EURO MAMME ASD

Child Protection and Safeguarding Policy

Sport • Families • Education • European cooperation

A framework for preventing harm, listening to children and responding to concerns across all activities involving anyone under the age of 18.

Document control	Version 1.0 | October 2026
Status	Prepared for formal adoption
Policy owner	Governing Body of EURO MAMME ASD
Approval and effective date	To be recorded upon adoption
Review cycle	At least annually and after a serious incident or material change

EURO MAMME ASSOCIAZIONE SPORTIVA DILETTANTISTICA
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The approval record and safeguarding appointments must be completed before this document is issued as an adopted organisational policy.

EURO MAMME ASD / SAFEGUARDING FRAMEWORK

01 Commitment and scope

Our commitment

EURO MAMME ASD is committed to protecting children from abuse, exploitation, neglect and discrimination. Every child has the right to participate in sport, learning and community life with dignity and safety. The interests of a project, a funding agreement, an adult or the Association must never override a child’s safety.

Our work promotes sport, inclusion, the empowerment of women and mothers, family wellbeing and European cooperation. Safeguarding applies equally when children participate directly and when they accompany adults to an activity. Being present with a parent does not remove the Association’s duty to manage the risks created by its own activities.

Who and what this policy covers

This policy applies to the Governing Body, employees, coaches, trainers, volunteers, consultants, interns, visitors and anyone representing EURO MAMME ASD. Partners, contractors and service providers must accept equivalent safeguarding requirements where their work involves children.

It covers sports sessions, changing facilities, family events, workshops, childcare or supervised play where provided, research and consultations, photographs and communications, online activities, transport, residential visits and international mobility. It applies on and off the premises, including conduct outside working hours that affects a child’s safety or a person’s suitability for their role.

Principles guiding every decision

• The best interests of the child are a primary consideration. All persons under 18 are children for the purposes of this policy.

• Children are listened to, taken seriously and involved in decisions in ways appropriate to their age, maturity, language and communication needs.

• Protection is provided without discrimination, including on grounds of sex, gender, disability, ethnicity, nationality, religion, sexual orientation, economic situation or family status.

• Adults are accountable for maintaining boundaries. No child is responsible for preventing abuse or proving a concern before receiving protection.

• Concerns are acted on promptly, proportionately and confidentially, with information shared only with those who need it to protect the child.

How this document is used

Sections 2 to 8 set out prevention and response requirements. Sections 9 to 11 provide practical reporting and implementation tools. Local arrangements must identify named contacts and competent external services before an activity starts. They may strengthen this policy but must not reduce its safeguards.

02 Recognising harm

Safeguarding means the measures taken to prevent harm arising from our people, activities, operations and relationships. Child protection means the action taken when a particular child may be experiencing harm. A concern may arise from a disclosure, observation, digital content, a pattern of behaviour or information from another person.

Forms of harm

• **Physical abuse:** hitting, shaking, excessive or punitive exercise, forced participation despite injury, unsafe restraint or other deliberate physical harm.

• **Emotional abuse:** humiliation, threats, rejection, intimidation, persistent criticism, coercive control or degrading comments about appearance, ability or family circumstances.

• **Sexual abuse and exploitation:** any sexual activity with a child, sexualised communication, exposure, grooming, demands for sexual images or the use of power, gifts or opportunities to obtain sexual contact. Apparent agreement does not justify such conduct.

• **Neglect:** failure to provide appropriate supervision, safe conditions, hydration, necessary care, medical attention or protection from foreseeable risks.

• **Bullying and discriminatory abuse:** repeated or serious intimidation, exclusion, harassment, hazing, racist or sexist conduct, including through digital channels. A single serious incident also requires action.

• **Online abuse:** grooming, cyberbullying, sexual extortion, non-consensual sharing of images, manipulated sexual images and harmful contact through games, messaging or social media.

• **Peer harm and family violence:** harm between children, or exposure to violence and abuse at home. Children who harm others also require an age-appropriate protective response.

Indicators and additional barriers

Unexplained injuries, fear of a particular adult, sudden withdrawal, distress around changing or travel, sexualised behaviour, repeated unexplained absences or a marked change in behaviour may indicate concern. These signs are not proof and may have other explanations. Staff record observations without diagnosing or dismissing them.

Disability, language barriers, migration or displacement, social isolation and dependency on adults can increase exposure to harm or make disclosure harder. Offer accessible reporting, independent interpretation where needed and reasonable adjustments. Do not use an alleged perpetrator as an interpreter or support person.

Low level concerns and professional boundaries

Favouritism, secret messaging, repeated unnecessary one-to-one contact or boundary testing must be reported even if no specific abuse is alleged. A pattern of apparently minor incidents can create serious risk. Do not wait for certainty, repeated harm or permission from a manager before reporting.

03 Responsibilities and safe recruitment

Governance and accountable leadership

The Governing Body approves this policy, allocates resources, appoints a competent safeguarding lead and an independent alternate, and oversees implementation. It ensures alignment with applicable Italian sports safeguarding requirements and the rules of the Association’s relevant affiliating sports body. Formal appointments and any statutory safeguarding model or code must be recorded separately where required.

The safeguarding lead receives and records concerns, coordinates immediate protection and external referrals, maintains restricted records, supports personnel and reports anonymised trends to the Governing Body. The role does not replace police, judicial authorities, social services or qualified clinical professionals. Conflicts of interest require recusal.

Activity leaders complete risk assessments, brief teams, check supervision and emergency arrangements and make the reporting routes visible. Every adult must follow the code, complete training, report concerns and cooperate with lawful safeguarding action. Responsibility cannot be delegated away through a partnership agreement.

Recruitment and engagement

• Define child contact, safeguarding duties and supervision in each role description. Include safeguarding questions in interviews and explore unexplained gaps and relevant experience.

• Verify identity and qualifications and seek appropriate references, including recent work involving children where available. Resolve relevant inconsistencies before engagement.

• Obtain criminal record certificates and other checks required by applicable law for the specific role, including employer obligations under Article 25-bis of Presidential Decree 313/2002 where applicable. For overseas roles, establish the appropriate lawful equivalent.

• Apply proportionate screening to volunteers and contractors, within legal limits. A self-declaration or clear certificate alone is not sufficient evidence of suitability.

• Do not permit unsupervised child contact until required checks, induction and the signed code of conduct are complete. Where checks are pending, any engagement must be explicitly restricted and supervised.

• Record recruitment decisions and the completion of checks securely. Assess concerns fairly and individually; do not retain criminal record material without a lawful basis.

Training and supervision

Before child contact, all relevant personnel receive induction on recognising harm, boundaries, reporting, online safety and responding to disclosures. Refresh training at least annually and whenever duties or procedures change. Coaches, activity leaders and safeguarding personnel receive role-specific training. Supervision and feedback must identify unsafe practice early and confirm that learning is applied.

04 Code of conduct

Required conduct

• Treat children respectfully, use inclusive language and explain activities and rules clearly. Listen to discomfort, respect refusal and stop an activity when safety requires it.

• Work in visible and accountable settings. Plan for at least two authorised adults to be available; avoid isolated one-to-one contact. Where an individual session is necessary, authorise and record it, use an observable space and inform the parent or carer as appropriate.

• Use physical contact only when necessary for safe instruction, first aid or agreed support. Explain it beforehand, seek the child’s assent and respect boundaries. Adapt or stop if the child is uncomfortable.

• Use positive behaviour management. Intervene in bullying, discriminatory comments and unsafe practice. Support the child without public humiliation.

• Maintain professional relationships with children and families. Disclose relevant personal connections and any unavoidable departure from normal safeguards.

• Report concerns immediately, including concerns about colleagues, managers, partners or your own conduct. Record emergency interventions promptly.

Prohibited conduct

• Any sexual activity, sexualised comments, grooming or intimate relationship with a person under 18 encountered through the Association, regardless of local age-of-consent rules.

• Hitting, corporal punishment, humiliation, threats, hazing, discriminatory treatment, punitive exercise, withholding water or forcing a child to train through pain.

• Unnecessary intimate care, inappropriate touching, sharing a bed with a child, or taking a child to a private home without a specifically authorised and risk-assessed arrangement.

• Secret contact, personal social media relationships, disappearing messages or private gifts and favours that create dependency, unequal treatment or secrecy.

• Photographing children in changing or bathing areas, obtaining sexual images, sharing humiliating content or using a child’s story or image in an exploitative way.

• Alcohol or drug impairment while responsible for children; allowing unauthorised adults access; concealing concerns, obstructing referrals or retaliating against anyone who reports.

Exceptional safety interventions

Physical intervention is a last resort to prevent immediate harm and must be lawful, necessary, proportionate and as brief as possible. Never use it as punishment. Seek trained assistance, assess any injury, report immediately and document the reason, action and follow-up. Review the incident with safeguarding oversight.

05 Safe activities and environments

Assess before delivery

For each activity, assess risks arising from the venue, children’s ages and needs, adult roles, toilets and changing areas, equipment, transport, digital tools and third parties. Record controls, responsible persons, residual risks and the authorising decision. Set supervision ratios according to the activity, applicable rules and individual support needs; do not rely on a single generic ratio. Stop or redesign activities where risks cannot be controlled.

Sport and family participation

Check equipment, accessibility, hydration, first aid and emergency access. Use qualified instructors and activity-appropriate safety measures, especially for swimming and higher-risk sport. Obtain relevant health information securely and agree support for allergies, disability or medication. Only authorised, suitably trained persons may administer medication under an agreed plan.

For events attended by parents, state clearly who supervises children at each stage. Any transfer into supervised play or childcare must use a named adult, attendance register and agreed collection process. Do not allow children to drift into unsupervised areas while parents attend training.

Changing rooms and personal care

Protect privacy and provide age-appropriate, accessible arrangements. Adults must not change or shower with children. Supervise access without unnecessary intrusion; no cameras or phones may be used for recording. Agree personal-care plans with the child and parent or carer, limiting assistance to designated adults and necessary tasks. Record exceptions and concerns.

Attendance and collection

Register children on arrival and departure. Release a child only through agreed collection arrangements, verifying changes with an authorised parent or carer. If collection is delayed, keep the child safely supervised by authorised adults and escalate using the emergency plan. If a child is missing, activate the venue search and emergency procedures immediately, protect the remaining group and contact emergency services when indicated.

Transport and overnight activities

Obtain written parental authorisation and the child’s informed assent, emergency contacts and relevant travel or medical information. Verify drivers, insurance, accommodation and travel permissions. Avoid an adult travelling alone with a child; any unavoidable exception requires prior authorisation where possible and a documented safety plan. Allocate rooms to protect privacy; adults must not share bedrooms with children, except a parent with their own child or an individually justified care arrangement with enhanced safeguards.

For international mobility, agree safeguarding responsibilities, local reporting routes, accessible emergency contacts and referral procedures with the host in advance. Check the protective arrangements of venues and providers. Each participating child and family must know who to contact throughout the journey.

06 Digital safety and communication

Contact with children

Use approved organisational accounts and platforms. Keep communications relevant to the activity and accessible to an authorised second adult; involve parents or carers as appropriate to age, context and safety. Do not use secret, disappearing or personal messaging channels. If a child makes a disclosure through a personal channel, preserve the necessary information, report it and move the exchange to a safe route without silencing the child.

For online sessions, use access controls, moderation, appropriate settings and clear participation rules. Avoid unsupervised breakout rooms. Inform participants about recording in advance and do not record by default. Remove harmful content and contact while preserving necessary evidence through lawful means.

Images and stories

Before collecting or publishing a child’s image, explain the purpose, audience, channels and retention arrangements in accessible language. Obtain the appropriate lawful permissions and the child’s assent. Where consent is relied on, it must be specific and freely given; refusal must not disadvantage participation. Reassess use if the child objects or circumstances change.

Avoid combining a recognisable image with a full name, precise location, routine, sensitive family history or other identifying details. Do not publish degrading, sexualised, partially undressed or otherwise unsafe images. Disable geolocation, control third-party access and explain practical limits to removing material already published. Use authorised devices and storage; transfer and delete working copies securely.

Data protection and confidentiality

Collect only information needed for safe delivery and safeguarding. EURO MAMME ASD must identify and document the lawful basis for processing and any additional condition for health, other special-category data or criminal-offence data. Consent must not be treated as the automatic basis for necessary safeguarding reporting.

Store case records separately from routine project records, with role-based access, secure transfer and an access log where appropriate. Do not circulate incident forms in general mailing lists or include identifiable allegations in funder reports. Share proportionate information with competent services when necessary and lawful; record the purpose, recipient and reasons.

The safeguarding lead and the person responsible for data protection must set a documented retention schedule based on legal duties, the child’s interests and potential proceedings. Suspend deletion where a legal hold or protective need applies. Respond to access requests without compromising the child, third parties or investigations. Manage data breaches through the applicable GDPR procedures.

Research and consultation

Participation must be voluntary, age-appropriate and supported by a safeguarding assessment. Obtain required parental permission and child assent; explain that withdrawal is possible. Do not ask children to recount trauma without qualified support and a clear protective justification. Ensure research ethics approval where applicable.

07 Reporting and immediate response

Act first on immediate danger

If a child is in immediate danger or needs urgent medical attention, call 112 in Italy and the EU, or the applicable local emergency number elsewhere. Take safe steps to protect the child and obtain help. Do not delay emergency action while seeking internal approval.

Listen and record

Remain calm. Listen without leading questions or repeated interviewing. Reassure the child that speaking up was right and that the harm is not their fault. Do not promise secrecy; explain that only people who need to help will be told. Ask only what is necessary to understand immediate safety needs. Do not confront the alleged perpetrator or attempt mediation.

Record the child's exact words where possible, observations, dates, times, people present and actions taken. Separate facts from interpretation. Sign and date the record and pass it securely to the safeguarding lead immediately, and in all cases on the same day. If the lead is unavailable or implicated, use the alternate or external services. Never let an internal deadline delay a necessary referral.

Available reporting routes

Children and families may tell any trusted adult working with EURO MAMME ASD, ask to speak privately, or use the Association's contact routes below. Anonymous and third-party reports must be considered. Offer interpretation, disability support and a trusted support person who is not implicated.

Organisational contact	Use and safeguards
info@euromamme.it +39 333 536 4920	Existing general contact and President's number from the supplied organisational profile. Request a safeguarding conversation; do not email unnecessary sensitive details.
Named safeguarding lead and alternate	To be formally appointed and published before implementation. These roles must have protected access arrangements and authority to act.
Independent external route	If a senior officer is implicated, contact police or competent child protection services directly; the relevant sports body's safeguarding service may also receive sports-related concerns.

The general email and telephone are existing organisational contacts, not verified dedicated or continuously monitored safeguarding channels. Before adoption, the Governing Body must establish restricted handling, a named recipient and an alternative route independent of any person concerned.

A child friendly message to display

"You have the right to feel safe. If someone hurts you, makes you uncomfortable, asks you to keep an unsafe secret or sends you upsetting messages, tell an adult you trust. You can ask to speak privately. You will be listened to. You do not need proof. If the first person cannot help, tell another adult. In an emergency, ask for help immediately."

08 Case management and accountability

Assessment and referral

The safeguarding lead assesses immediate risk promptly on receiving a concern, arranges protective measures and seeks advice or referral from competent child protection, health or law-enforcement services as needed. Comply with any applicable legal reporting duties. Internal fact-finding must not delay or interfere with an external investigation. Record decisions, including reasons for not referring, and revisit them if new information emerges.

Inform parents or carers promptly unless doing so may increase risk, compromise an investigation or involve an alleged perpetrator. Seek guidance from competent services where uncertain. Explain next steps to the child in accessible language, taking their wishes seriously while acting to protect them. Document why information is withheld or shared.

Allegations about adults or partners

Remove opportunities for further harm while safeguarding facts are assessed. Temporary supervision, reassignment or suspension may be appropriate and is a neutral protective measure, not a finding of guilt. Preserve relevant records and restrict access. Decisions about an implicated safeguarding lead, President or board member must be made by unconflicted authorised persons, with external support where necessary.

The person subject to an allegation is entitled to fair treatment and appropriate information, coordinated with external authorities so that child safety and evidence are protected. Findings may lead to additional training, restrictions, termination of engagement or contract, disciplinary measures and referrals to competent authorities or sports bodies, according to applicable procedures.

Support and protection against retaliation

Offer the child a safe support person and referral to qualified medical, psychological or social support as needed. Do not make support conditional on a formal complaint. Protect reporting persons, witnesses and children from retaliation, exclusion or pressure to withdraw. A concern reported honestly must not attract a penalty because it is unsubstantiated; deliberate fabrication is considered separately through fair procedures.

Partners and funded projects

Include safeguarding obligations and escalation routes in relevant agreements. Check the partner’s policy, focal person and response capacity before child contact. Require immediate notification of relevant incidents and the protective steps taken, sharing only necessary personal data. Suspend unsafe cooperation if controls fail. Notify funders where required by the grant agreement, protecting identities and respecting investigative restrictions.

Review and learning

Review cases for learning without circulating identifiable information. The Governing Body reviews implementation at least annually, using training completion, risk assessments, recruitment checks, response timeliness and child feedback. Review after serious incidents or changes in law, activities or affiliation. Publish the approved policy and accessible summaries, with dated updates and a clear version history.

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09 Safeguarding concern record

RESTRICTED ACCESS | Complete promptly and transmit securely to the safeguarding lead. This form is not a condition for reporting. Emergency action and necessary referrals come first.

Reporter name and safe contact details

_____

Child name or identifier age and safe contact arrangements

_____

_____

Date time location activity and people present

_____

_____

Concern and observations including the child’s exact words

_____

_____

_____

_____

_____

Immediate safety needs injuries and action already taken

_____

_____

_____

Person of concern and their relationship to the child

_____

Who has been informed when and by whom

_____

_____

Reporter signature and date

_____

For safeguarding lead use: record receipt time, risk assessment, referrals and reference numbers, information-sharing decisions, protective measures, support, responsible persons and review date in the restricted case file. Do not attach or forward suspected illegal sexual images of children; seek police guidance on preserving evidence safely.

10 Implementation and declaration

Activity safeguarding assessment

Complete before each new activity and update when circumstances change. Keep the detailed assessment with the activity record. Record the authorisation decision and controls that must be in place before delivery.

Risk area	Record for this activity
Children and access	Age range, numbers, support needs, language and accessibility
People and supervision	Named leader, authorised adults, checks, ratios and handovers
Venue and delivery	Facilities, equipment, changing, first aid and emergency access
Travel and digital contact	Providers, permissions, overnight arrangements, platforms and images
Reporting and response	Lead, alternate, local services, emergency contacts and briefing
Decision and follow-up	Risk, controls, owner, residual risk, approval and review date

Individual declaration of commitment

I have read and understood the EURO MAMME ASD Child Protection and Safeguarding Policy and its Code of Conduct. I will maintain professional boundaries, undertake required training, report concerns promptly and cooperate with lawful safeguarding action. I understand that breaches may result in protective, disciplinary or contractual measures and referral to competent authorities.

Name and role

_____

Signature and date

_____

Institutional adoption record

The competent Governing Body approves this policy and undertakes to resource its implementation. Adoption does not certify that every operational requirement has already been met; the appointments and controls below must be completed and recorded before child-facing implementation.

Resolution reference: _____ Adoption date: _____
Effective date: _____ Next review date: _____

Mora Di Tommaso
President and Legal Representative
Signature: _____ Date: _____

11 Appointments and reference framework

Complete before issuing the adopted policy

Safeguarding lead name role and protected contact route

_____

_____

Independent alternate name role and protected contact route

_____

_____

Relevant sports body and external safeguarding contact

_____

Local child protection services and referral arrangements

_____

_____

The Governing Body must confirm the independence and suitability of appointees, restricted handling of reports, emergency arrangements and communication to children and families. Publish the contact sheet with the policy and keep local referral details current. Inform staff who monitors each route and when; general inboxes must not be presented as emergency services.

Organisational identification

Legal name: EURO MAMME ASSOCIAZIONE SPORTIVA DILETTANTISTICA
Registered address as supplied: Via Pietro Romano 33, 00159 Roma, Italy
PIC: 891352207 | OID: E10266087
Identifier supplied in the organisational profile under VAT: 96477620585
Website: https://www.euromamme.it/

International European and Italian framework

This policy is informed by the UN Convention on the Rights of the Child, particularly Articles 2, 3, 12 and 19; Article 24 of the Charter of Fundamental Rights of the European Union; and Regulation (EU) 2016/679 on personal data protection. Italian sports safeguarding duties and applicable affiliating-body rules must be implemented alongside this policy, including the framework under Legislative Decree 39/2021, Article 16. Applicable recruitment checks include Article 25-bis of Presidential Decree 313/2002, introduced by Legislative Decree 39/2014.

Official reference points:
• UN Convention: https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child
• EU Charter: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:12012P/TXT
• GDPR: https://eur-lex.europa.eu/eli/reg/2016/679/oj
• Italian sports safeguarding guidance: https://www.sport.governo.it/
• Employer criminal record checks: https://www.giustizia.it/

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