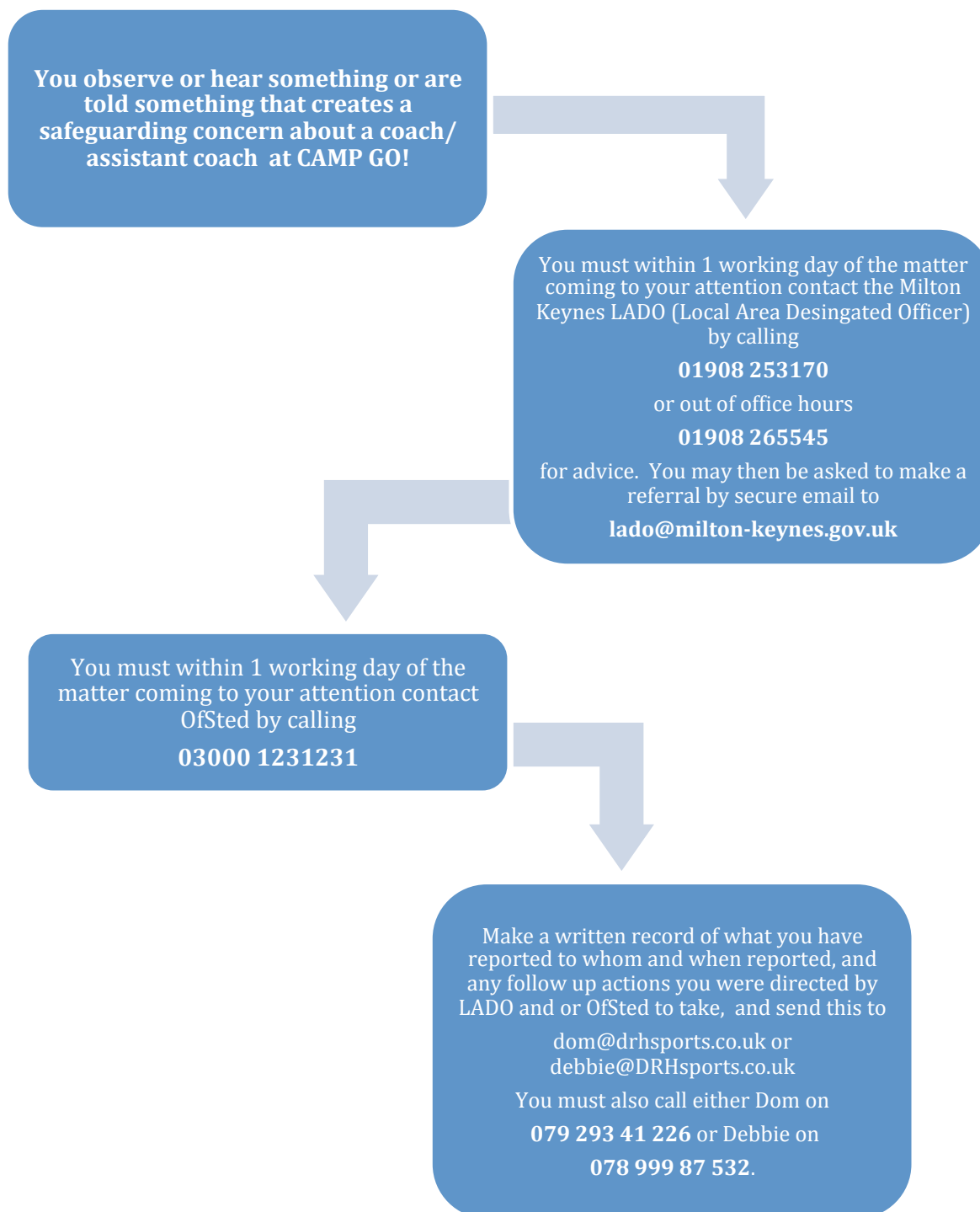
- DRH Sports Ltd reserves the right to suspend any member of staff during an investigation
- All enquiries/external investigations/interviews will be documented and kept in a locked file
- Unfounded allegations will result in all rights being re-instated
- Founded allegations will be passed on to the relevant organisation (police) and will result in the termination of employment. Ofsted will be notified immediately of this decision. The setting is also required to notify the Disclosure and Barring Service (DBS) to ensure their records are updated
- All records will be kept until the person reaches normal retirement age or for 10 years if that is longer. This will ensure accurate information is available for references and future DBS checks and avoids any unnecessary re-investigation
- DRH Sports reserves the right to refuse work to any contracting coach in connection with founded allegations following an inquiry.
- Ofsted must be informed of the action taken in respect of the allegation.

CONTACT NUMBERS

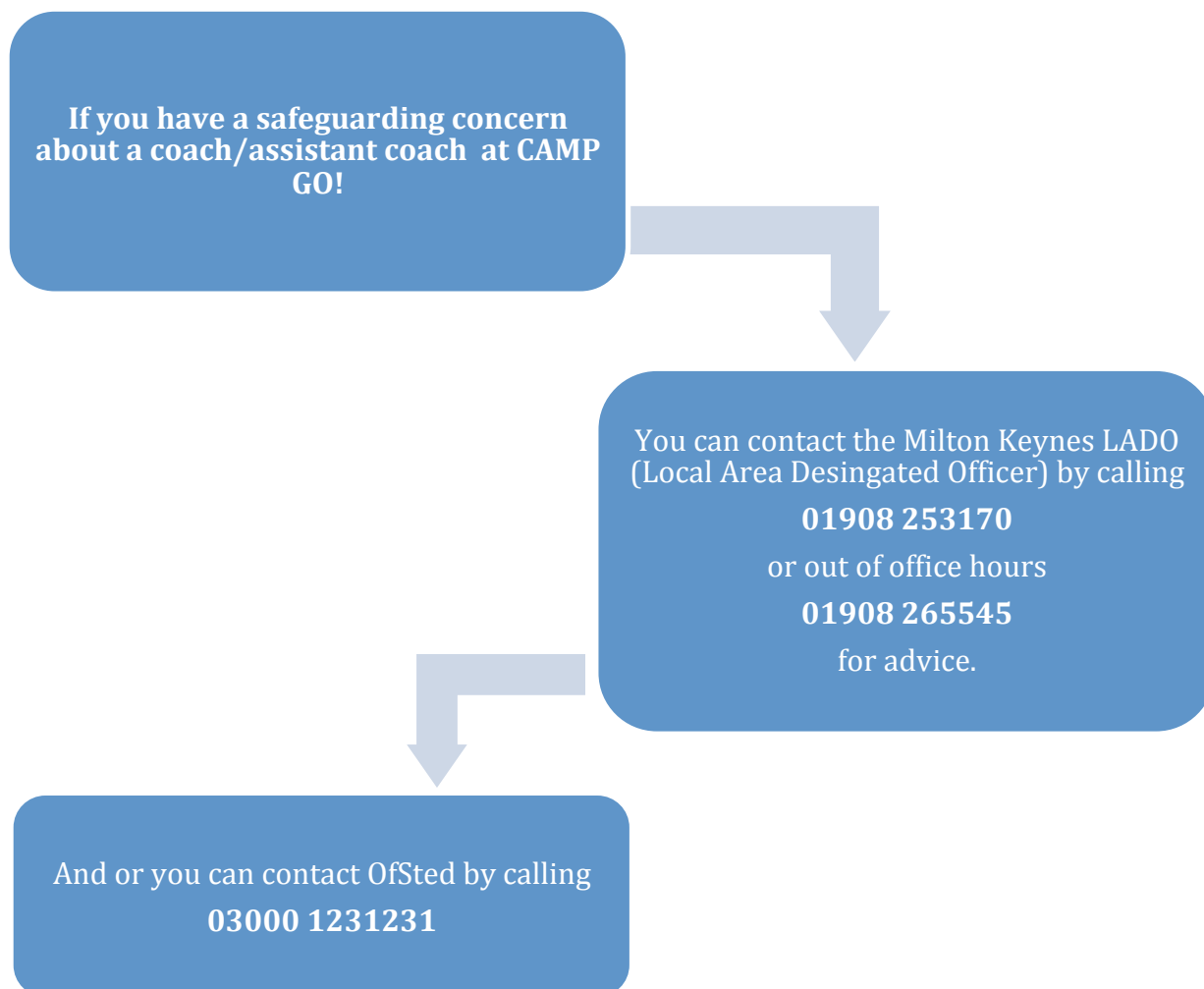
	Milton Keynes
Local Authority Children's Services To be contacted if you have a concern about a child.	01908 253169 or 01908 253170
Local Authority Children's Services – Out of Hours Emergency Contact	01908 265545
LADO To be contacted if there is an allegation against a coach.	01908 254300

If the child lives outside of Milton Keynes different contact numbers must be called. All the different contacts for different areas are easily available online.

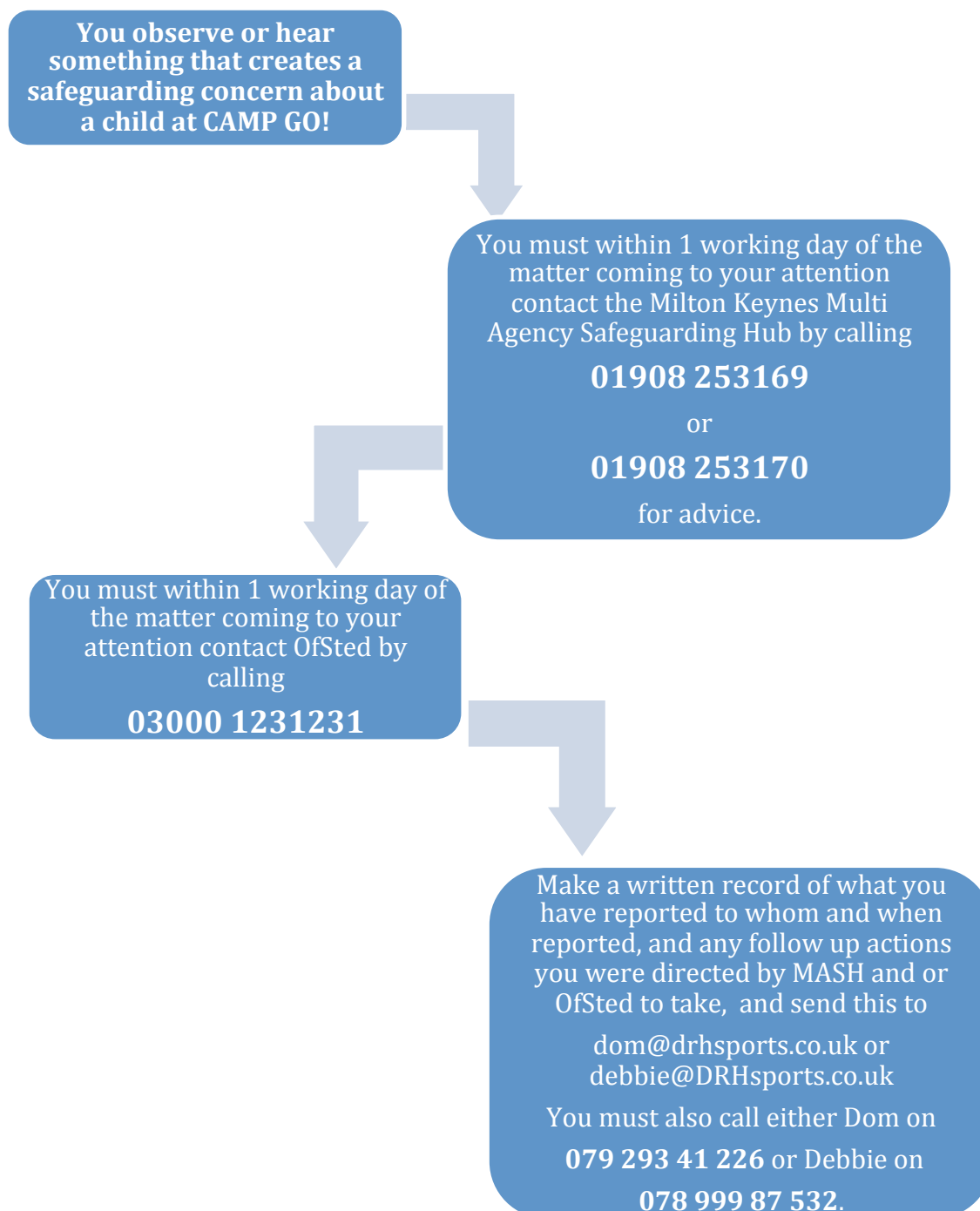
SAFEGUARDING CONCERN ABOUT A DRH SPORTS COACH/ASSISTANT COACH AT CAMP GO!



PARENT WITH A SAFEGUARDING CONCERN ABOUT A DRH SPORTS COACH/ASSISTANT COACH AT CAMP GO!



DRH SPORTS COACH/ASSISTANT COACH WITH A CONCERN ABOUT A CHILD AT CAMP GO!



Coaches and Volunteers

It is the policy of Acorn DRH Sports Ltd to provide a secure and safe environment for all children. The setting will therefore not allow an adult to be left alone with a child who has not received their enhanced DBS disclosure clearance. Any volunteers will receive initial basic child protection training during their induction period. This will include the procedures for spotting signs and behaviours of abuse, recognising and responding to inappropriate behaviour by adults, recording and reporting concerns and creating a safe and secure environment for the children. All our certified coaches are trained in Safeguarding.

All coaches must keep their mobile phones stored away in a bag, personal mobile phones and cameras are not to be used at any time in areas of the setting where the children are present. The only phone used on site is the Camp GO! Phone, which is to be held by the Camp Manager. This phone has no camera capabilities and all parents will have the number for this phone if they need to contact the Camp Lead or Manager. This will also be the phone used if a parent needs to be contacted for any reason. The only exception to this rule will be if the emergency services need to be called, in which case the closest phone should be used.

No child at camp GO! Is allowed a phone with them, it must be handed in to the Camp GO! Manager and these phones will be kept in a secure location until the end of camp.

If coaches are taking medication that may affect their ability to care for children they should seek medical advice (GP or NHS Direct for example). DRH Sports Ltd will ensure that those coaches only work directly with children if medical advice confirms that the medication is unlikely to impair that member's ability to look after children properly. All medication on the premises must be securely stored and out of reach of children at all times.

Identifying Abuse and Neglect

All coaches should be **alert** to the signs of abuse and neglect, and **question the behaviour** of children and parents/carers, no coach should necessarily take what they are told at face value.

All coaches need to know where to turn to if they need to **ask for help**. You must **refer** to children's social care or to the police, if you suspect that a child is at risk of harm or is in immediate danger.

Understanding and identifying abuse and neglect

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Child welfare concerns may arise in many different contexts, and can vary greatly in terms of their nature and seriousness. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet. In the case of female genital mutilation, children may be taken out of the country to be abused. An adult or adults, or another child or children may abuse them. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. Abuse and neglect can happen over a period of time, but can also be a one-off event. Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development and well being.

The warning signs and symptoms of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs, which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health. By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;
- Children with poor school attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from school when drunk, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;

- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

There are four main categories of abuse and neglect: physical abuse, emotional abuse, sexual abuse and neglect. Each has its own specific warning indicators, which you should be alert to.

Physical abuse

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Some of the following signs may be indicators of physical abuse:

Children with frequent injuries;

Children with unexplained or unusual fractures or broken bones; and

Children with unexplained: o bruises or cuts; o burns or scalds; or o bite marks.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the

way a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child the opportunity to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate.

Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child’s peers.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the ‘cold shoulder’;
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Sexual abuse and exploitation

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Adult males do not solely perpetrate sexual abuse. Women can commit acts of sexual abuse, as can other children.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education.

Neglect

Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care parents who fail to seek medical treatment when their children are ill or are injured.

Radicalisation and Extremism

Why might a young person be drawn towards extremist ideologies?

- They may be searching for answers to questions about identity, faith and belonging

- They may be driven by the desire for ‘adventure’ and excitement
- They may be driven by a need to raise their self-esteem and promote their ‘street credibility’
- They may be drawn to a group or individual who can offer identity, a social network or support
- They may be influenced by world events and a sense of grievance resulting in a need to make a difference

How might this happen?

On-line

The Internet provides entertainment, connectivity and interaction. Children may need to spend a lot of time on the Internet while studying and they may use other social media and messaging sites such as Facebook, Youtube, Twitter, Instagram, Vine or Whatsapp.

These can be useful tools, but we need to be aware there are powerful programmes and networks that use these media to reach out to young people and can communicate extremist messages. Peer Interaction Young people at risk may display extrovert behaviour, start getting into trouble at school or on the streets and may mix with other children who behave badly, but this is not always the case. TV and media The media provide a view on world affairs. However, this is often a very simple version of events, which in reality are very complex. Children may not understand the situation fully or appreciate the dangers involved in the views of some groups. They may see things in simple terms and not have the whole picture.

What are the signs that a child is at risk?

There are no typical characteristics of a person at risk. However, a sudden change in behaviour could be a potential indicator. Sometimes those at risk may be encouraged, by the people they are in contact with, not to draw attention to themselves. If you feel there is a change in your child's behaviour, parents are encouraged to inquire about their children's wellbeing. In particular, when you observe:

- Out of character changes · in behaviour and peer relationships.
- Secretive behaviour.
- Losing interest in friends and activities.
- Showing sympathy for extremist causes.
- Glorifying violence.
- Possessing illegal or extremist literature Advocating messages similar to illegal organisations such as “Muslims Against Crusades” or other non-proscribed extremist groups such as the English Defence League

Best Practice Policy

The behaviour of the staff must not be open to criticism. Staff should protect themselves against liability or allegations that could cause conflict between them, the child and the parent. Staff must ensure that they do not put themselves in a position that may inadvertently threaten or upset children in their charge, and use best practice in all they do. Best practice refers to the actions of our staff whilst working with or near to children. It also refers to the manner in which they communicate with the children and the information that they give them. Therefore our staff will:

- Avoid shouting and derogatory comments
- Use positive comments and feedback whenever possible
- Keep physical contact to a minimum unless absolutely necessary. When contact is necessary make sure there is at least one other adult present and the incident is recorded on an Incident Report Form
- Treat all children equally and avoid favouritism
- Be non-judgemental when talking to or dealing with the children
- Empathise with the children and understand their emotions
- Ensure you inform children of why you are making certain decisions in order for them to learn why certain things are done in certain ways e.g. why you walk a certain way across the car park
- Understand that it is their legal responsibility to report any suspected cases of child abuse to the lead coach who in turn will inform DRH Sports Ltd' director so the best course of action for that child can be initiated
- Not use a mobile phone or camera whilst leading a session with a group of children and this will be treated as a case of misconduct if the staff member is caught doing so

Equality and Diversity Statement

DRH Sports Ltd are adamant to provide excellent quality sports coaching and Kids school holiday camps in a friendly inclusive environment. This applies regardless of a person's age, disability, gender reassignment status, sex, marital or civil partnership status, pregnancy or maternity, race, sex, sexual orientation, religion, race or sexual orientation, socio- economic status or any other background.

Complaints Procedure

DRH Sports Ltd has a set procedure for addressing complaints. This procedure is for parents whose children are booked onto camps and/or coaching sessions. Removing children from a camp or session prior to a complaint being formally presented, forfeits access to or continuation with these procedures. The complaints procedure should be used only when informal attempts to resolve problems have been unsuccessful. The nature of your complaint will determine the action you should take. Please see below how these have been categorised and what procedure you should follow.

**** Complaints must be submitted within 7 days of an incident occurring, this is to ensure we have sufficient opportunity to investigate. We will get back to you in writing within 28 days****

Aims & Objectives

DRH Sports Ltd will give careful consideration to all complaints and will deal with them fairly and honestly. We will provide sufficient opportunity for any complaint to be fully aired, and aim to resolve it through open dialogue and mutual understanding.

Framework of Principles:

- The complaints procedure should be accessible and publicised.
- It should be simple to use and understand.
- It should be as impartial as possible and allow the complainant to document and submit their complaint.
- It should be non-adversarial
- It should allow for swift handling with established time-limits for action, and for keeping people informed of progress
- It should respect people's desire for confidentiality, though some information sharing may be necessary to carry out a thorough investigation. Confidentiality does not apply when the OFSTED inspectors need to be informed under relevant laws governing the care of children.
- The procedure should address all points of issue, providing an effective response and an appropriate redress, where necessary.

Formal Complaints

STAGE 1

In the first instance, please discuss any issues within the categories set out on the following page, with the Lead Coach/Director who is responsible for the venue your child is attending. Your complaint will be fully investigated.

- Health and Safety
- Safeguarding
- Management of the Camp, Activities and Timetabling
- Staff
- Bullying, Behaviour
- Accidents and Incidents
- What to Bring/Wear
- Specific Needs
- Other (camp/course related)
- Booking
- Dates and Prices
- Venue
- Hours
- Terms and Conditions
- Other (booking related)

The person carrying out the investigation will review the way the complaint has been handled by DRH Sports Ltd and will ensure that the issues have been dealt with properly and fairly. He/she will write to you reporting the findings and recommendations of this investigation within 28 days of receiving the complaint. The individual about whom the complaint was made will not be involved in the investigation.

STAGE 2

If you are not satisfied with the result from Stage 1, you may choose to refer your complaint to Stage 2 of the procedure. This must be done in writing to DRH Sports Ltd within 15 days of the completion of Stage 1.

The complainant will be informed in writing of the results of this review:

The general principle is that DRH Sports Ltd should be able to produce documentary evidence to show that the complaint has received fair and proper consideration within the procedure set out here.

If you are still not satisfied, you may wish to put your complaint to OFSTED.

Early Years Provision: Parents have the right to phone OFSTED if they feel they have not received a satisfactory response to their complaint. OFSTED can be contacted on 0300 123 1231. Parents should have to hand the OFSTED registration number of the camp/course involved. Alternatively, you can write to: The National Business Unit, Ofsted, Piccadilly Gate, Store Street, Manchester, M1 2WD

Monitoring and Review: DRH Sports Ltd monitors the complaints procedure, in order to ensure that all complaints are handled properly. All formal complaints received are logged and recorded.

Anti-Bullying Policy

Principles and values

As a company we take bullying and its impact very seriously. Players and parents should be assured that known incidents of bullying will be responded to.

Bullying will not be tolerated.

The ethos of our company fosters high expectations of outstanding behaviour and we will consistently challenge any behaviour that falls below this.

Objectives of this Policy

- All coaches, players and parents should have an understanding of what bullying is.
- All coaches should know what DRH Sports' policy is on bullying, and follow it when bullying is reported.
- All players and parents should know what the policy is on bullying, and what they should do if the bullying arises.

What is Bullying?

Bullying is unacceptable behaviour used by an individual or group, usually repeated over time, that intentionally hurts another individual or group either physically or emotionally.

In other words, bullying is unacceptable behaviour that occurs most of the time, on purpose.

Bullying can be short term or continuous over long periods of time.

Bullying can be:

Emotional	Being unfriendly, excluding, tormenting (hiding items, threatening gestures etc)
Physical	Pushing, kicking, biting, hitting, punching or any use of violence.
Racial	Racial taunts, graffiti, gestures
Sexual	Unwanted physical contact or sexually abusive comments.
Homophobic	Because of, or focussing on the issue of sexuality.
Direct or Indirect Verbal	Name-calling, sarcasm, spreading rumours, teasing.
Cyber Bullying	All areas of the internet, such as email, Facebook, twitter, instagram, snapchat etc. Mobile threats by text messaging and calls. Misuse of associated technology, i.e. Camera and video facilities, tablet, game consoles.

Bullying may be related to:

- Race
- Gender
- Religion
- Culture
- SEN or disability
- Appearance or health condition
- Home circumstances
- Sexual orientation

Perpetrators and Victims

Bullying takes place where there is an imbalance of power of one person or persons over another.

This can be achieved by:

- The size of an individual
- The strength of an individual
- The numbers of group size involved.
- Anonymity – through the use of cyber bullying or using email, social networking sites, texts etc

Staff must remain vigilant about bullying behaviours and approach this in the same way as any other category of child abuse, that is, do not wait to be told before you raise concerns or deal directly with the matter.

Children may not be aware that they are being bullied; because they may be too young or have a level of Special Educational Needs which means that they may be unable to realise what others may be doing to them.

Staff must also be aware of those children who may be vulnerable pupils; those coming from troubled families, or those responding to emotional problems or mental health issues which may bring about a propensity to be unkind to others, or may make them more likely to fall victim to the behaviour of others.

Why is it important to respond to bullying?

A child may indicate by signs or behaviour that he or she is being bullied. Adults should be aware of these possible signs and that they should investigate if a child:

- Is frightened of walking to or from the sessions
- Begs to be driven to a session/ camp
- Changes their usual routine
- Is unwilling to go to sessions
- Begins to truant
- Becomes withdrawn, anxious or lacking in confidence.
- Starts stammering
- Attempts or threatens suicide or runs away.
- Cries themselves to sleep at night or has nightmares

- Feels ill in the morning
- Begins to put less effort in to their activities
- Comes home with clothes torn or books damaged
- Has possessions which are damaged or “go missing”
- Asks for money or starts stealing money
- Has dinner or other monies continually lost
- Has unexplained cuts or bruises
- Comes home hungry
- Becomes aggressive, disruptive or unreasonable
- Is bullying other children or siblings
- Stops eating
- Is frightened to say what’s wrong
- Gives improbable excuses for any of the above.
- Is afraid to use the internet or mobile phone
- Is nervous and jumpy when a cyber message is received.
- Lack of eye contact.
- Becoming short tempered
- Change in attitude to people at home.

These signs and behaviours could indicate other social, emotional and/or mental health problems, but bullying should be considered as a possibility and should be investigated.

Outcomes

All known/reported incidences of bullying will be handled with by the lead coach of the session and may be further investigated by the head coach or director of the camp.

Any adult coach must follow up with his or her own investigations themself.

Any form of bullying is not tolerated and all coaches will follow this procedure.

Parents should be aware that bullying within a varied group of children (where there may be difference in age, gender, interests or culture) is not always unavoidable and our staff will do their best to promote values of respect between all players.

OFSTED & CONTACTS

OFSTED

DRH Sports Ltd is Ofsted registered and therefore complies with all welfare and learning and development requirements. Not only can you rest assured that the staff caring for your children are fully vetted, but also our high standards are delivered at each venue for your peace of mind. Our policies and procedures are regularly updated to ensure we meet all necessary requirements and the welfare of the children in our care always takes priority.

We have a registration number and unique OFSTED registration numbers for the venues we use. These numbers will be required if you need to set up childcare vouchers with us, give feedback or view previous inspection reports.

DRH Sports: RP550306

Oakgrove Leisure Centre: EY550308

We are not on the Early Years Registers which means we can't accept any child who was four years old or younger on the previous September 1st for more than four hours a day.

CONTACTS

Director of DRH Sport, Dominic Ross-Hurst: 07929341226

Ofsted

Phone: 0300 123 1231

Address: The National Business Unit, Ofsted, Piccadilly Gate, Store Street, Manchester, M1 2WD

Disclaimers

We recognise that:

- The welfare of the child is paramount, as enshrined in the Children Act 1989
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse.
- Some children are additionally vulnerable because of the impact of precious experiences, their level of dependency, communication needs or other issues.
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

Legal framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1999
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offenders Act 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015
- Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children: HM Government 2015

The information in this document supports Ofsted requirements for the Early Years Register and the Voluntary Register. It reflects statutory guidance in "Keeping children safe in education" published in September 2016 and "Statutory framework for the early years foundation stage" published in 2017 By the Department for Education. It also supports the LTA Safeguarding Code of Conduct and the NSPCC Safeguarding policies.

Use of terminology

Child: a person under the age of eighteen years.

Adult at risk of abuse or neglect: an adult who: has care and support needs; is experiencing, or is at risk of abuse or neglect; and because of their care and support needs cannot protect themselves against actual or potential abuse or neglect.

Safeguarding children: protecting children from abuse and neglect, preventing the impairment of children's health or development, preventing children from being drawn into extremism and/or terrorist activity, ensuring that they grow up in circumstances consistent with the provision of safe and effective care, and taking action to enable all children to have the best life chances. Recognise that some children may be more vulnerable to abuse or neglect, such as children with disabilities.

Safeguarding adults at risk: protecting adults from abuse and neglect and preventing them from being drawn into extremism and/or terrorism. Enabling individuals to achieve the outcomes that matter to them in their life; protecting their right to live in safety, free from abuse and neglect. Empowering and supporting them to make choices, stay safe and raise any concerns.

Beginning with the assumption that an individual is best-placed to make decisions about their own well-being, taking proportional action on their behalf only if someone lacks the capacity to make a decision; is exposed to a life-threatening risk; someone else may be at risk of harm; or a criminal offence has been committed or is likely to be committed.

Abuse and Neglect

- **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 or adult at risk. Physical harm may also be caused when a parent or carer, fabricates the symptoms of, or deliberately induces illness.

- **Sexual abuse:** involves forcing or enticing a child or adult at risk to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child or adult at risk 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 or touching outside of clothing. They may also include non-contact activities, such as involving children/adults at risk in looking at, or in the production of, sexual images, watching sexual activities, encouraging them to behave in sexually inappropriate ways, or grooming someone in preparation for abuse (including via the internet). Adult males do not solely perpetrate sexual abuse. Women can also commit acts of sexual abuse, as can children.

- **Emotional abuse:** the persistent emotional maltreatment of a child or adult at risk, such as to cause severe and persistent adverse effects on their emotional development. It may involve conveying to a child/ adult at risk that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person; not giving them 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, including interactions that are beyond a child or adult at risk’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing them 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 a child or adult at risk to feel frightened in danger, or exploited. Some level of emotional abuse is involved in all types of maltreatment, though it may occur alone.

- **Neglect:** the persistent failure to meet a child/ adult at risk’s basic physical and/or psycho logical needs, likely to result in the serious impairment of their health or development. It may involve a parent or carer failing to:
 - Provide education, adequate food, clothing or shelter;

- Protect a child/ adult at risk from physical or 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 or adult at risk's basic emotional needs. Neglect may occur during pregnancy due to maternal substance abuse.

• **Radicalisation, extremism and terrorist behavior:** Radicalisation is the process by which a person comes to support terrorism and/or forms of extremism. Extremism is 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. There is no single way to identify an individual who is likely to be susceptible to extremist ideology. The Internet and the use of social media can be a major factor in the radicalisation of people.

Additional Examples of Abuse and Neglect of Adults at Risk

- **Financial abuse:** having money or property stolen; being defrauded; being put under pressure in relation to money or other property; and having money or other property misused.
- **Discriminatory abuse:** treating someone in a less favourable way and causing them harm, because of their age, gender, sexuality, gender identity, disability, socio-economic status, ethnic origin, religion and any other visible or non-visible difference.
- **Domestic abuse:** includes physical, sexual, psychological or financial abuse by someone who is, or has been a partner or family member. Includes forced marriage, female genital mutilation and honour-based violence (an act of violence based on the belief that the person has brought shame on their family or culture). Domestic abuse does not necessarily involve physical contact or violence.
- **Psychological abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

- **Organisational abuse:** where the needs of an individual are not met by an organisation due to a culture of poor practice or abusive behaviour within the organisation.
- **Self-neglect:** Behaviour that threatens an adult's personal health or safety (but not that of others). Includes an adult's decision to not provide themselves with adequate food, clothing, shelter, personal hygiene, or medication (when indicated), or take appropriate safety precautions.
- **Modern slavery:** encompasses slavery, human trafficking, criminal and sexual exploitation, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude and inhumane treatment.
- A person who is being abused may experience more than one type of abuse
- Bullying and harassment are recognised as forms of abuse
- Female Genital Mutilation (FGM) is recognised as a form of physical, sexual and emotional abuse that is practiced in the UK (and elsewhere)
- Child Sexual Exploitation is recognised as a form of sexual abuse in which children are sexually exploited for money, power or status
- Child trafficking is recognised as child abuse where children are often subject to multiple forms of exploitation. Children are recruited, moved or transported to, or within the UK, then exploited, forced to work or sold
- People from all cultures are subject to abuse. It cannot be condoned for religious or cultural reasons
- Abuse can have immediate and long-term impacts on someone's well-being, including anxiety, depression, substance misuse, eating disorders and self-destructive conducts, offending and anti-social conduct
- Those committing abuse are most often adults, both male and female. However, child-to- child abuse also takes place

Some children and adults may be more vulnerable to abuse. For example, deaf and disabled people; people with mental health problems; new to the UK; or from minority groups (note this list is not exhaustive).

DRH SPORTS RECRUITMENT POLICY

DRH Sports takes its commitment to Safeguard and Promote the Welfare of Children and Young People very seriously and expects all staff, contractors, students and volunteers to do the same.

We aim to ensure that all people working with children are suitable to do so and we are therefore extremely vigilant when recruiting new people to join our team in whatever capacity.

Our resources procedure is as follows:

- We only use reputable websites, social media job advertisement platforms, recruitment organisations when advertising any vacancies and qualified Human Resources/Recruitment specialists to assist the assessment, selection and appointments processes
- We always specify the role and associated person specification.
- We always used a structured approach to resources which has the following stages:
 - Advertisement
 - Short Listing
 - Assessment and Selection
 - Conditional offer (employees)/proposed contract terms (sub-contractors)/proposed contract of supply terms (for colleges providing students)
 - Suitability and identity checks (in accordance with our **Deployment of Coaches' Policy**)
 - References (employees and sub-contractors)
 - Offer (employees)/Engagement (sub-contractor)
 - Where students are to be engaged via a 3rd party College, the College is required to provide confirmation of the completion of the checks necessary for the role to be fulfilled by the student(s) in accordance with our **Deployment of Coaches' Policy**
- All applicants will be required to apply on a formal basis for a role with DRH.
- All applicants with need to fill out a medical suitability form which will be updated termly if they were to be successful.
- The selection and recruitment process will include a structured interview and where appropriate one or more skills (e.g. ball skills, tennis playing standard) and or work simulation (e.g. assisting a sports coaching activity) assessment task and where appropriate may include an additional interview with one or more representatives from key stakeholders (e.g. Tennis Club Committee Officers or similar).

Prior to the commencement of work (employees) or services (sub contractors) DRH Sports will undertake checks to verify the identity and right to live and work in the United Kingdom in accordance with the Government Requirements applicable at the date of commencement of employment/provision of services.

Prior to the commencement of work (employees) or services (sub contractors) DRH Sports will undertake suitability checks in accordance with our **Deployment of Coaches' Policy** which may include one or more of the following:

1. Enhanced DBS check (child workforce) and or use of the DBS Update Service where an individual has a relevant (enhanced and child workforce) subscription and provides the necessary consent and access to the record for roles working with children
2. A Disqualification by Association declaration where applicable (those who will be working in our multi-sports and or specialist sports' camps and or wrap around care provision for children aged 8 and under) (see our **Deployment of Coaches' Policy**)
3. Verification of qualifications necessary for the role (e.g. Level 3 Tennis Coaching) (see our **Deployment of Coaches' Policy**)
4. Verification of mandatory training requirements (e.g. safeguarding for LTA accredited Tennis coaches, e.g. LTA accredited First Aid Training for Tennis Coaches; e.g. Accredited Paediatric First Aid training for those leading multi and specialist sports camps attended by Early Years age defined children) (see our **Deployment of Coaches' Policy**)
5. Employment and or personal references for new employees and references/statements of recommendation for coaches new/unknown to the Coaching Team.
6. Medical Suitability (see our Medical suitability form)

Starting work

Those for whom an Enhanced DBS (child workforce) check has not been completed at the date of commencement of employment/provision of services will not be allowed unsupervised access or be able to provide intimate care (nappy changing/toileting) to any child until their Enhanced DBS (child workforce) check comes back and is satisfactory for DRH Sports.

Those for whom a disclosure by association disclosure is required and for whom a waiver from Ofsted is required will not be able to commence employment or to provide services until such a waiver has been received by the individual and a certified copy of the original outcome of the application for a waiver from Ofsted has been inspected by, and is satisfactory to, DRH Sports.

EMPLOYEES

New employees will undergo an induction and probationary period (minimum of 2 school terms) during which time they will read and discuss DRH Sports' policies and procedures and receive a mentor who will introduce them to the way in which DRH Sports operates. Their work ethic and performance will also be monitored very closely during this time and if satisfactory levels are not being reached their employment may be reconsidered.

All employees will attend an annual 'ongoing suitability review' and are responsible for notifying the manager, in person, if any circumstances arise that


































may affect their suitability to work with children. This includes any health concerns or incidents that have occurred outside of the DRH Sports. Employees will face disciplinary action if they fail to notify DRH Sports within in a reasonable time scale.

SUBCONTRACTORS

The service provisions of all sub-contractors will be subject to not less than annual review. The quality of their service provision will be monitored closely against the service delivery requirements of DRH Sports and if satisfactory quality standards are not being delivered the contract for services may be subject to an improvement notice period and or terminated without notice. All sub-contractors are individually responsible for notifying DRH Sports, in person, if any circumstances arise that may affect their suitability to work with children. This includes any health concerns or incidents that have occurred outside of the DRH Sports. Failure to make a timely notification to notify DRH Sports may result in the termination of the service provision without notice.

This policy / procedure was checked, reviewed and updated on 19th July 2018.

DRH Coaching Deployment Information

What does the role require?	Example 1. Tennis Lead Role in School	Example 2. Football assistant role in School.	Example 3. Camp GO! Manager	Example 4. Camp GO! Football Lead	Example 5. Camp GO! Sports Assistant
Level 3+			 Any sport or have experience commensurate with.		
Level 2	 LTA minimum requirement				
Level 1		 FA minimum requirement		 FA minimum requirement	
Sports Leader					
Specialist?	 Tennis	 Football		 Football	
1 st Aid Trained					
Paediatric 1 st Aid Trained					
DBS enhanced					
Disqualification by association					
Availability					
Experience					
Suitability & experience with age group					

Coaching Procedures

Setting Up

Lead coaches should arrive at least half an hour before campers arrive to set up. This means if there are bookings for early drop off, the lead coaches should be there half an hour before that begins. Any assistant coaches should be there no later than 15 minutes before camp starts.

If a coach is ill or unable to work at camp they must inform Dominic Ross-Hurst as soon as possible so cover can be organised.

Appropriate equipment should be on display for kids to use for freeplay if they arrive early.

Tables and chairs should be set up for all campers. If any children have food allergies a separate table should be set up for them for lunch and snack time if applicable. A table with colouring and other activities for the younger children should also be set up if they want some time doing something none active.

A visual check should be taken of the activity area for any hazardous objects, especially ball can lids. The risk assessment for the venue should be read and fully understood by the lead coach.

Any area being used for the day: the indoor hall, outdoor areas, toilets etc, should be checked and assessed before children arrive.

How do parents get all the information they need?

Before parents arrive at camp they will receive an email that explains everything they will need to know regarding location and a contact number for the day.

There will be a schedule for the day at camp attached the notice board so parents can see what activities their children will be doing although this may vary depending on weather etc.

All parents will be asked if they have the contact number from the email in order to contact the lead coach of camp if they need to.

At the end of each day there will be a recap email sent out detailing the days activities.

For our campers attending who are 5 years or younger, they will have a slip to take home which states which activities they did, if there were any problems and how they got on.

If there are any incidents during camp a report slip will be filled out and this will be given to the parent when they arrive to collect their child.

Phones

- Phones are to be used at no point during camp.
- The Camp GO! Manager will have the phone that parents have the number for to contact during camp. This must be fully charged and turned on at all times.
- All children must keep their phones stored away in their bags.
- A watch should be used to tell the time by all coaches.

Registers

Please take note of any medical/behavioural conditions for any player on the register.

Coaches are to check that all players are correctly dressed for the weather conditions and make sure they have a water bottle before their parents leave.

A register should be taken at the beginning of the day when the children arrive. Any children who are not present at the start of camp should be marked with an 'A'. If a player turns up late the register needs to be amended. Count the number of players that are present and put in total box under the corresponding day. If a child has arrived who is not on the registers, all their details must be taken and this must be confirmed with the director of the camp.

All parents must fill out our contact form if it is the first time their child has come to camp that week. Any designated people who can collect their child, must be checked with the parent each day.

If a child doesn't arrive after 30 minutes of the camp starting, the parent must be contacted.

Camp GO! Organisation of children by AGE

In order to ensure the enjoyment of all participants at camp we split our campers into separate groups by age. This is very important and means we can meet the needs of the various ages we have at our camp. Our categories are as follows:

Camp GO! Tots – Aged 5&U

Camp GO! Smalls – Ages 6-9

Camp GO! Bigs – Ages 9& Up

We will split up the Camp GO! Bigs if necessary. The rules above may vary slightly depending on the strength and ability of each individual camper as to which group they fit into, and depending on the activity.

Camp Cancellations

A Camp at Oakgrove Leisure centre will only be cancelled in exceptional circumstances and all participants will receive a refund and will be informed as soon as possible.

For Camp GO! Football or Tennis at Oakgrove Leisure Centre, if the outdoor playing surfaces become unsafe all booking will be transferred to the multi-sports camp.

For our Camp GO! Tennis performance camp, if the playing surface becomes unsafe the players will go inside with the coaches to a classroom where they will work on tactics and goal setting.

Head Counts

Using the number in the totals box from the registers coaches are expected to do regular head counts throughout the day. Headcounts should be done at the beginning of the day, before and after any activity, before, during and after moving location.

A full register should be taken before and after lunch and at the end of the day.

Heath and Safety

- Ensure players do not wear any jewellery or lanyards around their neck whilst playing a sport.
- Earring must either be taken out or tape should be put over the earrings.
- Ensure players have appropriate footwear/ clothing.
- If children arrive at camp wearing inappropriate clothing or without trainers, the lead coach must speak to the parent and explain that they won't be able to participate in the activities without the required clothing. All details of what children need to wear are set out in an email sent to parents beforehand.
- If a child arrives at camp without their inhaler, Epi-pen/ auto-injector or other vital medical equipment, they will not be allowed to attend camp.
- All parents must disclose any medical requirements for their children before they leave their child at camp.
- Make sure the area is safe, clear and fit for purpose.
- If there are any incidents ensure accident or behaviour report forms are filled in and filed accordingly.
- Make sure you are aware of any medical information on the players in your group and have the appropriate medication to hand or make sure the players have it with them and know how to use it.
- If the courts are unfit for purpose, if they're too wet or icy, make a judgement and let the parents know as soon in advance as possible. If they become unfit during a session, don't carry on if it is unsafe and call the parents to pick the players up early if required.

Food Policy

- Coaches must ensure they are adequately fed before and during camp and are fully able to perform.
- Ideally healthy and nutritious food should be eaten to set a proper example.
- The coaches must ensure all children have adequate food and water with them when they arrive at camp.
- Packed lunches can be kept inside the cool hall but there are fridges for them to be stored in if requested. However these fridges are in a communal kitchen and we can't take any responsibility if anything is stolen.
- If any child has any food allergies the parents must make us aware of this.
- If a child has a severe allergy we will make an announcement to all parents via text and email that camp will be a 'nut free' zone for example or we can request parents don't pack certain foods into packed lunches.

Missing Child Procedure

STAGE 1:

- All available staff search systematically and check the premises to ensure the child isn't hiding or locked in somewhere.
- Make sure all the older children are kept safe and closely supervised while the search is being taken place.
- Re-check the register and ensure a mistake hasn't been made.

On the conclusion of stage one you must escalate to the director of DRH Sports.

STAGE 2 : Call the parent/guardian of the child to make sure they haven't been collected or walked home without having signed out.

STAGE 3 : Call the police (999) to report the child is missing.

STAGE 4 : Provide a written report of the incident to the local authorities designated officer (LADO).

Dealing with people's reactions

We accept that the child's parents will be frightened, distressed and angry. If the setting shares all policies with parents/carers, the situation will be easier for all because there will be an understanding of working within a framework of mutual trust and understanding.

We accept that in such circumstances powerful emotions are involved and people's behaviour can be unpredictable. Those who may seem quite calm about the incident at the time can later become angry, threaten legal action or approach the local press.

We will be clear about the circumstances surrounding the incident and will respond sympathetically to questions without implications or admission of responsibility.

Responses could include:

- How sorry you are that the incident has happened.
- That a full investigation is in hand.
- That the LSCB/Ofsted has been informed and will be investigating.

When the child is found

We recognise that during the time a child is missing, however briefly, all involved, parents and others suffer great fear, guilt and distress. It is not always easy to control all these emotions when the child is found. We will accept that it is important to remember:

- That the child also might have been afraid and distressed and might now be in need of comfort.
- Remain calm, reassure the child and acknowledge it is not the child's fault.
- Ensure the child is not hurt.
- That the incident provides a good opportunity to talk to all the children to ensure that they understand that they must not leave the premises, and why.

After the Incident

- We will review our current procedure.
- We will evaluate processes and make necessary adjustments to ensure future effectiveness.

Toilet Policy

- Children are not allowed to leave the playing area without informing a coach.
- Children are not permitted to go to the toilets on their own, they must go in a group with at least one coach and they will go to the nearest toilet.
- There are two individual toilets next to each other at Oakgrove Leisure Centre so two children go in whilst the others wait.
- Children who are finished must form a line and wait until the coach can walk everyone back.

What to do if a child wets themselves

In this even the coach must call the parent on the number provided on the register. If the child requires help to change the parent must give you permission but another adult must be present if you need to help the child.

Otherwise the player can get changed on their own in the toilet, their wet clothes are to be put in a carrier bag and left in the office to be collected by their parent. We have spare clothes at camp for the child to change into.

In a scenario where you are unable to get hold of either parent and the child requires help to get changed you will need a second adult to be present. Do not do it on your own.

What to do if a child is feeling unwell gets hurt or injures themselves

- If a child can no longer continue due to getting injured during the session the coach is to give the child the required medical assistance as per their first aid training. See our First Aid procedures for more information.
- If the coach has an assistant they can run a game whilst the coach is off the court.
- If the coach is on their own they must walk to the nearest Camp GO! Activity and merge their players with the other group.
- An incident report form must be filled out and the parent must be called depending on the severity of the incident.
- In any scenario where you have to call the child's parent and they do not pick up, leave a voicemail and try the secondary number and leave a voicemail also explaining the situation.
- In the case of an emergency 999 should be dialled immediately.

If a player is feeling ill and can no longer play then a phone call must be made to the parent to come and pick them up.

What to do if a player is misbehaving during camp

If a player is disrupting the session where it is having a negative impact on the session we use a 3 stage warning system:

In Camps

Warning 1 – A verbal warning of stopping the session to tell the player what they have done wrong and why it is not acceptable

Warning 2 – A second warning means the player has to sit out for a few minutes

Warning 3 – An incident report form must be written

Warning 4 – If a child gains 2 report forms the parent must be called. It is then up to the coach and parent whether they return to the activity. The coach must inform the director or lead of camp, of the situation. If you are unable to get hold of the parent they **MUST** be notified at the end of the session by the lead coach and be handed the incident slip. If a player gets to Warning number 3, 3 times within a week then he/she will not be allowed to return to the camp and there will not be a refund.

If a child is deemed to be a danger to themselves or others then we can deny them to return.

What to do if a child is refusing to participate

This procedure is especially important when dealing with EYR children (aged 5 and under). Please follow the following steps:

1. Do your best to reassure and engage the child. Try and figure out if the activity is causing the to disengage, if so make it more appropriate.
2. Time out and distraction. Try a different activity with the child, allow them to do drawing, colouring in or monitored freeplay and keep them distracted, especially if young ones and missing home and their parents.
3. If the child is clearly distressed and nothing is working make sure a member or staff stays with them and call their parent and take steps from there.
4. If you can't get hold of a parent do your best to keep them happy until a parent can be contacted.

If a child does consistently not want to take part make sure you first, try and understand why and then speak to a parent. You may have to sit a child out and eventually they will want to join the fun.

Dealing with Children on the Early Years Register

We recognise the needs of a child on the early years register will be different and we adapt our coaching styles and activities to create the best possible day at camp for them. We use the following steps among other things to achieve this:

- We mix up the activities throughout the day to keep the children engaged. We won't solely do sporting activities; we will have arts and crafts time, quiet time, movie time and free play time, among other things.
- We will keep all children aged 5 and under in one group so there is one coach or more, depending on numbers, at all times looking after those children.
- We recognise a full day away from a parent or carer can be difficult for children of this age so we try our best to keep them happy and engaged throughout the day and we have a policy to follow when the children start to disengage. See 'What to do if a player is refusing to participate'.
- We allow for more breaks throughout the day as these children will tire quicker.
- Different communication techniques will need to be used for this age group, simpler instructions and easier tasks. Coaches will all go through training for this.

When speaking to children of this age the following comments are very important:

- Get down to the child's level when you are speaking to them so they feel less intimidated.
- Use clear, concise, easily understandable words when explaining activities and giving instructions.
- Talk with a happy and energetic tone.

How do we adjust our sporting activities?

As well as ensuring we provide a wide variety of activities to keep the kids engaged we always adapt our activities to make them appropriate. For example, with basketball, we won't use basketballs. We will use small bouncy balls and replicate all the movements and techniques in basketball on a smaller scale. This concept we apply across all our sports. At all times we make sure the level is appropriate and we ensure the tasks and goals are achievable as well as challenging.

We will incorporate more breaks during our physical activities and we will do a wider variety of sports, with less time on each.

A lot of our energy will be focused on developing coordination skills, which can be transferred across all sports.

Quality Monitoring

At Camp GO! we expect the highest standards of quality and professionalism from all our coaches and our Camp GO! director will make several random drop ins to see how the coaches are performing.

If any complaints or comments are made about a coach, regarding the quality of delivery, the director will take the following steps:

- They will speak to the coach, and any other players or parents who were there.
- From there they will make a judgement and observe, and regularly check sessions if necessary.
- If any serious complaints or allegations are made we will follow our complaints procedure.

If the director of DRH Sports is not present there will be a second in command who will have the responsibility of speaking to coaches if they see a job being poorly performed. This will also need to be reported to the director.

If there are any Safeguarding concerns, any adult coach must take immediate action.

End of Camp

At the end of camp everyone should be brought together and a full register should be taken. Ideally Camp GO! Bigs and smalls should be sent home slightly staggered so there is not a big rush to the tables to collect items.

Each child must be sent home one by one and the parent must sign their child out.

If an adult arrives who is not on that child's designated list for pick up, the parent contact must be contacted and that child cannot leave our care until we have the parent's permission.

Even if the child clearly knows the adult there to collect them, they can't go home with that person if we have not been contacted by the parents or if they are not a designated pick up. If that adult, for example, is in a rush and takes the child we are under an obligation to call 999.

If the parent is going to be late they must contact us by, at the latest, 10 minutes past the time they are supposed to pick up the child. If a parent lets us know they will be unavoidably late there will be no charge.

If the parent is more than 10 minutes late for the standard 4pm finish time they will be charged the late pick up fee of £10, provided there is late stay occurring.

If there is no late stay, or if they are late for extended care, they will be charged £20 for every 15 minutes they are late to pay for staff costs.

All staff must help clear up the equipment and when all the children are dismissed all areas of the site should be checked to ensure everyone has gone and to account for human error.

Media: Photos/videos can't be taken of any participant without expressed consent from the parent/guardian.

First Aid

Asthma

First of all, if it says that somebody on your registers has asthma, check that they have their inhaler otherwise they can't participate.

In an asthma attack, the muscles of the air passages in the lungs go into spasm.

This makes the airways narrower, making it difficult to breathe.

Sometimes something specific can trigger an attack, such as an allergy, a cold or cigarette smoke. At other times, someone may have a sudden attack with no obvious trigger.

People with asthma usually deal with their own attacks by using a blue reliever inhaler at the first sign of an attack. But if someone doesn't have an inhaler, or the attack is severe, you may need to help.

What to look for

1. Difficulty breathing or speaking
2. Wheezing
3. Coughing
4. Distress
5. Grey-blue tinge to the lips, earlobes and nailbeds

What you need to do

1. First, reassure them and ask them to breathe slowly and deeply, which will help them control their breathing.
2. Then help them use their reliever inhaler straight away. This should relieve the attack.
3. Next, sit them down in a comfortable position.
4. If it doesn't get better within a few minutes, it may be a severe attack. Get them to take one or two puffs of their inhaler every two minutes, until they've had 10 puffs.
5. If the attack is severe and they are getting worse or becoming exhausted, or if this is their first attack, then call 999/112 for an ambulance.
6. Help them to keep using their inhaler if they need to. Keep checking their breathing, pulse and level of response.
7. If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who's become unresponsive.

Medication

If a parent requires a member of the Camp GO! Team to administer medication to their child during a day they must fill out a medication consent form.

Allergic Reactions/ Epi-Pens

An allergy is the body's unexpected reaction to something it has come into contact with. Something that triggers an allergic reaction is called an allergen. One of the most common allergens is plant pollen, which often causes hay fever. Other allergens include: animal hair, insect strings, specific drugs, and foods – especially fruit, shellfish and nuts.

A severe allergic reaction can develop within just a few seconds of the person coming into contact with the allergen. It can affect the whole body and, if not treated quickly enough, can potentially lead to death.

What to look for

There are six key things to look for:

1. Difficulty breathing (e.g. tight chest and wheezing)
2. Swelling of the tongue and throat
3. Itchy or puffy eyes
4. An outbreak of blotchy skin
5. Anxiety
6. Signs of shock

What you need to do

- Communicate with the child about what is happening.
- Call 999 immediately.
- If the person has an EpiPen with them, you **can't** inject it yourself.
- If a parent is present they can inject it but you can't.
- If the parent is not present you must call 999 immediately and you may be able to inject it yourself with the permission of the person on the other end.
- If you can't get through to anybody you can inject it if you fear the person is at fatal risk but do so at your own risk.
- Help them into a comfortable sitting position, leaning forward slightly, to help their breathing.
- If they become **unresponsive**, open their airway and check breathing. Follow the instructions for treating someone who is unresponsive.

Cuts and Grazes

If the bleeding doesn't stop, or if there's a foreign object in the cut, or you think it might be infected, then you should tell them to see a health care professional.

What to do

Clean the wound by rinsing it under running water or using alcohol-free wipes. If possible ask the players to dry it and cover it with sterile gauze. If one of these isn't available, use a clean non-fluffy cloth.

Raise and support the part of the body that's injured. If it's a hand or arm, raise it above the head. If it's a lower limb, lay then down and raise the cut area above the level of the heart. This will help stop the bleeding.

Remove the gauze covering and ask the child to apply a plaster.

If you think there's any risk of infection then suggest they see a health care professional.

Strains and sprains (twisted ankles etc)

Strains and sprains are common injuries, which effect the soft tissues around joints – the muscles, tendons and ligaments.

They happen when the tissues are stretched, twisted or torn by violent or sudden movements, for instance if someone changes direction suddenly, or falls and lands awkwardly.

A sprain is when a ligament has been twisted or torn.

A strain is when the muscle has been overstretched and partially torn. A rupture is when a muscle or tendon is completely torn.

What to look for

If you think someone may have strained or sprained a muscle, ligament or tendon, these are the three key things to look for:

1. Pain and tenderness
2. Difficulty moving
3. Swelling and bruising

What you need to do

REST – help them to sit or lie down and support in a comfortable raising position the part they've hurt.

ICE – To cool the area, apply a cold compress, like an ice pack or cold pad. This will help to reduce the swelling, bruising and pain. Do not leave this on for more than ten minutes.

Comfortable support – Leave the cold compress in place or wrap a soft layer of padding, e.g. cotton wool, around the area. Tie a support bandage around it, to hold it in place, which goes up as far as the next join on each side. For example, for an ankle injury, the bandages should go from the base of the toes to the knees.

ELEVATION – Elevate the injury and support it with something soft, like cushions. If the pain is severe, or they can't use their limb at all, take or send them to hospital. Otherwise, just tell them to rest it and to see a health care professional, if necessary.

If children severely injure themselves at Camp GO! we must report this to Ofsted within 14 days.

Infection Control

It's very important to make our Camps as safe as possible, including being as safe as possible from infection and illness. Please see below the Ofsted exclusion table from which we take guidance.

Health Protection for schools, nurseries and other childcare facilities

Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

An outbreak or incident may be defined as:

- an incident in which two or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

For example:

- 2 or more cases of diarrhoea and/or vomiting which are in the same classroom, shared communal areas or taking part in the same activities
- higher than usual number of people diagnosed with scabies
- higher than usual number of people diagnosed with scarlet fever
- two or more cases of measles at the school or other childcare setting

When to report

The Camp manager should contact their local health protection team as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed. It is useful to have the information listed below available before this discussion as it will help to inform the size and nature of the outbreak:

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes affected

If you suspect cases of infectious illness at your school but are unsure if it is an outbreak, please [call your local HPT](#).

How to report

Childcare settings are asked to telephone their local HPT as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningitis
- tuberculosis
- typhoid
- whooping cough (also called pertussis)

The [full list of notifiable diseases](#) was updated in 2010.

Your local HPT can also draft letters and provide factsheets for parents and carers to ensure the most up to date information is given.

PHE East of England HPT (including Milton Keynes)

Address: Public Health England, Second Floor , Goodman House, Station Approach, Harlow, Essex, CM20 2ET

Email: EastofEnglandHPT@phe.gov.uk; phe.EoEHPT@nhs.net

Telephone: 0300 303 8537

Confidentiality

It is important to note that health protection teams are bound to manage personal case details in strict confidence. Therefore, information given to schools from the team for distribution during an outbreak will never name cases or give out any personal details. Organisations where cases are identified are also bound to manage personal case details in strict confidence.

If more than one child falls ill of the same illness at Camp GO! we must inform Ofsted within 14 days.

Prevention

Handwashing

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Liquid soap, warm water and paper towels are recommended.

Advise all staff and pupils to wash their hands after using the toilet, before eating or handling food and after touching animals.

Cover all cuts and abrasions with a waterproof dressing.

Coughing and sneezing

Coughs and sneezes spread diseases. Children and adults should be encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE)

Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles if there is a risk of splashing to the face.

Managing cuts, bites and nose bleeds

Staff should be aware of the school health and safety policy and manage situations such as cuts, bites and bleeds according to that policy. This includes the identification and training of nominated first aiders for the school.

If a bite does not break the skin:

1. Clean with soap and water.
2. No further action is needed.

If a bite breaks the skin:

1. Clean immediately with soap and running water.
2. Record incident in accident book.
3. Seek medical advice as soon as possible (on the same day):
 - to treat potential infection

- to protect against hepatitis B
- for reassurance about HIV

Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE.

Clean spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills, and dispose of after use. A spillage kit should be available for bodily fluids like blood, vomit and urine².

Sanitary facilities

We always ensure our facilities are clean and that there is soap in all the dispensers in the toilets.

Oakgrove Leisure Centre provides sanitary bins in all toilets and they are responsible for the cleaning and uptake of the toilets.

Children with continence aids

Pupils who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both pupils and staff involved in the management of these aids.

Emergency Procedures

What to do in the event of

A Fire

If there is a fire at Oakgrove Leisure Centre, you must follow this protocol:

- Stay calm and gather everyone in your group and do a head count/register.
- Then make your way towards the closest and safest exit.
- Be sure to make regular head counts.
- Meet at the fire assembly point as stipulated by the leisure centre.
- Only return back inside the building when it is safe to do so.
- If the centre closes, call the parents and inform them of the situation and don't let a child leave until their parent or guardian has signed them out.
- Keep the children occupied with games.

Every coach needs to be completely familiar with the Oakgrove fire procedure. The fire assembly point at Oakgrove Leisure Centre is in the car park.

Serious Incidents/ Lockdown

Where the activity is taken place within a school or leisure centre, the lead coach will make themselves familiar with the partial lockdown/full lockdown procedure for the premises should such an incident arise.

Where the activity is taken place at a tennis club or similar, the lead coach will adhere to recognised good practice for lockdown situations in the United Kingdom known as 'Run Hide Tell'.

All those working for or on behalf of DRH Sports are familiar with the Run Hide Tell procedure.

Please go to:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595437/RHT_A5.pdf

Oakgrove Leisure Centre

Address: Oakgrove Leisure Centre, Brickhill Street, Milton Keynes, MK10 9JQ

Spaces we use: Sports hall, Toilets, Hallways, MUGA, Field

Key Procedures at OLC

Toilets

- Only specific toilets can be used during Camp. These include, the toilets just as you turn right when you walk out of the sports hall. There are three separate individual toilets and one coach can take up to 6 children at a time and wait with three whilst the others go into the toilets.
- When the children finish they must form a line by the coach ready to return to the hall when the other children are finished.
- The second location for toilets is further down the corridor inside the separate hall where there are 4 individual toilets. The same procedure applies.
- Two groups of 6 can go to the toilet at the same time to the two separate locations but there must always be two coaches in the hall at all times with the others.
- A headcount should be taken before the children leave to go to the toilets, before they leave the area when every child is out, and once again when they arrive back in the hall.
- If toilets are out of service we will reduce the number of children allowed to go with a coach at any one time.
- For Camp GO! Tots and Smalls the toilets must be kept unlocked so a coach can enter immediately in the event of an emergency.

Moving inside/outside and Crossing the road

- At Oakgrove there is one road crossing when you walk the children from the centre out to the MUGA and field.
- No more than 20 children can be walked at one time and at least two coaches must walk with the group, preferably 3. Where possible the kids should be walked in groups of their age group.
- A full register must be taken before the children leave the indoor premises and once again when they arrive outside, and vice versa.
- When the group is approaching the road, which very occasionally a van might pass through to give deliveries to the school, the group must stop at least 5 metres before the road. The first coach must then walk up to the road and check for traffic whilst the children are told to stay lined up where they are. If there are three coaches, it will be the third coach's role to stop the children there.
- If the road is clear the first coach stands in the road whilst the children walk across and either line up or follow the third coach if applicable.
- The second coach should always be at the back of the queue.