



Safeguarding Adults at Risk Policy & Procedures

**Prepared by Steve Thorpe, Head of Safeguarding
Approved by Neill Blake, Chief Executive
Acknowledged by the Ann Craft Trust**

Review Date: December 2020

AFC Bournemouth will review this policy annually, when legislation changes or following any learning outcomes from safeguarding incidents, concerns, or allegations.

Last updated 12th December 2019

AFC Bournemouth Safeguarding Adults at Risk Policy and Procedures

Introduction:

AFC Bournemouth acknowledges and accepts it has a responsibility to create opportunities for adults at risk to participate in a broad spectrum of activities at the club at the same time as creating a safer culture for those participants ensuring that they are protected from harm. It is the duty of all persons who are allocated duties by the club to safeguard the welfare of all adults at risk while participating in club activities. As such, they must make themselves aware of the club's Safeguarding Adult's at Risk Policy. Where appropriate, in-service training and additional guidance will be provided.

For the avoidance of doubt, when using the term "club" in the policy document, this includes activities and participants of the AFC Bournemouth Community Sports Trust and the AFC Bournemouth Academy. The participation of adults at risk may be as players, coaches, employees, volunteers, officials, administrators, or spectators.

The club has a commitment to manage and monitor allegations of discrimination, harassment, abuse and bullying across all its activities.

The club Head of Safeguarding liaises with the respective safeguarding teams for advice, guidance, and referrals. The Head of Safeguarding will be guided by and adhere to Local Authority and Police protocols.

Statutory Agency referral policies and procedures take precedence over any club or Governing Body guidance. For further details please refer to the Bournemouth and Poole Safeguarding Adults Multi-Agency procedures link below.

<http://www.bcpsafeguardingadultsboard.com>

Definition of the term 'Adult at Risk' (Care Act 2014)

The safeguarding duty in the context of the legislation under the Care Act apply to

Someone who is aged eighteen or over who:

- Has needs for care and support (whether or not the Local Authority is meeting any of 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.

The following six key principles underpin all adult safeguarding work:

1. **Empowerment:** people being supported and encouraged to make their own decisions and give informed consent.
2. **Prevention:** it is better to take action before harm occurs.
3. **Proportionality:** the least intrusive response appropriate to the risk presented.



4. **Protection:** support and representation for those in greatest need.
5. **Partnership:** local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. **Accountability:** accountability and transparency in safeguarding practice.

RULES & REGULATIONS:

AFC Bournemouth is governed by the rules and regulations set out in the Care Act 2014 and the FA Safeguarding Children & Vulnerable Adults guidance.

The club is fully committed to ensuring that the best practice recommended by these bodies is employed throughout and has a responsibility to maintain regular dialogue and work in partnership with the Bournemouth, Christchurch and Poole Safeguarding Adults Board.

AIMS & KEY PRINCIPLES:

The Safeguarding Adults at Risk policy will identify the measures that are to be taken to keep adults at risk safe, to protect them and not expose them to danger or risk and to prevent harm occurring to them.

Where proactive and preventative work has failed or where harm has occurred by acts of coercion or omission and where the adult at risk has not been able to safeguard themselves, the policy sets out the club's procedures for dealing with any such issues.

- Legislative guidance is provided by the Care Act (2014)
- The definition of 'Adults at Risk' means that individuals may be vulnerable at sometimes and not others.
- Adults have a right to self-determination. They may not wish to have others intervene to safeguard them.
- Adults may consent to sexual activities and the issue of consent may affect the reporting and management of allegations.
- Safeguarding enquiries undertaken will be person centred. This is referred to as 'Making Safeguarding Personal (MSP)'
- Safeguarding is everyone's responsibility and we recognise our duty to promote and protect the safety and welfare of adults at risk.
- Everyone has the right to protection from abuse, mistreatment and exploitation in any form.
- We strive to create an environment where everyone is empowered to protect themselves and others.
- Working together underpins the work undertaken to safeguard adults at risk.
- Robust and transparent governance arrangements for safeguarding are essential.

Evaluation and Review:

We will regularly assess the implementation and effectiveness of the policy which will be reviewed annually or whenever there are changes in legislation, key functions or persons within the organisation, following new or revised government or statutory guidance, or after dealing with any safeguarding concern. The most current version of this policy will always be available to view or download from the club's website.

SAFEGUARDING ADULTS AT RISK:

We will seek to safeguard Adults at Risk by:

- Ensuring that all adults at risk that we have contact with including those with protected characteristics have the same equal right to be protected and safeguarded from abuse. (Equality Act 2010)
- Acknowledging and showing a commitment to address the particular vulnerability of people in receipt of health and/ or social care services.
- Making safeguarding personal and ensuring people are at the centre of all we do.
- Adopting safeguarding guidelines and best practice through procedures for employees, workers, consultants, agency staff and volunteers.
- Ensuring that safe recruitment includes enhanced DBS barred list checking and verbal/written reference checks.
- Sharing information about safeguarding and best practice.
- Sharing safeguarding information and concerns with appropriate agencies and in keeping with relevant data protection legislation.
- Establishing and delivering a training programme for all staff and volunteers which addresses the varying competencies required for each role.
- Providing board level assurance of the safeguarding function through effective management with senior level oversight of all referrals and lessons learnt.

Head of Safeguarding:

AFC Bournemouth has a Head of Safeguarding who has operational responsibility for the safeguarding arrangements for all activities.

The Head of Safeguarding reports directly to the club's General Manager and the Senior Safeguarding Lead at Board level.

During periods of absence the responsibilities of the Head of Safeguarding may be delegated to one or more members of staff known as **Safeguarding Officers**. The Head of Safeguarding will ensure that Safeguarding Officers are properly trained and supported to complete this function.

It is imperative that anyone with concern about an adult at risk's welfare should wherever possible contact either the Safeguarding Officer for that area or the Head of Safeguarding as soon as reasonably practicable or in any event within 24hrs of the concern being identified.

Recruitment and Disclosure:

As part of the club's recruitment and selection process, all offers of work to positions which involve working with adults at risk are subject to the outcome of satisfactory Disclosure and Barring Service (DBS) criminal records check (CRC) at the level deemed suitable for the position offered and subject to appropriate references. The club adheres to the Premier League disclosure eligibility guidance document when completing DBS checks.

All offers of work are subject to the outcome of the screening process and where applicable, this is set out in the initial job advertisement and the applicant's offer of work. Until a satisfactory CRC has been received, the member of staff will not be permitted to work with adults at risk.

Should an individual's DBS Disclosure reveal any convictions the club will consider whether the nature of the offence/offences renders the person concerned unsuitable for working with adults at risk.



AFC Bournemouth is committed to providing equal opportunities to staff and therefore a positive DBS check will not necessarily result in a bar from work. The Rehabilitation of Offenders Act 1974 and Protection from Freedoms Act 2012 will be considered in all cases before a final decision is made.

All new employees, workers or volunteers working with adults at risk at the club will be required to complete a Self-Declaration form before commencement of duties.

The club has a Safe Recruitment Policy which deals with all aspects of the safe recruitment of staff and the management of disclosures with content. This policy should be referred to and followed where any concerns are identified.

Modern Slavery Act 2015:

AFC Bournemouth does not tolerate modern slavery or human trafficking in its organisation or supply chain.

The club's Modern Slavery & Trafficking Policy Statement confirms the club's commitment to act ethically and with integrity in its current and future business relationships. The policy confirms the club's intention to implement and effect systems to eradicate the risk of modern slavery and human trafficking taking place within its business and/or supply chains.

AFC Bournemouth's Modern Slavery & Trafficking Policy Statement can be found on the club website.

Health & Safety:

The club's Head of Safeguarding gives guidance to those whose roles involve working with adults at risk. Where an adult at risk is involved, a risk assessment must take account of their particular vulnerabilities which will include the safeguarding of that person. The risk assessment should set out what arrangements are in place for their care and supervision.

Data Protection:

In line with the Data Protection Act 2018 and the guidance laid out in the General Data Protection Regulation 2018, the club will maintain confidentiality of all;

- data collected (in writing or electronically) relating to adults at risk,
- information and documentation relating to safeguarding allegations, concerns and incidents, and
- information and documentation relating to recruitment and selection procedures in accordance with relevant data protection legislation.

Confidentiality & Information Sharing:

Information sharing is essential for effective safeguarding and promoting the welfare of adults at risk and protecting them from harm, neglect, and exploitation. It is a key factor identified in many serious case reviews (SCRs), where poor information sharing has resulted in missed opportunities to take action that keeps adults at risk safe.

The advice for all staff at AFC Bournemouth is that no personal assurance of confidentiality can be given to an adult at risk if a concern is raised or an allegation made. Even in situations where there is no legal requirement to obtain written consent before sharing information, it is good practice to do so.



Staff should routinely explain what information is going to be shared with other people or organisations wherever possible however it is recognised that this may not always be possible.

Difficulties in working with the principles of maintaining confidentiality should not lead to a failure to take action to protect an adult at risk from harm.

Confidentiality must not be confused with secrecy, that is, the need to protect the management interests of the club should not override the need to protect the adult at risk.

Decisions about what information is shared and with who will be taken on a case-by-case basis. The sharing of information should be:

- Necessary for the purpose it is being shared.
- Shared only with those who have a need for it.
- Be accurate and up to date.
- Be shared in a timely fashion.
- Be shared accurately.
- Be shared securely.

Information sharing decisions should be properly recorded along with the rationale behind it. There are actions which staff have to and are obliged to take once we are aware of a problem. Staff having any concerns about confidentiality, information sharing or any other safeguarding issue in relation to an adult at risk should seek advice from the Head of Safeguarding. The welfare of the adult at risk at all times is paramount.

Safeguarding Record Keeping: Best Practice:

The importance of good, clear safeguarding record keeping has been highlighted repeatedly in national and local Serious Case Reviews.

Storage and Retention of Records:

All records and information relating to disclosures and concerns in respect of adults at risk is sensitive and confidential and will be kept securely with paper records kept in a secure filing cabinet (i.e. locked at all times) and accessible through the Head of Safeguarding or nominated Safeguarding Officer.

Disclosure information and records in relation to adults at risk will be retained by the club in accordance with statutory guidance.

Considering the views of adults at risk:

We believe that adults at risk have the right to have their views considered and be involved in decisions that affect them. The club will always act in the best interests of adults at risk and we will seek their views as far as is feasible taking their age, understanding and capacity into account when responding to disclosures and safeguarding concerns.

In the absence of consent from an individual making a disclosure or to whom the information relates, we will take proportionate action that does not increase the risk of harm. This may include sharing information/taking action where there is an overriding duty to do so for legitimate purposes.

We are committed to ensuring that safeguarding is person-led and outcome-focused. We will engage adults at risk about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving wellbeing and safety



Anyone who has concerns about the welfare of an adult at risk can make a safeguarding referral to the relevant Local Authority Adult Social Care and should do so immediately if there is a concern that the adult at risk is experiencing or at risk of abuse or neglect and they are unable to protect themselves from either the risk of or experience of abuse or neglect.

Equality & Promoting Diversity:

AFC Bournemouth is committed to providing an environment in which all staff, players, supporters, and persons visiting the club are treated fairly and with respect regardless of their age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion and belief, sex, or sexual orientation. (Equality Act 2010)

The club is also committed to address the additional vulnerability of some participants and the extra barriers they may face e.g. those in care, those with mental ill health, physical disability etc.

Declared Disabilities:

Under the Equality Act 2010, a person is considered to have a disability 'if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities' Substantial is defined by the Act as 'more than minor or trivial'. An impairment is considered to have a long-term effect if:

- It has lasted for at least 12 months.
- It is likely to last for at least 12 months.
- It is likely to last for the rest of the person's life.

Normal day-to-day activities are not defined in the Act, but in general they are things people do on a regular or daily basis, for example eating, washing, walking, reading, writing or having a conversation. Only serious visual impairments are covered (for example) and do not include those corrected by the use of prescription lenses.

The club will make reasonable adjustments/changes to the premises etc. to accommodate the needs of employees with disabilities so long as these changes do not contravene other health and safety laws.

COMMUNITY ACTIVITY AND ENGAGEMENT:

Community Sports Trust (CST):

Means the charity organisation affiliated to AFC Bournemouth that exists to achieve a positive impact in the communities that it operates in and in the lives of those that access their services. AFC Bournemouth Community Sports Trust fully adopts the procedures and best practice guidance identified in the club's Safeguarding Adults at Risk and other related policies and those issued by the FA and Premier League with regard to safeguarding adults at risk.

The Community Sports Trust have clear protocols for managing complaints, concerns, incidents and allegations. They are required to report any significant incidents or allegations related to any part of their organisation, its workforce or activities, at the earliest opportunity to the Head of Safeguarding

Premier League Charitable Fund (PLCF):

PLCF is the charity which has the principal objective of distribution and governance of funding in the form of grants to organisations, particularly to community programmes, enabling them to



deliver agreed community focussed initiatives which have a positive influence on a wide range of beneficiaries.

AFC Bournemouth is committed to using the power of football to encourage adults at risk in the community to enjoy the benefits of sport and healthy living. Coaching sessions within local schools/community settings and academic programmes are frequently run by the AFC Bournemouth Community Sports Trust.

The role of the Charity Commission:

The Charity Commission register and regulate charities in England and Wales, to ensure that the public can support charities with confidence. It also produces guidance for trustees on how they should meet their legal **duties** and **responsibilities**.

In addition to statutory reporting to either the LADO or Police, the AFC Bournemouth Community Sports Trust are also responsible for reporting serious incidents to the Charity Commission.

The Charity Commission details what to report on their website and although not exhaustive, includes the following criteria.

- A beneficiary within the care of the CST has/alleges to have suffered serious harm.
- Allegation that a staff member has physically assaulted a beneficiary.
- A volunteer, following an incident of abuse or neglect of a beneficiary, has resigned during an investigation of the incident.
- CST have failed to carry out relevant DBS (Criminal Record Checks) which would have identified that a member of staff or Trustee was disqualified in law (under safeguarding legislation) from working with children or adults.
- A beneficiary of CST has or been seriously harmed; a significant contributory factor is a policy or procedural failure by the charity, and/or the way it has worked with other agencies.
- CST discovers that an employee or volunteer, in contact with children or adults at risk, is on the sex offenders register.
- A member of CST staff or volunteer has been arrested for terrorism related offences.
- A visiting speaker has used an CST event to promote extremist messages, via live speech or social media.

The Charity Commission are clear that if you are in doubt about what to report, report it. Guidelines for reporting incidents can be found via the below link.

<https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity#what-to-report>

Abuse:

Abuse can take many forms and abusive behaviour can be assessed on a scale from poor practice, to bad practice to abuse. Abuse cannot be easily measured as an action alone. Its severity will partly be defined by the:

- Vulnerability of the victim and the power differential
- Nature and extent of the abuse
- Length of time it has been occurring
- Impact on the individual or group

- Risk of it being repeated or becoming increasingly serious

There are different types of abuse and these include:

- Physical abuse
- Sexual abuse
- Domestic abuse
- Psychological abuse
- Financial/Material abuse
- Neglect
- Discriminatory abuse and hate crime
- Organisational abuse
- Bullying – Physical, verbal, or emotional
- Cyber/Internet bullying
- Modern day slavery and trafficking
- Extremism and radicalisation
- Restraining someone inappropriately
- Imposed isolation/confinement
- Self-inflicted injury
- Misuse of medication
- Self-neglect and hoarding

At one end of a scale, there may be obvious signs and symptoms of abuse, but at the opposite end, the indicators may be very difficult to detect. Combinations of factors which individually might not give cause for concern could be much more worrying when considered together. The abuse may be committed by one individual against another or be institutional in that the whole organisation colludes in abusive practices either through ignorance or choice.

Definitions, signs, and symptoms of abuse are contained within Appendix 1 of the policy document.

Where may harm occur?

Harm may occur anywhere in an AFC Bournemouth activity or it can be reported to an AFC Bournemouth representative (or indicative signs noticed) when it has occurred outside a club activity.

There are complex scenarios including:

- Adults at risk playing, officiating, coaching, spectating or administering within a variety of activities at AFC Bournemouth. Adults at risk may be at risk from other adults who may or may not be vulnerable themselves. Those doing harm to the adult at risk may be in the AFC Bournemouth activity or elsewhere in the adults at risk network. Harm may be deliberate or result from not understanding the adult at risk needs (commission or omission).
- Adults at risk may be at risk of harming others in AFC Bournemouth activities either by deliberate behaviours or by failing to understand their responsibilities to others. On these occasions the adults at risk may need help and support to manage their behaviour in a suitable way or may need to have certain responsibilities removed from them. Safeguards may need to be put in place to protect others.
- Adults who have been 'at risk' in the past who are no longer considered to be at risk. (It should be noted that someone recovering from a mental health issue would/may still be



considered an adult at risk). Where these adults are seeking positions of responsibility at AFC Bournemouth but have criminal records or issues from their past which are directly related to these periods of vulnerability, detailed risk assessments will be undertaken. Assessment of suitability for their roles requires a specific knowledge base and sensitive handling. Whilst AFC Bournemouth promote a policy of inclusion, the risk assessments are conducted to measure the risk posed by somebody who is recovering from a previous period of vulnerability, considering other adults at risk and children who need safeguarding from possible harm, should the risk factors re-emerge.

- Adults at risk may also be at risk of harming themselves through failing to realise and report when they need additional or different support in AFC Bournemouth activities.

AFC BOURNEMOUTH PROCEDURES:

AFC Bournemouth is committed to football being inclusive and providing a safe and positive experience for everyone involved with the club.

Whilst it is hoped that the proactive preventative work, including training, vetting, and providing clear policies are sufficient to safeguard all adults at risk at the club, the club recognises that it has a responsibility to safeguard adults at risk from abuse and harm and to respond where abuse and harm are perceived to have occurred.

The responsibility taken by this Policy is to:

- Safeguarding the welfare of adults at risk at AFC Bournemouth by protecting them from any significant physical, sexual, and emotional harm and from neglect, bullying and financial harm within the club. This may include training and codes of practice amongst other strategies for reducing risk.
- Report to the appropriate authorities any concerns about abuse or harm to adults at risk whether this occurs within the club or elsewhere and whether this be a potential criminal offence or other concern. The appropriate authorities may be internal and external to football. This will include following the club's reporting frameworks.
- Ensure appropriate enquiries and responses to concerns about abuse or harm within AFC Bournemouth utilising the disciplinary process as appropriate. This will include work in partnership with the Police and other statutory agencies charged with investigating and responding and with the adult at risk who is believed to be at risk or believed to have been harmed.
- Following such enquiries, act to put appropriate safeguards in place to safeguard the adult at risk in the future and to reduce the risk of harm to other adults at risk in the club.
- Report when appropriate to the Disclosure and Barring Service (DBS) anybody delivering a regulated activity for AFC Bournemouth who is believed by the club to present a risk of harm to adults at risk. Where the club 'withdraws permission' for a person to deliver a regulated activity they will also be reported to the DBS.

The club has the power as part of their disciplinary procedures to issue a suspension, pending a risk assessment where any one or more of the following applies:

1. The individual fails to comply with any part of AFC Bournemouth DBS and safe recruitment processes.
2. The individual has engaged in 'Relevant Conduct' relating to adults at risk.



3. The individual has been barred by the DBS from engaging in 'Regulated Activity' relating to adults at risk.
4. The individual has been convicted of, or made the subject of a caution for, a serious sexual, violent offence or any other offence that AFC Bournemouth believes to be relevant to the care of adults at risk (Relevant Offence);
5. Following a risk assessment, the club is satisfied on the balance of probabilities that the individual poses or may pose a risk of harm to adults at risk.

Relevant Conduct:

'Relevant conduct' is that which endangers or is likely to endanger a **child** or **adult**. Such conduct includes emotional, psychological, sexual, and verbal abuse, as well as conduct involving sexual material relating to children or violence against human beings (including the possession of such material).

Financial abuse (for example, unauthorised withdrawals from an account), theft and fraud are also included, as is neglect (which would include failing to meet basic physical and/or psychological needs including treatment of medical conditions).

Relevant offence:

A 'relevant offence' is an offence that would result in the individual's automatic inclusion in the **children's** or **adult's barred list**, as set out in the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009.

AFC Bournemouth – Staff and Volunteers Responsibilities (Creating an atmosphere for someone to tell you what is wrong)

The co-ordinator of each activity involving adults at risk at AFC Bournemouth will ensure that the participants know how to get help, how they can report abuse, who to, and what response they can expect.

Some people who have been abused appear able to speak to someone about it and wish action to be taken. Others seem to be very reluctant to talk about the experience. There may be several reasons for this:

- It may be too painful emotionally to tell someone what happened. Feelings of shame and embarrassment often inhibit people reporting.
- There may not be an opportunity to see someone who is trusted, privately.
- There may be anxiety about repercussions from the perpetrator or others if the abuse is reported.
- There may be a worry about 'where it will end', for example if the police are told, or perhaps a fear of going to court.
- The abused person may just be prepared to put up with it.
- Communication and language may be an inhibitor, especially where English is not their first language, or the adult has a language-based learning disability.

The person may not recognise an experience to be abusive if their previous life experiences have been confusing.

People with mental health illness are under-represented in safeguarding referrals. In addition to the concerns listed above, inhibitors could include:

- Not being believed.
- Effects of stigma.
- Powerlessness, lack of choice, power differences.
- Fear of a continuing oppressive regime.
- The perceived victim could have confused feelings towards the abuser.

It is very important, if abuse is suspected, to try and create the opportunity for the person to disclose what is happening. It is crucial to give participants the confidence to know that they will be listened to. In some situations, the worst thing to do might be to keep asking if everything is all right. In others, a few encouraging prompts might be just what the person was waiting for.

The following might help to create the right atmosphere:

- Identifying a named person responsible for safeguarding for each team
- Where abuse is suspected, identify the member of staff the person appears to like or trust.
- Where there is factual evidence available, it may be useful to let the person know it has been observed so that the person does not feel they are disclosing about something that is a complete surprise.
- Because the person might be worried about losing control of the situation if they tell, it might be helpful to give assurances that after disclosing abuse, the person is always asked what they wish to do about it. Respect will be given to their wishes but there are various circumstances where it will be necessary to report a concern against a person's wishes, particularly when others would be left at risk. Do not guarantee that you will keep to yourself what they want to tell you.

Key points to remember about disclosure:

- Many incidents of abuse or crimes only become known because the abused person themselves tells someone.
- You must be aware that the person may not appreciate the significance of what they are sharing. They may not realise or accept they are being abused.
- Disclosure may take place many years after the actual event or when the person has left the setting in which they were afraid.
- Even if there is a delay between the actual event and the disclosure – you should demonstrate to the person that you believe them and will seek appropriate advice and action to support them to remain safe from harm.

Role of the Head of Safeguarding or the Safeguarding Officer:

For the purpose of the management of a safeguarding adult at risk situation, the Head of Safeguarding or the Safeguarding Officer for the specific activity in which the incident or concern arises should be consulted. In the absence of the Head of Safeguarding or the Safeguarding Officer, or if they are implicated in the abuse, an alternative Safeguarding Officer must always be identified to deal with the matter.

The role of the Safeguarding Officer comprises of the following:

- Directly managing and supporting the staff involved in the situation.



- Ensuring that action taken is effective in providing immediate and ongoing protection to the adult at risk.
- Ensuring that practical and emotional support is available according to need.
- Reporting the incident to the Head of Safeguarding as soon as reasonably practicable, or the relevant Adult Social Care Team (see page 18 for contact numbers).
- In the absence of the Head of Safeguarding, communicating with the relevant Adult Social Care Team to ensure the procedure is correctly followed.

The identified member of the Management Team will take responsibility for ensuring that the appropriate support is offered to the person who is suspended.

NB – Adult Social Care will not advise on poor practice or internal club policies.

Capacity and the statutory principles:

The Mental Capacity Act 2005 sets out five statutory principles:

1. A person must be assumed to have capacity unless it is established otherwise.
2. A person is not to be treated as unable to make a decision unless all practical steps to help him/her to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
4. An act done, or decision made, for or on behalf of a person who lacks capacity must be done, or made, in their best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

It is not for an AFC Bournemouth employee to decide whether an Adult at Risk lacks capacity.

Further guidance regarding capacity can be found in Appendix 2 of the policy document.

DEALING WITH A DISCLOSURE:

When an adult at risk discloses that they have been abused or is at risk of abuse, staff must ensure that the adult at risk's immediate needs are met and prioritise their safety and protection from further abuse above all else.

It is important to remember that, while it is a member of staff's responsibility to be a supportive listener and to refer the information, it is not their role to counsel the adult at risk or to investigate their claims. Staff are, however, expected to act in the best interests of the adult at risk at all times.

Where possible the Head of Safeguarding should be contacted as early as possible, however it is recognised that an individual may need to respond to a situation immediately. With this in mind the following guidelines offer help and support in responding to abuse or a suspicion of abuse or poor practice:

Staff should:

- Remember that their role is supportive rather than investigative.
- Allow the adult at risk to communicate and lead the disclosure at their own pace.
- Limit any questioning to the minimum necessary to seek clarification only.
- Put their own feelings aside and avoid expressing their views on the matter.
- Provide reassurance that the adult at risk disclosing is being taken seriously and that they are doing the right thing by disclosing.
- Be mindful that if any physical abuse has taken place, they may observe visible bruises and marks, however they should not ask the adult at risk disclosing to remove or adjust their clothing to observe them.
- Ensure that the adult at risk immediate needs are met and that the priority is their safety and protection from further risk of harm.
- Telephone for an ambulance or take the adult at risk to hospital if medical attention is required.
- Contact the Police immediately for advice if sexual abuse is disclosed.
- Explain to the adult at risk disclosing what action they will be taking and that they will support them through the process.
- **4R's – Recognise, Respond, Record, Refer** (Report on to the appropriate person)
- Always act in the best interests of the adult at risk and seek advice from the Head of Safeguarding (or a Safeguarding Officer in their absence) if in any doubt about sharing information.
- Inform parents/carers unless there is suspicion of their involvement. Consultation should take place with the Head of Safeguarding/Safeguarding Officer before parents are informed.

Staff should not:

- Make ambitious promises or promise confidentiality.
- Seek details beyond those that the adult at risk disclosing willingly discloses.
- Document the conversation while the person is disclosing. This should be done as soon as possible after the disclosure has been made.
- Ask leading questions.
- Name behaviour and/or body parts in language different to that used by the adult at risk disclosing.
- Give the impression that the adult at risk disclosing is to blame.
- Approach the alleged abuser or person whose conduct there are concerns about.

A disclosure is not the only way that staff may be made aware of a safeguarding concern. Staff should immediately contact the Head of Safeguarding (or a Safeguarding Officer in their absence) if they witness an incident or come upon information that causes concern or puts an adult at risk of harm.

Where necessary an internal safeguarding case management meeting will be convened to review, and risk assess the identified concern. This should always involve the Head of Safeguarding, a Safeguarding Officer involved in the activity and if need be a Senior Manager.

RECORDING & REPORTING DISCLOSURES AND OTHER SAFEGUARDING CONCERNS:

All safeguarding concerns and disclosures must always be taken seriously, and every effort should be made to ensure that confidentiality is maintained for all concerned when dealing with a disclosure or a safeguarding concern. It is important to ensure that information is handled and shared on a 'need to know basis' only. Those who need to know are those who have a role to play in protecting the adult at risk and others who may be at risk, for example:

- Staff with operational responsibility for safeguarding, for example the Head of Safeguarding, Safeguarding Officers and the Senior Safeguarding Lead.
- Statutory authorities (Police and Local Authorities)
- The DBS who help employers make safer recruitment decisions and prevent unsuitable people from working with adults at risk.
- Football authorities (The FA and Premier League)

Any member of staff may make a referral themselves directly to statutory and/or football authorities, particularly if they are concerned about an adult at risks immediate safety, if they are having difficulty contacting the clubs designated safeguarding staff or if they are concerned that a disclosure or information about a safeguarding concern has not been acted upon appropriately.

The Head of Safeguarding (or a Safeguarding Officer in their absence) must be notified immediately after contacting a statutory authority or emergency services.

It is vital that clear and concise notes are made at the time of the concern or soon after a disclosure is made to support the completion of a more detailed record later.

The person raising the concern should complete the club's Safeguarding Concern Reporting Form (Appendix 4) or report the concern for those who have access using the clubs MyConcern Safeguarding Reporting Tool.

If the club referral form cannot be accessed when dealing with a disclosure or safeguarding concern, a written record should include the following information wherever possible:

- The date and time of the incident or disclosure, parties involved i.e. victim(s), the person(s) whose conduct there are concerns about, any witnesses, person(s) reporting the concern, person(s) to whom the concern was reported.
- Factual information. Staff might convey their intuitive thoughts, but these should be recognised as such and should not form part of the record.
- In the case of bruises or observed injuries, a body map (a drawing of a body outline, upon which the location of bruises/injuries can be indicated) can be completed.
- The time and date of referring the information and to whom the information was referred.

Such records must be signed and dated by the individual recording the information. If more information is recalled at a later date, this should be added as an addendum. The original record must not be changed.

Staff should be aware that such records may be used as evidence for investigations and inquiries, court proceedings, disciplinary procedures and/or quality assurance purposes.

Dealing with a disclosure or safeguarding concern may have an impact on the well-being of those involved. It is important that anyone affected seeks help if they feel that they need support

An adult at risk should never be pressured to give information or show physical marks unless they do so willingly.

If they chose to show markings, two members of staff should be present.

DOING NOTHING IS NOT AN OPTION: Safeguarding is Everyone's Responsibility:

MANAGING ALLEGATIONS AGAINST EMPLOYEES, CONSULTANTS, AGENCY STAFF AND VOLUNTEERS:

Should a concern arise about an employee, worker, consultant, agency staff or volunteer's conduct in relation to an adult at risk, this should be reported to the club's Head of Safeguarding (or a Safeguarding Officer in their absence) who will take such steps as considered necessary to ensure the safety of the adult at risk in question and any other person who may be at risk.

The club's Managing Allegations Policy & Procedures should be followed where an allegation or concern is raised from any source that an employee or volunteer has:

- Behaved in a way that has, or may have, harmed an adult at risk.
- Possibly committed a criminal offence against or related to an adult at risk.
- Behaved towards an adult at risk in a way that indicates they may pose a risk of harm towards that person or other adults at risk. This can include behaviour in their personal life that raises safeguarding concerns.

When managing an allegation against an employee, worker, consultant, agency staff or volunteer the Head of Safeguarding (or a Safeguarding Officer in their absence) will follow the below process:

- The allegation will be referred to an Adult Social Care Manager and/or the Police as soon as reasonably practicable to do so, or in any case within 24 hours.
- The club will consider notifying a parent/carer of the adult at risk subject to appropriate consent as soon as possible, following advice from statutory authorities.
- Senior Management will be notified and if applicable the football authorities (The FA and Premier League)

The nature of the concern will dictate the level of investigation required and possible outcome.

- Police Investigation
- Statutory Adult Protection Investigation
- Internal Disciplinary

If the concern raised relates to the conduct of the Head of Safeguarding or the Senior Safeguarding Lead (Board Member) the matter should be referred to another Senior Manager (ie: General Manager)

If the concern raised relates to the conduct of the Head of Safeguarding or the Senior Safeguarding Lead (Board Member) the matter should be referred to another Senior Manager (ie: General Manager)

Adult Social Care Services – Out of Hours Emergency Duty Service:

The Bournemouth, Christchurch and Poole Council provide an out of hours emergency duty service and can give advice and support in an emergency when their offices are closed. A similar service is provided by Dorset Council.

The Head of Safeguarding (or a Safeguarding Officer in their absence) should be notified as soon as practicable or in any event within 24hrs, where contact with the out of hours emergency duty service is made. (Contact details for the out of hours emergency duty services can be found on page 18 & 19)

Escalating a concern or resolving professional differences:

Disagreements over the handling of concerns can impact negatively on positive working relationships and consequently the ability to safeguard and promote the welfare of adults at risk.

Safeguarding and promoting the welfare of adults at risk is a responsibility shared by all agencies. Effective intervention is dependent upon inter-agency planning and multi-agency services responses.

Constructive challenge amongst colleagues and between agencies provides a healthy approach to planning and keeping adults at risk safe. The club acknowledges that differences of opinion, concerns and issues need to be resolved as effectively and swiftly as possible, and wherever possible by discussion and negotiation between the practitioners concerned.

If the staff member cannot resolve the difference themselves, they should escalate to their Manager/Safeguarding Officer, who may escalate to a more senior level.

If the club and agency involved is unable to resolve the issue themselves, it may be necessary to escalate for a multi-agency discussion.

At no time should professional disagreement detract from ensuring that an adult at risk is safeguarded. Their welfare and safety must remain paramount throughout.

AFC Bournemouth will keep clear written records at all stages where they are involved in escalating and resolving disagreements, this will include written confirmation about agreed outcomes of the disagreements and how any outstanding issues will be pursued.

Advice from the Head of Safeguarding should be sought where concerns/disagreements are identified and likely to lead to escalation protocols being instigated.

Whistleblowing:

Whistleblowing Is the term used when a worker passes on information concerning wrongdoing. The wrongdoing will typically (although not necessarily) be something they have witnessed at work.

A whistleblower is protected by law and should not be treated unfairly or lose their job because they 'blow the whistle'.

Concern can be raised at any time about an incident that happened in the past, is happening now, believed will happen in the near future.

The club Whistleblowing Policy should be referred to and followed where any concerns are identified.

Non-Recent Abuse, Incidents and Poor Practice:

Where non-recent incidents, poor practice or abuse are received, they should immediately be referred to the Head of Safeguarding for review.

Where required the Head of Safeguarding will be responsible for referring these matters to Statutory Authorities (Police/Adult Social Care).

When matters are referred to Statutory Authorities, the Head of Safeguarding will also notify the football authorities (The FA and Premier League)

SAFEGUARDING CONTACTS

Head of Safeguarding

Steve Thorpe - 01202 726329, 07554 446446
steve.thorpe@afcb.co.uk

Designated Safeguarding Officers

Matchday Safety Officer/Stewards – Alan Jones – Via Match Day Control Room.

Community Sports Trust – Head of Community – Steve Cuss - 01202 726342, 07973 893594
steve.cuss@afcb.co.uk

Community Sports Trust – Safeguarding Manager – Meredith Hack 07990 336461
meredith.hack@afcb.co.uk

Community Sports Trust – Senior Manager – Andrew Battison – 01202 726359, 07887 384762
andrew.battison@afcb.co.uk

Community Sports Trust – Senior Manager – Luke Simpson – 07393462163
luke.simpson@afcb.co.uk

Academy – Head of Education - Dawn Roach – 01202 726345, 07921 801826
dawn.roach@afcb.co.uk

Academy – Head of Welfare – Kim Goodship – 0344 576 1910
kim.goodship@afcb.co.uk

Academy – Lead Coach – Dan Carroll - 0344 576 1910.
dan.carroll@afcb.co.uk

Hospitality & Events - Stadium (Match day) – Paul Fudge, 07834 370751 or via Match Day Control Room.
paul.fudge@blacklabevents.co.uk

Hospitality & Events – Concourse (Match day) – Marcin Kawalec - 0844 576 1910 or via Match Day Control Room.
marcin.kawalec@afcb.co.uk

EXTERNAL CONTACTS AND RESOURCES

The Police 101 or (in an emergency) – 999

Bournemouth, Christchurch and Poole Council (BCP) Services

Bournemouth Adult Social Care (Care Direct) – 01202 454979
caredirect@bcp.gov.uk
Emergency Duty Service – 0300 123 9895

Poole Adult Social Care – 01202 633902
sshelpdesk@poole.gov.uk



Dorset Council Services

Dorset Direct – Adult Social Care – 01305 221016

adultaccess@dorsetcouncil.gov.uk

Emergency Duty Service – 01305 858250

Head of Safeguarding

The Premier League, Brunel Building, 57 North Wharf Road,

London, W1U 8PL,

Tel: 020 7864 9173

safeguarding@premierleague.com

The Football Association/NSPCC

Safeguarding Children & Vulnerable Adults Helpline

Tel: 0808 800 5000

Text phone for Deaf Users. Tel 0800 056 0566

STARS (Sexual Trauma and Recovery Service) - Is a pan-Dorset charity that offers one to one support, free of charge, for anyone of any age or gender who lives, works or studies in Dorset and has experienced any form of sexual violence at any time in their life.

Tel 01202 308855

<https://www.starsdorset.org/>

The Shores (Dorset Sexual Assault Referral Centre – SARC) – Provides a comprehensive service to men, women and children who have been raped or sexually assaulted

Tel 01202 552056.

<http://www.the-shores.org.uk/>

Dorset For You – Domestic abuse and violence – Where to get help

<https://www.dorsetforyou.com/dvahelp>

Bournemouth Adult Social Care website

<http://www.bournemouth.gov.uk/AdultSocialCare/AdultSocialCare.aspx>

Action on Elder Abuse website

<http://www.elderabuse.org.uk>

Ann Craft Trust – Safeguarding adults advice helpline 0115 951 5400

<https://www.anncrafttrust.org>

Appendix 1 - Recognising abuse, poor practice and other safeguarding concerns:

Physical Abuse: Any deliberate act causing injury or trauma to another person, for example, hitting, slapping, pushing, kicking, burning, giving a person medicine that they do not need and/or that may harm them or application of inappropriate restraint measures.

Domestic Abuse: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged sixteen or over, who are or have been intimate with partners or family members regardless of gender or sexuality. This can encompass, but is not limited to: psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.

Emotional abuse: Any act or other treatment which may cause emotional damage and undermine a person's sense of wellbeing, including persistent criticism, denigration or putting unrealistic expectations on adults at risk and, isolation, verbal assault, humiliation, blaming, controlling, intimidation or use of threats.

Sexual Abuse: Any act which results in the exploitation of adults at risk, whether with their consent or not, for the purpose of sexual or erotic gratification. This includes non-contact activities, such as indecent exposure, involving adults at risk in witnessing sexual acts, looking at sexual images/pornography or grooming them in preparation for abuse (including via the internet). It is unacceptable for any member of Staff to abuse their relationship of trust for sexual gratification

Discriminatory Abuse: Abuse or bullying because of discrimination occurs when motivated by a prejudice against certain people or groups of people. This may be because of an individual's age, disability, gender reassignment, marriage or civil partnership status, pregnancy and maternity, race, religion and belief, sex or sexual orientation' Actions may include unfair or less favourable treatment, culturally insensitive comments, insults and 'banter'

Sexting: Is the act of generating and/or sharing sexually explicit photographs or images, primarily through SMS on mobile phones but also using the internet. This often occurs after the breakdown of relationships and can cause enormous distress to the person affected.

Female Genital Mutilation (FGM): Involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act makes it illegal to practice FGM in the UK or to take women and girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is unlawful in another country.

Grooming: The process of developing a relationship with and the trust of an individual, and sometimes their family, to exploit, abuse or traffic them. Grooming can happen both online and in person

Neglect: Ongoing failure to meet the basic needs of adults at risk. Neglect may involve failing to provide adequate food or shelter including exclusion from home or abandonment, failing to protect them from physical and emotional harm or danger or failing to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, basic emotional needs.

In an activity setting, it may involve failing to ensure that Adults at Risk are safe and adequately supervised or exposing them to unnecessary risks.



Self-neglect: Neglecting to care for one's personal hygiene, health or surroundings, including behaviour such as hoarding.

Bullying: Repeated behaviour intended to intimidate or upset someone and/or make them feel uncomfortable or unsafe, for example, name calling, exclusion or isolation, spreading rumours, embarrassing someone in public or in front of their peers, threatening to cause harm, physically hurting someone or damaging their possessions.

Cyberbullying: The use of technology to harass, threaten, embarrass, humiliate, spread rumours or target another person. By definition, it occurs among Children. When an adult is the victim, it may meet the definition of cyber harassment or cyberstalking.

County Lines: The organised criminal distribution of drugs by gangs from the big cities into smaller towns and rural areas using children and vulnerable people. This involves the use of dedicated mobile phone lines or 'deal lines' Gangs recruit children and vulnerable people through deception, intimidation, violence, debt bondage and/or grooming. Gangs also use local properties as a base for their activities, and this often involves taking over the home of a person who is unable to challenge them. County lines gangs pose a significant threat to children and vulnerable people upon whom they rely to conduct and/or facilitate such criminality.

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.

Extremism and Radicalisation: The process by which a person comes to support terrorism and forms of extremism leading to terrorism. Anybody from any background can become radicalised. The grooming of adults at risk for the purposes of involvement in extremist activity is a serious safeguarding issue.

Financial or material abuse: Stealing from a vulnerable person, using them for financial gain, putting pressure on them about wills, property, inheritance or financial transactions, misusing or stealing their property, possessions or benefits. It may include depriving a person access to their money, property or assets. Financial abuse is something more usually related to adults but where professional (and future professional) footballers are concerned, this is a significant area of risk.

Organisational abuse: Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within an adult at risk's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes or practices in place.

Neglect/acts of omission: Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services or the withholding of the necessities of life such as medication, adequate nutrition and heating.

Signs and symptoms of Abuse:

Physical Abuse Indicators:

- Injuries that are not explained satisfactorily or the person exhibiting 'untypical' self-harm
- Unexplained bruising to any part of the body, particularly collections of bruises which form a pattern which may correspond to the shape of an object or a person's hand
- Unexplained burns especially on 'unlikely' areas of the body, soles of the feet or palms of the hand

- Immersion burns. Rope burns and burns from an electrical appliance
- Unexplained fractures to any part of the body
- Unexplained cuts or scratches to mouth, lips, gums, eyes, or genitalia
- Medical problems that go unattended
- Person flinches at physical contact or indicates that someone has threatened them with physical harm
- Sudden or unexplained urinary or faecal incontinence
- Reluctance to undress or uncover parts of the body
- Person may appear afraid of or 'anxiously' try to avoid certain members of staff, family members or other people they know
- Injuries at different stages of healing
- Unexplained loss of hair in clumps

Sexual Abuse Indicators:

- Person discloses fully or partially that sexual abuse is occurring or has occurred.
- Person has urinary tract infections or sexually transmitted diseases that are not otherwise explained
- Person appears unusually subdued, withdrawn, or has poor concentration
- Person appears reluctant to be alone with a person known to them
- Person has unusual difficulty in walking or sitting
- Person experiences pain, itching or bleeding in genital or anal area
- Bruising to thighs or upper arms
- Bites on various parts of the body
- Person exhibits significant change in sexual behaviour or outlook
- Persons underclothing is torn, stained, or bloody
- A woman, who lacks the capacity to consent to sexual intercourse becomes pregnant

Psychological Abuse Indicators:

- Untypical ambivalence, deference, passivity, resignation
- Person appears anxious, withdrawn or fearful, especially in the presence of specific people
- Person appears to have a poor opinion of themselves
- Person appears to lack the opportunity to make choices or have adequate privacy
- Untypical changes in behaviour or routines of daily living
- Person appears isolated and deprived of social contact
- Person is unable to maintain eye contact having previously been able to

Financial Abuse Indicators:

- General lack of money especially soon after benefits are claimed
- Person lacks belongings or services they can clearly afford
- Inadequately explained fall in living standards
- Inadequately explained withdrawals from bank accounts
- Inadequately explained inability to pay bills
- Person does not appear to possess items which are known to have been purchased
- Recent acquaintances expressing interest in the person or their money
- Inadequately maintained financial systems, when others are managing a person's money, including a failure to produce receipts for major items



- Unexplained change in appointment or agent

Neglect Indicators:

- Person lives in accommodation which falls below minimum practical standards
- Person has inadequate heating and/or lighting
- Person's physical appearance or condition is poor
- Person appears to be malnourished or dehydrated
- Person is observed to be left in wet clothing
- Failure to obtain health services when the person is ill
- Person does not appear to be taking the prescribed medication
- Callers/visitors refused access to the person
- Person is exposed to unacceptable risks

Appendix 2 - Definition of Capacity:

- The ability to make a decision at a particular time. The starting assumption must always be that a person has the capacity to make a decision, unless it is established otherwise
- The term 'lacks capacity' means a person who lacks capacity to make a particular decision or take a particular action for themselves at the time when the decision or action needs to be taken. This reflects the fact that some people may be unable to make some decisions for themselves but will have capacity to make other decisions. For example, they may be able to make small decisions about everyday matters such as what to wear or what to eat but lack capacity to make more complex decisions about financial matters
- It also reflects that a person who lacks capacity to make a decision at a certain time may be able to make that decision at a later date – this may be due to illness or accident

Assessing Capacity:

A person's capacity must be assessed specifically in terms of their capacity to make a particular decision at the time it needs to be made. Anyone assessing someone's capacity to make a decision for themselves should use the two-stage test of capacity:

- Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting how their mind or brain works? (It doesn't matter whether the impairment/disturbance is temporary or permanent)
- If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

Assessing ability to make a decision:

- Does the person have a general understanding of what decision they need to make and why they need to make it?
- Does the person have a general understanding of the likely consequences of making or not making this decision?
- Is the person able to understand, retain, use, and weigh up the information relevant to this decision?
- Can the person communicate their decision (by talking, using sign language or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?

Assessing capacity to make more complex or serious decisions:

- In most instances, a doctor or other professional expert will have assessed an adult at risk's capacity. Where background information such as this is available, for example from a partner agency, the information should be stored confidentially.
- In most localities, an Independent Mental Capacity Advocate (IMCA) is appointed to assist a person who is judged to lack capacity and there is no family, they are un-befriended or there is conflict between, for example family members.

Appendix 3 - Responding to Safeguarding incidents, additional guidance:

Establishing the victim's wishes (Making Safeguarding Personal)

- It is very important that you do not investigate the concerns, but the following guidance should be followed:
- Where there is no emergency, there is an opportunity to check out the adults wishes in relation to the concern
- There is a need to establish who the victim would most like to talk to about the matter
- Liaise with the Head of Safeguarding or a Safeguarding Officer
- The member of staff chosen must familiarise themselves with all possible options and prior to the interview, seek advice regarding the potential consequences of each option for the victim
- It is important to remember the interview is only about establishing what the victim wishes to do about the incident, not about discussing the incident itself
- It is important to allow the victim additional time and support if necessary, to consider the options and if there is uncertainty, offer to meet again

Preserving the evidence:

Your first concern is the safety and the welfare of the abused person. However, your efforts to preserve evidence may be vital.

In all cases, but especially when police involvement is required, preservation of evidence is crucial if the police investigation is to be effective. What you do or do not do in the time whilst you are waiting for the police to arrive may make all the difference.

The following checklist aims to help you to ensure that vital evidence is not destroyed.

In situations of physical and /or sexual assault:

- In the case of a person who has been physically abused who wishes to show you an injury, only observe what they consent to show you and what is appropriate
- Do not touch what you do not have to. Wherever possible leave things as they are. Do not clean up, do not wash anything or in any way remove fibres, blood etc. If you do have to handle anything at the scene keep this to a minimum
- Do not touch any weapons unless they are handed directly to you. If this happens, keep handling to a minimum. Place the items/weapons in a clean dry place until the police collect them
- Preserve anything that was used to comfort the abused person, for example a blanket
- Secure the room. Do not allow anyone to enter unless strictly necessary to support you or the abused person and/or the alleged perpetrator, until the police arrive
- The Police may organise a medical examination urgently

Prior to the arrival of the police and medical examination:

- Ensure that no one has physical contact with both the abused person and the alleged perpetrator as cross-contamination can destroy evidence. It is acknowledged that if you are working alone in the situation, you may have to comfort both the abused person and the alleged perpetrator e.g. where the alleged perpetrator is also an AFC Bournemouth service-user. You need to be aware that cross-contamination can easily occur.



- Preserve any bloodied items
- Encourage the victim not to shower
- Encourage the victim not to change clothing
- Even when the victim says they do not want police involvement, preserve the items anyway as they may change their mind later
- Encourage the person not to eat or drink if there is a possibility that evidence may be obtained from the mouth

Methods of Preservation:

- For most things use clean brown paper, if available, or a clean brown paper bag or a clean envelope. If you use an envelope, do not lick it to seal. Avoid using plastic bags as they can produce moisture
- For liquids use clean glassware
- Do not handle items unless necessary to move and make safe. If there are latex gloves available, use them

It is acknowledged that completion of all the above tasks may not be possible in a traumatic situation. You are urged to do the best that you can

Ensuring the individual is in or is moved to a place of safety:

It is essential that, whatever the nature of the suspected abuse, the adult at risk is separated from the person who is or is thought to be producing the threat. It is important that the disruption to the life of the victim is kept to a minimum, therefore, if it is possible for the alleged perpetrator to leave the scene, this should be the preferred option. However, if it is not achievable, an alternative place of safety should be sought as the immediate safety of the victim is the highest priority.

Role of staff supporting the alleged victim:

Members of staff involved in supporting the alleged victim have a key role in making sure the procedures are followed and that the victim is properly advised and supported. If several staff are involved, it may be convenient for one person to take the lead. This is entirely a matter for the staff and Head of Safeguarding or the Safeguarding Officer to decide in the light of the individual circumstances.

The role of the staff supporting the alleged victim includes the following:

- Ensuring the continued safety of and support the abused person
- Liaising with immediate colleagues who have been involved to gather all the available information together
- Ensuring that evidence has been preserved
- Collating and completing all written material relating to the incident
- Reporting the matter to the Head of Safeguarding or Safeguarding Officer at the earliest opportunity



Appendix 4 – AFC Bournemouth Safeguarding Concern Report Form and flow chart:

Safeguarding Children & Vulnerable Adult Incident Report

The form should be used to accurately record disclosure of a safeguarding incident and the initial action taken. Radicalisation in relation to terrorism is also a Safeguarding issue.

| | |
|---|--|
| <p>Time & Date Incident Form completed:</p> <p>Name of person completing Form:</p> <p>Contact Details:</p> | |
| <p>Time, day and date that incident occurred:</p> <p>Location of the Incident:</p> <p>Relationship of Vulnerable Person to AFC Bournemouth.</p> <p>Is the incident racially motivated or discriminatory?</p> | <p>Type of incident:</p> <p><input type="checkbox"/> Verbal abuse</p> <p><input type="checkbox"/> Sexual abuse including CSE</p> <p><input type="checkbox"/> Physical abuse including domestic abuse</p> <p><input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> Emotional abuse or bullying</p> <p><input type="checkbox"/> Financial abuse or theft</p> <p><input type="checkbox"/> PREVENT (<i>terrorism or radicalisation</i>)</p> <p><input type="checkbox"/> Vulnerable person taken to hospital</p> <p><input type="checkbox"/> Poor Practice</p> <p><input type="checkbox"/> Other (<i>specify e.g. accident</i>)</p> |
| <p>Personal details of vulnerable person:</p> <p>Title Mr/ Mrs/ Miss/ Ms/ Other (<i>specify</i>):</p> <p>Full Name:</p> <p>Age & Date of Birth:</p> <p>Gender:</p> <p>Ethnicity:</p> <p>Any known disability?</p> <p>Address & Contact details:</p> <p>Parent/Carers name & contact details:</p> | <p>Details of person reporting the incident:</p> <p>Title Mr/ Mrs/ Miss/ Ms/ Other (<i>specify</i>):</p> <p>Full Name:</p> <p>Age & Date of Birth:</p> <p>Gender:</p> <p>Ethnicity:</p> <p>Relationship to Injured party:</p> <p>Address & Contact details:</p> |



| | |
|---|--|
| <p>Personal details of the person causing concern:</p> <p>Title Mr/ Mrs/ Miss/ Ms/ Other (<i>specify</i>):</p> <p>Full Name:</p> <p>Age & Date of Birth:</p> <p>Gender:</p> <p>Ethnicity:</p> <p>Any known disability?</p> <p>Address & Contact details:</p> <p>Parent/Carers name & contact details:</p> <p>Relationship of person to AFC Bournemouth.</p> | |
| <p>Please indicate nature and position of any injury:</p> | <p>Guidance:</p> <p><i>If physical abuse has taken place, you may observe visible bruises and marks but do not ask a vulnerable person to remove or adjust clothing to observe them.</i></p> |
| <p>Please record details of who assisted the vulnerable person and what initial actions were taken to secure their immediate comfort and safety:</p> | <p>Guidance:</p> <p><i>Remember to use your 'Safeguarding quick reference guide for those working within AFC Bournemouth Football Club'.</i></p> <p><i>If notified of a possible sexual assault that has taken place within the last 7 days, you must notify the Police at the time you are advised; as there may still be recoverable forensic evidence.</i></p> |

| |
|--|
| <p>Detailed account of incident:</p> <p>Guidance:</p> <p><i>Once an entry has been made it must not be altered or deleted, additional information can be recorded chronologically to clarify previous errors and omissions.</i></p> <p><i>Make careful notes of what is actually said by the person making the disclosure, record dates, times and events. Sign and date your notes and report a detailed account of the facts to your Safeguarding Officer or to your Head of Safeguarding. Keep it Factual!</i></p> <p><i>Please record all known details of any person subject of an allegation and their connection with the injured party and AFC Bournemouth. If the subject of the allegation is aware that this incident has been reported can you take steps to prevent evidence being destroyed such as social media / CCTV? If the subject of the allegation is unknown please record a full description and details of social media activity, places frequented and associates.</i></p> |
|--|



Please provide names and contact details of any witnesses to the incident:

Internal Club Safeguarding Notifications made:

Please record name and contact details of person advised; and day, date, time, method of contact; and guidance received.

External Agencies Contacted:

You can make an immediate referral to a statutory agency if you are concerned about a vulnerable person's immediate safety. You should obtain the consent of a parent/carer in cases involving a child before doing so, unless that person is implicated. The consent of a vulnerable adult should normally be obtained prior to a referral being made. If consent is an issue please contact your safeguarding officer or head of safeguarding immediately.

Please record day, date, time and method of referral; and the name and contact details of any person(s) contacted; together with any connecting reference numbers.

- Police (101 non-emergency, 999 emergency)
- Local Social Services
- Other: (e.g. NSPCC 24hour help line 0808 800 5000)

AFC BOURNEMOUTH FOR HEAD OF SAFEGUARDING USE ONLY.

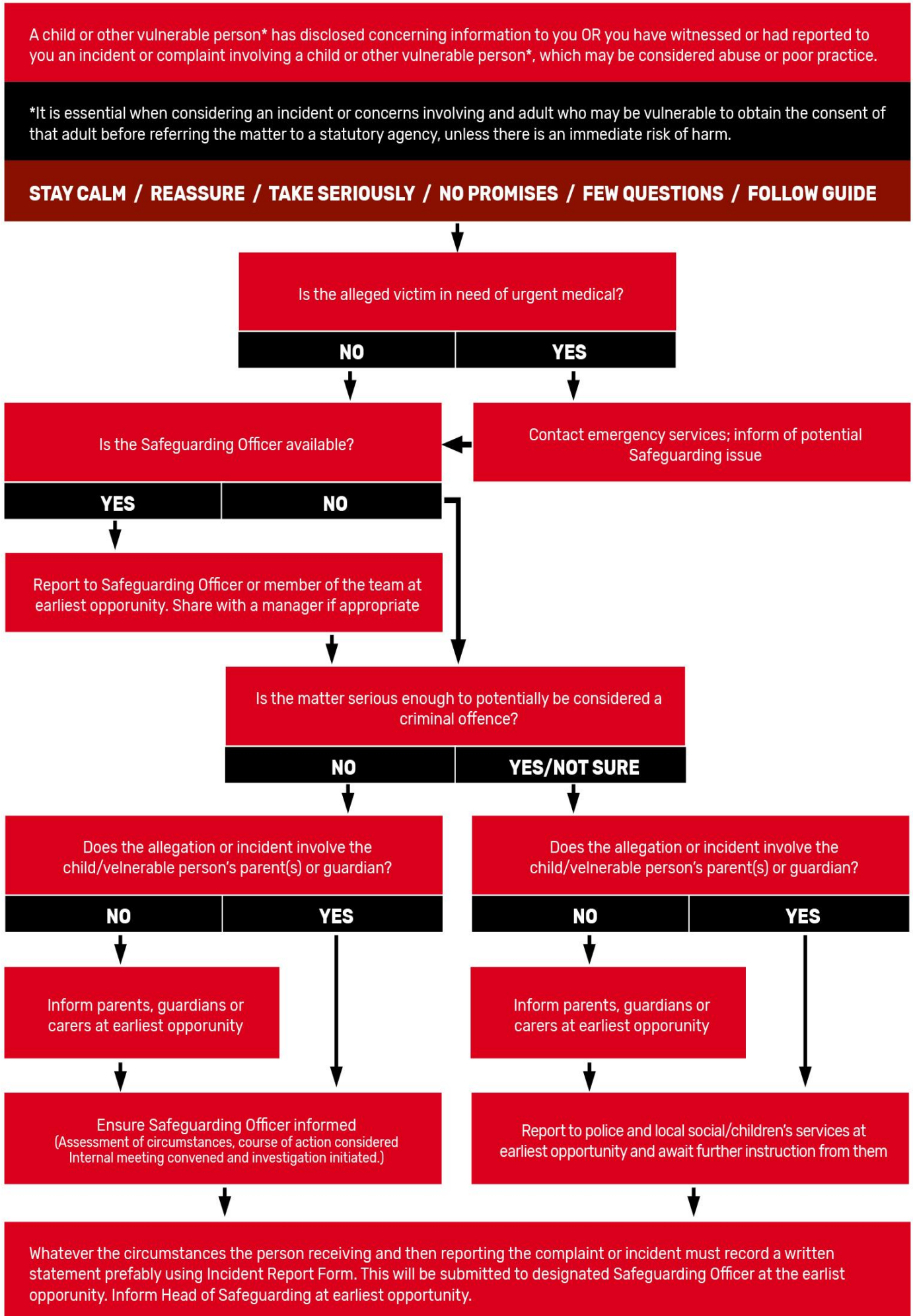
DATE RECEIVED:

INTERNAL CASE REFERENCE:

SAFEGUARDING ACTION & DECISION LOG STARTED YES/NO

Responding to a concern an incident or allegation

The flowchart presented below, details the immediate response to an incident or concern involving a child or other vulnerable person.



Appendix 5 - Other Applicable Club Policies:

- Anti-Bullying Policy.
- Code of Ethics, Conduct & Behaviour.
- Data Protection & Handling Policy.
- Disciplinary Policy and Procedures.
- Equality & Promoting Diversity Policy.
- Health & Safety Policy.
- Modern Slavery & Trafficking Policy Statement.
- Prevent Policy.
- Recruitment of Ex-Offenders Policy.
- Safeguarding Children Policy and Procedures.
- Safe Recruitment Policy and Procedures.
- IT, Social Media & Images Policy.
- Travel, Trips and Tournaments Policy and Guidance.
- Whistleblowing Policy.

Relevant Legislation/Regulations:

- Achieving Best Evidence 2011.
- Bournemouth, Poole & Dorset Inter-Agency Safeguarding Adults Policy & Procedures.
- Care Act 2014.
- Care Standards Act 2000.
- Counter Terrorism & Security Act 2015.
- Data Protection Act 2018 – (General Data Protection Regulation 2018)
- Equality Act 2010.
- Human Rights Act 1998.
- Mental Capacity Act 2005.
- Modern Slavery Act 2015.
- Premier League Guidance for Safer Working Practice.
- Premier League Safeguarding Rules.
- Protection of Freedoms Act 2012.
- Protection of Vulnerable Adults List 2004.
- Sex Offenders Act 1997.
- Sexual Offences Act 2003.
- Safeguarding Vulnerable Groups Act 2006.

Please note that these lists are not exhaustive.