



Swindon Town FC

Safeguarding Adults at Risk Policy & Procedures

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Principles

The guidance given in the policy and procedures is based on the following principles:

The six principles of adult safeguarding

The Care Act sets out the following principles that should underpin safeguarding of adults

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

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

Prevention – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

Protection – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

Helpful and necessary- “I am confident that professionals will work together and with me to get the best result for me.”

Accountability – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.

STFC will seek to ensure that our activities are inclusive and make reasonable adjustments for any ability, disability or impairment, we will also commit to continuous development, monitoring and review.

The rights, dignity and worth of all adults will always be respected.

We recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, for example those who have a dependency on others or have different communication needs.

We recognise that a disabled adult may or may not identify themselves or be identified as an adult ‘at risk’.



We all have a shared responsibility to ensure the safety and well-being of all adults and will act appropriately and report concerns whether these concerns arise within our Club's activities for example inappropriate behaviour of a coach, or in the wider community.

All allegations will be taken seriously and responded to quickly in line with the Club's Safeguarding Adults Policy and Procedures.

STFC recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Safeguarding Adults Boards.

Guidance and Legislation

The practices and procedures within this policy are based on the principles contained within the UK and legislation and Government Guidance and have been developed to complement the Cheshire East Safeguarding Adults Boards policy and procedures, and take the following into consideration:

- The Care Act 2014
- Criminal Justice Act 1988
- Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- Human Rights Act 1998
- Data Protection Act 1994 and 1998
- Serious Crime Act 2015
- Care and Support Statutory Guidance (updated 12 February 2018)
- Counter terrorism and Security Act 2015

Definitions

To assist working through and understanding this policy a number of key definitions need to be explained:

Adult at Risk of harm is a person aged 18 or over who has needs for care and support (whether or not the local authority is meeting those needs) and is experiencing, or at risk of, abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. This may include people with learning disabilities, sensory impairments, mental health needs, older people and people with a physical disability or impairment. It may also include people who are affected by the circumstances that they are living in, for example experiencing domestic violence. This list is not exhaustive. An individual's level of vulnerability to harm may vary over time depending on the circumstances they are in and their needs at that time.



Abuse is a violation of an individual's human and civil rights by another person or persons.

Adult is anyone aged 18 or over.

Adult safeguarding is protecting a person's right to live in safety, free from abuse and neglect.

Capacity refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (MCA 2005).

Types of Abuse and Neglect - Definitions from the Care Act 2014

This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour or issue which could give rise to a safeguarding concern.

Self-neglect – this covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. In football this could be a player whose appearance becomes unkempt, does not wear suitable sports kit and deterioration in hygiene.

Modern Slavery – encompasses slavery, human trafficking, 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. In football you may notice that a participant in a team has been missing from practice sessions and is not responding to reminders from team members or coaches.

Domestic Abuse – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence and controlling and coercive behaviour which isolates, undermines and causes distress/harm. Sport may notice a power imbalance between a participant and a family member. For example, a participant with learning and communication differences may appear quiet and withdrawn when their brother comes to collect them from sessions, in contrast to their personal assistant whom they greet with a smile.

Discriminatory – discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act. This could be the harassing of an individual because they are or are perceived to be transgender

Organisational Abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. In football, this could be training without a necessary break.

Physical Abuse – includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions. This could be a coach intentionally striking a player.

Sexual Abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting. This could be a fellow participant who sends unwanted sexually explicit text messages to a learning disabled adult they are training alongside.



Financial or Material Abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. This could be someone taking equipment from a fan or participant with dementia.

Neglect – including ignoring medical or physical care needs, failure to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. This could be a coach not ensuring players have access to water.

Emotional or Psychological Abuse – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks. This could be a player threatening another player with physical harm and persistently blaming them for poor performance.

Not included in the Care Act 2014 but also relevant:

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

Honour based violence - ‘Honour-based’ violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of HBV are abuse.

FGM is the collective name given to a range of procedures involving the partial or total removal of external female genitalia for non-medical reasons. In England, Wales and Northern Ireland, the practice is a criminal offence under the Female Genital Mutilation Act 2003. The practice can cause intense pain and distress and long-term health consequences, including difficulties in childbirth.

FGM is carried out on girls of any age, from young babies to older teenagers and adult women. Many such procedures are carried out abroad and staff should be particularly alert to suspicions or concerns expressed by a female of any age about going on a long holiday during the summer vacation period. A forced marriage is a marriage in which a female (and sometimes a male) does not consent to the marriage but is coerced into it. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or sexual violence and abuse. In England and Wales the practice is a criminal offence under the Anti-Social Behaviour, Crime and Policing Act 2014. The reporting of any concerns about either suspected forced marriage or FGM is mandatory. A forced marriage is not the same as an arranged marriage. In an arranged marriage, which is common in several cultures, the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses.

Mate Crime - a ‘mate crime’ as defined by the Safety Net Project is ‘when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.’ Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.



Radicalisation and extremism - the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media. Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups or activities.

The government defines extremism as 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs' (HM Government Prevent Strategy). Many of those who have been subject to radicalisation are acknowledged to have been vulnerable as a result of social isolation, mental health issues, learning and communication difficulties or unstable social circumstances.

Signs and indicators of abuse and neglect

Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in the Club who a player comes into contact with. Club members, workers, volunteers or coaches may suspect that a participant is being abused or neglected outside of the Club setting. There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their sessions.
- Someone losing or gaining weight / an unkempt appearance.
- A change in the behaviour or confidence of a person.
- They may self-harm.
- They may have a fear of a particular group or individual.
- They may tell you / another person they are being abused – i.e. a disclosure.

What to do if you have a concern or someone raises concerns with you.

You may become aware that abuse or poor practice is taking place, suspect abuse or poor practice may be occurring or be told about something that may be abuse or poor practice and you must report this to the Designated Safeguarding Officer (DSO) or, in his absence, to one of the designated safeguarding staff (see Appendix 1).

If you are concerned someone is in immediate danger, contact the police straight away.

It is important when considering your concern that you also consider the needs and wishes of the person at risk, taking into account the nature of the alert.



How to Record a Disclosure

Make a note of what the person has said using his or her own words as soon as practicable. Make a record and share the concern with the DSO or a safeguarding officer without delay in order to seek support and advice.

As long as it does not increase the risk to the individual, you should explain to them that it is your duty to share your concern with the DSO/a member of the safeguarding team.

Describe the circumstances in which the disclosure came about.

Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.

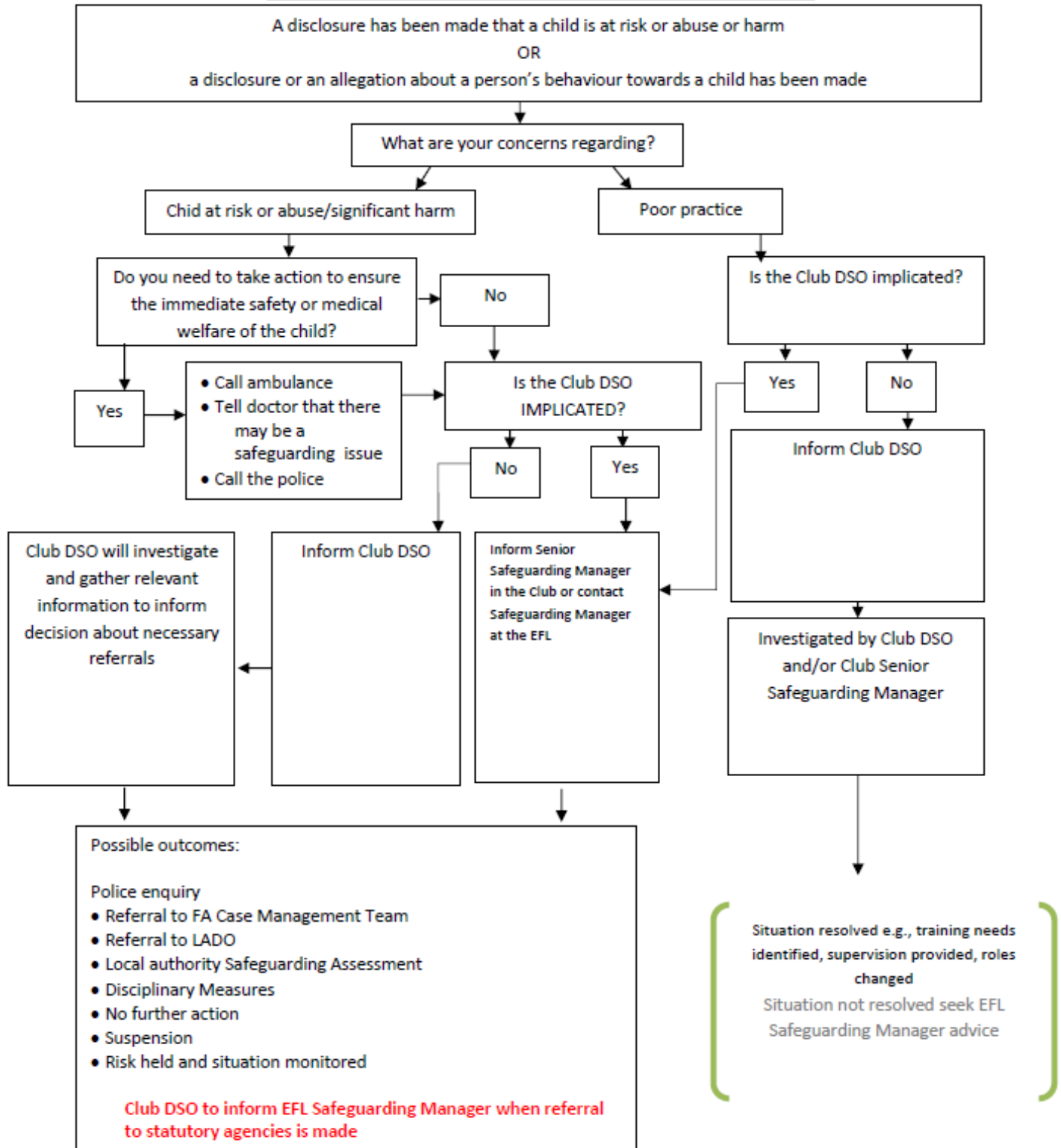
Be mindful of the need to be confidential at all times, this information must only be shared with the DSO/a member of the safeguarding team and others on a need to know basis.

If the matter is urgent and relates to the immediate safety of an adult at risk then contact the police immediately.



Safeguarding Adults Flowchart

Safeguarding Children Flowchart Dealing with Concerns, Suspicions or Disclosure Guidance





Roles and responsibilities of those within the Club

The Club is committed to having the following in place:

A Designated safeguarding Officer to develop and disseminate guidance and resources to support the policy and procedures.

A clear line of accountability within the organisation for work on promoting the welfare of all adults.

Procedures for dealing with allegations of abuse or poor practice against members of staff and volunteers.

A Disciplinary Panel will be formed as required for a given incident, if appropriate and should a threshold be met.

Arrangements are in place to work effectively with other organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.

Appropriate whistle blowing procedures and an open and inclusive culture that enables safeguarding and equality and diversity issues to be addressed.

Good practice, poor practice and abuse

Introduction

It can be difficult to distinguish poor practice from abuse, whether intentional or accidental.

It is not the responsibility of any individual involved in Club activities to make judgements regarding whether or not abuse is taking place, however, all STFC personnel have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have any concerns.

Good practice

STFC expects that that coaches of adult participants:

- Adopt and endorse the Club's Codes of Conduct.
- Have completed a course in basic awareness in working with Adults at Risk.

Everyone should:

- Aim to make the experiences of participants positive and enjoyable.
- Promote fairness and playing by the rules.
- Not tolerate the use of prohibited or illegal substances.
- Treat all adults equally and preserve their dignity; this includes giving more and less talented members of a group similar attention, time and respect.



Coaches and those working directly with adults at risk should:

- Respect the developmental stage of each participant and not risk sacrificing their welfare in a desire for team or personal achievement.
- Ensure that the training intensity is appropriate to the physical, social and emotional stage of the development of the individual.
- Work with the adult at risk's medical adviser/sports scientists/physio staff and their carers (where appropriate) to develop realistic training and competition schedules which are suited to the needs and lifestyle of the player, not the ambitions of others such as coaches, team members, parents or carers.
- Build relationships based on mutual trust and respect, encouraging adults at risk to take responsibility for their own development and decision making.
- Always be publicly open when working with adults at risk:
 - avoid coaching sessions or meetings where a coach and an individual player are completely unobserved.
- Avoid unnecessary physical contact with people. Physical contact (touching) can be appropriate so long as:
 - It is neither intrusive nor disturbing.
 - The individual's permission has been openly given.
 - It is delivered in an open environment.
 - It is needed to demonstrate during a coaching session.
- Maintain a safe and appropriate relationship with participants and avoid forming intimate relationships with any participants that you are working with as this may threaten the position of trust and respect present between player and coach.
- Be an excellent role model by maintaining appropriate standards of behaviour.
- Gain the adult at risk's consent and, where appropriate, the consent of relevant carers, in writing, to administer emergency first aid or other medical treatment if the need arises.
- Be aware of medical conditions, disabilities, existing injuries and medicines being taken and keep written records of any injury or accident that occurs, together with details of treatments provided.
- Arrange that someone with current knowledge of emergency first aid is available at all times.
- Gain written consent from the correct people and fill out relevant checklists and information forms for travel arrangements and trips. This must be the adult themselves if they have capacity to do so.

Poor practice

The following are regarded as poor practice and should be avoided:

- Unnecessarily spending excessive amounts of time alone with an individual adult participant.
- Engaging in rough, physical or sexually provocative games, including horseplay.
- Allowing or engaging in inappropriate touching of any form.
- Using language that might be regarded as inappropriate by the adult and which may be hurtful or disrespectful.
- Making sexually suggestive comments, even in jest.
- Reducing an adult to tears as a form of control.
- Letting allegations made by an adult go un-investigated, unrecorded, or not acted upon.
- Taking an adult at risk alone in a car on journeys, however short.
- Inviting or taking an adult at risk to your home or office where they will be alone with you.
- Sharing a room with an adult at risk.
- Doing things of a personal nature that adults at risk can do for themselves.



Note: At times it may be acceptable to do some of the above because it is felt to be in the best interests of the individual. In these cases, to protect both the adult at risk and yourself, seek written consent from the adult at risk and, where appropriate, their carers, and ensure that the DSO is aware of the situation and gives their approval. Any risk should be acknowledged, and measures agreed that reduce or mitigate against these risks.

If, during your care, an adult at risk suffers any injury, seems distressed in any manner, appears to be sexually aroused by your actions, or misunderstands/misinterprets something you have done, report these incidents as soon as possible to a member of the safeguarding team and make a brief written note of it.

Relevant Policies - This policy should be read in conjunction with the Club's whistleblowing and complaints policies.

Further Information

The Club's safeguarding team and contact details are set out in Appendix 1

Emergencies – 999 Non-emergencies - 101

Refuge- Domestic Violence advice and support for Women - 0808 200 0247 www.refuge.org.uk

Survivors UK - advice and support for men 020 3598 3898

www.survivorsuk.org

Adult Safeguarding Team, Swindon Borough Council

01793 463555 Out of hours emergency – 01793 436669

Email – adultsafeguarding@Swindon.gov.uk

Safeguarding Adults Investigation team, Wiltshire Police

01380 826350

Respect - help for perpetrators of domestic violence 020 3598 3898

Action on Elder Abuse 0808 808 8141

www.elderabuse.org.uk

English Football League (EFL)

Safeguarding Manager:

Alexandra Richards,

Tel: 07792 284740

Email: arichards@efl.com

Wiltshire FA

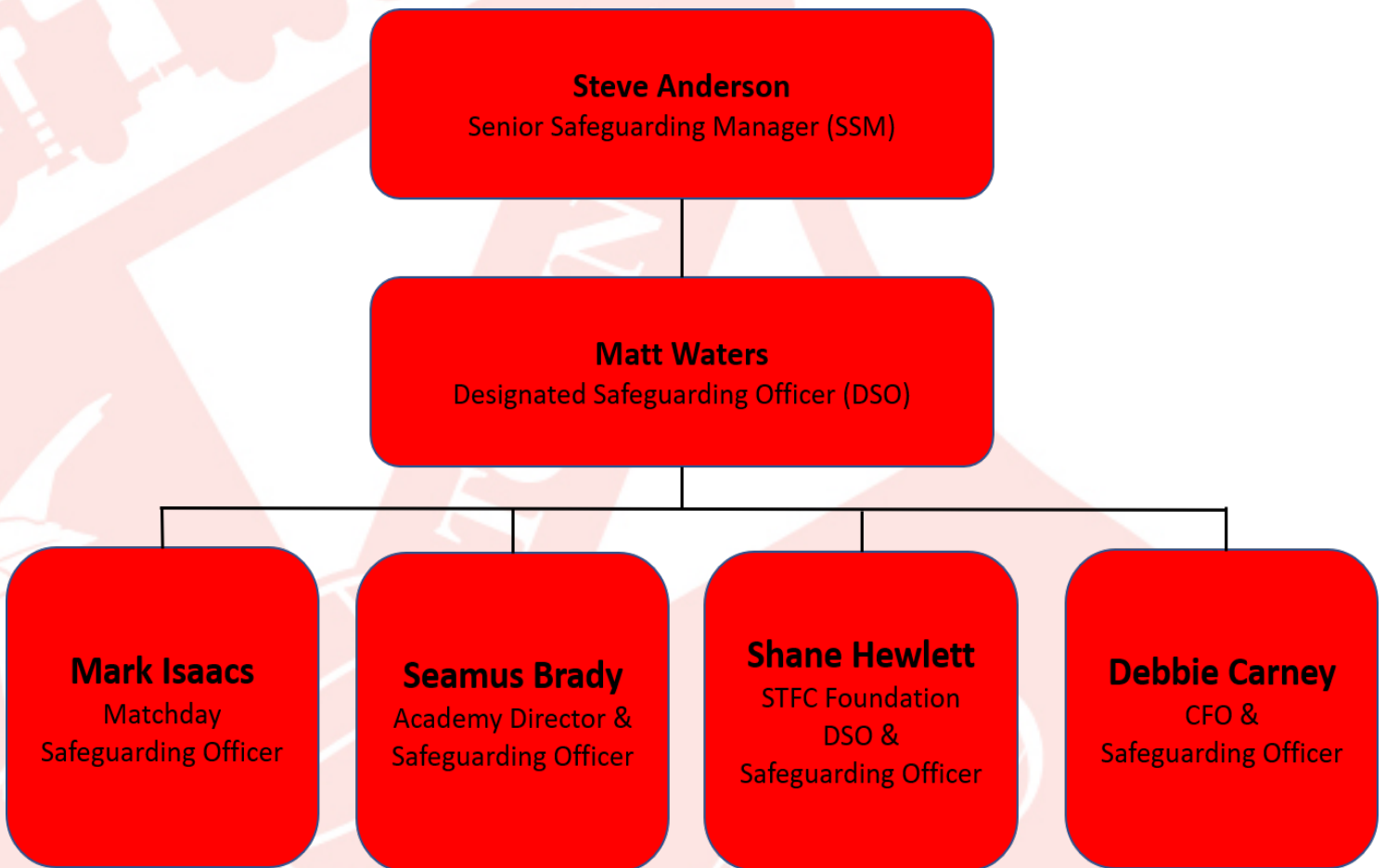
Oliver Selfe, Senior Safeguarding Lead

E: Safeguarding@WiltshireFA.com

T: 01793 486047 (9am – 5pm, Monday to Friday)



Appendix 1 Club Safeguarding structure and contact details





Contact Details:

Matt Waters, Designated Safeguarding Officer

E: matt@swindontownfc.co.uk

T: 07904129206

Steve Anderson, Senior Safeguarding Manager (Chief Executive)

E: steve@swindontownfc.co.uk

Seamus Brady, Academy Director

E: seamus@swindontownfc.co.uk

Mark Isaacs, Chief Operating Officer

E: mark@swindontownfc.co.uk

Shane Hewlett, Swindon Town FC Community Foundation, Designated Safeguarding Officer

E: shane@stfcfoundation.com

T: 01793 421303



Appendix 2 Legislation and Government Initiatives

Sexual Offences Act 2003

<http://www.legislation.gov.uk/ukpga/2003/42/contents>

The Sexual Offences Act introduced a number of new offences concerning vulnerable adults and children. www.opsi.gov.uk

Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/introduction>

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention. www.dca.gov.uk

Safeguarding Vulnerable Groups Act 2006

<http://www.legislation.gov.uk/ukpga/2006/47/contents>

Introduced the new Vetting and Barring Scheme and the role of the Independent

Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for noncompliance. www.opsi.gov.uk

Deprivation of Liberty Safeguards

<https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-libertysafeguards>

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

Disclosure & Barring Service 2013

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

Criminal record checks: guidance for employers - How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS). www.gov.uk/dbs-update-service

The Care Act 2014 – statutory guidance

<http://www.legislation.gov.uk/ukpga/2014/23/introduction/enacted>

The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces No Secrets and puts adult safeguarding on a statutory footing.

Making Safeguarding Personal Guide 2014

<http://www.local.gov.uk/documents/10180/5852661/Making+Safeguarding+Personal++Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df>

This guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice.



Appendix 3 Incident Reporting Form

Child Protection Incident Reporting Form

1. Please indicate what you are reporting:

I have concerns that abuse may be occurring (complete sections 2 and 3)

I was involved in an incident with a child (complete sections 2 and 4)

I was a witness to an incident with a child (complete sections 2 and 4)

I have received an allegation of abuse (complete sections 2 and 5)

A child has told me that they are being abused (complete sections 2 and 5)

2. Important information:

Your name _____

Your contact details _____

Name of child concerned _____

Capacity in which child is known to you _____

Any other useful information relating to the child (eg: home address, school, date of birth) _____

Is the child aware of this referral. Yes/No (if no explain why)

Is the Parent/Carer aware of this referral. Yes/No (if no explain why)

3. Concerns that abuse may be occurring

Please record the concerns that you have regarding a child or adult



4. Incident with a child

Please indicate which of the following has occurred:

I accidentally hurt a child. []

A child misinterpreted or misunderstood something I have done. []

I have had to use reasonable physical restraint. []

I was witness to one of the above (please indicate which one) []

Please provide further information, including any action taken so far and the reasons for doing so.

5. Allegation/Disclosure of abuse:

Allegation received from: _____

Allegation received on: _____

Name of person about whom allegation has been made:

Please use space below or a separate page to record the details of the allegation or disclosure you received. This should be a factual account of the information you have received only. Do not include assumptions or opinions of others. Make sure you record details of dates and times and any other potentially useful information. If the disclosure has come from a child who is claiming they are being abused, the conversation should be recorded in their words. If there are any injuries to the child, describe the injuries but do not remove clothing to inspect a child. Do not attempt to investigate the matter yourself. Also record any action you have taken.

Name _____

Signature _____ Date _____

After completion all documents should be returned to the Club Safeguarding Officer