



**SWANSEA CITY ASSOCIATION FOOTBALL CLUB
LIMITED**

**SAFEGUARDING ADULTS AT RISK POLICY AND
PROCEDURES**

<https://swanseacity.cpoms.net/>

Document History

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Revision History

The latest revision can be found at the top of the list

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Approvals

This document requires the following approvals:

Name	Version	Date of Approval	Signature
Gareth Davies	V6.3	09/11/2022	<i>G Davies</i>

Accountability & Commitment

Swansea City Association Football Club (the “Club”) is committed to safeguarding the welfare of children and adults at risk who engage in Club organised activities. These will include players, staff and spectators.

Staff who have direct responsibility for and who are engaged in the supervision of children (U18) and adults at risk are trained in and committed to best practice in relation to their involvement with such persons. All Club staff and volunteers should be aware of their personal responsibility, in safeguarding children and adults at risk, regardless of their role within the Club.

The Club strictly adheres to and rigorously pursues the policies, practices and procedures stipulated and regulated by the Premier League, English Football League (EFL), the FA, and the NSPCC, the Local Safeguarding Children Board and agencies involved with adults at risk.

The Club recognises its responsibility to ensure that all personnel associated with Swansea City AFC, in whatever capacity, can expect to be embraced by a culture and environment whereby safety is paramount.

Any deviation from our practices and procedures will be dealt with appropriately according to the directives of the Premier League, EFL, or the FA.

Should any person experience, witness or become aware of a situation, which raises concerns around possible abuse or harm, or which constitutes a potential risk to a stakeholder of the Club they should contact Rebeca Storer (Head of Safeguarding) or Abby Carrington (Head of Player Care) or Jack Skoczen (Academy Safeguarding & EDI Officer). Remember it is not your responsibility to decide whether abuse is taking place, but it is your responsibility to report your concerns. Inaction is not an option if you have concerns.

Safeguarding Roles & Responsibilities

The Role of the **Head of Safeguarding** is to: provide effective Club-wide strategic leadership and management with a clear sense of direction and purpose that assists the Club to deliver its safeguarding strategy, vision, values, priorities, policies and aims to promote and protect the welfare of vulnerable groups.

Main duties include but are not limited to:

- Represent and regularly report to the Board on safeguarding policies, procedures and practices within the organisation,
- Report to the Board regularly on organisational safeguarding and Duty of Care matters, including highlighting areas of risk/concern, identifying areas of poor practice/areas for improvement, and providing analysis of numbers and types of safeguarding concerns/disclosure, complaints, and bullying incidents within the organisation
- Ensure that Designated Safeguarding Officers have adequate time and resources to fulfil the requirements of their role as well as access to training relevant to the role
- Ensure that all policies relating to safeguarding and welfare are signed off by the Board annually or when required due to a change in legislation or practice
- Working with others within the organisation to create a positive, child-centered environment
- Play a lead role in developing and establishing the organisation's approach to safeguarding children, young people and adults at risk
- Manage cases of poor practice and abuse reported to the organisation
- Maintain accurate, confidential and up-to-date documentation on all cases of safeguarding and child protection and report where required in line with GDPR regulations
- Manage referrals to children's social-care services, LADO, the police, the Premier League, the EFL, the FA and the FAW as and when required
- Central point of contact for internal and external individuals and agencies
- Represent the organisation at external meetings related to safeguarding
- Coordinate the dissemination of policy, procedures and resources throughout the organisation
- Provide advice and support to all staff, volunteers and associates of the organisation in relation to safeguarding concerns and queries
- Advise on the organisation's training needs and the development of its training strategy; provide training where appropriate
- Play a lead role in maintaining and reviewing the organisation's implementation plan for safeguarding and protecting children
- Ensure safeguarding standards are met and maintained
- Keep own knowledge and skills up-to-date
- Encourage good practice by promoting and championing the safeguarding policy and procedures
- Arranging the Host Family provision for Academy Players.
- Preparation and maintenance of an updated welcome and induction pack for any new Players.
- Developing an emergency contact and support procedure for the Players and their families.
- Development of a pool of trusted providers of relevant professional services and their families.
- Manage the Mental Health and Wellbeing Strategy for Academy Players

The role of the **Head of Player Care (HPC)** is to: develop and manage a high-quality Player Care provision, including the integration process of new Players and their families to the Club, whilst providing ongoing care, assistance and support to current Players. Also, to provide a link with Club Departmental Heads to ensure a professional and co-operative working environment.

Main duties include but are not limited to:

- To develop and implement a Player Care programme for all players across the three phases of the Academy to provide the best possible care, support and development so they can maximise their potential both on and off the pitch.
- Design, develop and implement a player induction process for newly registered players into the Academy as well as supporting existing players who progress through the pathway to ensure they are comfortable within our environment.
- Design, develop and implement a strategy to support player transitions through age groups, phase groups, player release and progression from the Academy.
- To develop and implement a comprehensive Life Skills programme for all players across the three phases of the Academy linking in with specialist staff internally and externally, to ensure individual players develop skills and qualities to make a positive contribution to society.
- To develop, implement and oversee the Academy's Personal Development programme including Individual Development Action Plans.
- Engage with parents/guardians through consistent regular dialogue and support the Head of Education in developing and coordinating age-specific parent workshops across the Academy phases.
- Support the Head of Education to design, develop and implement an education programme for our Host Families.
- Attend (where appropriate) tours and trips, leading on all Player Care and Wellbeing matters pre, during and post trips.
- Seek out opportunities for the Scholars to attend sessions within the community to understand the community in which they work.
- To lead the Parent and Player voice initiatives to ensure that young people and parents have a voice in the Academy.
- Attend weekly operational meetings and phase-specific meetings as well as organise and attend any external meetings organised by the Premier League.
- Be the principal point of contact for the EFL/PL and relevant governing bodies for all matters relating to areas within Player Care.
- Supporting the Head of Education and the Academy Safeguarding Officer with safeguarding and promoting the welfare of children in our care across the player pathway.
- Work with the Head of Safeguarding to ensure that the Academy is compliant with EPPP requirements for audit.
- To be a member of the Academy Leadership Team.
- Be a presence across all age groups to make sure that the young players and their parents know whom to speak to with any worries or concerns they may have.
- To maintain player information confidentiality and professional practice at all times.
- To act, at all times, in a manner appropriate to a representative of the football club.
- Hold a commitment to equality and diversity in the workplace.

The Role of **Academy Safeguarding & EDI Officer** is to: Support the Head of Safeguarding to ensure continued safeguarding compliance, pro-actively promote and raise safeguarding awareness and assist with responding appropriately to safeguarding incidents, concerns and allegations.

Main duties include but are not limited to:

- Work closely with the Head of Safeguarding to ensure the club's compliance with statutory obligations under the relevant legislation and the adherence to the rules and regulations surrounding safeguarding as laid down by the relevant governing bodies under which the club is bound.
- Continuously work to maintain, embed and improve the Club's safeguarding provision across the Club ensuring the highest standards for safeguarding vulnerable groups, policies, practices and good practice guidelines
- Support staff to respond appropriately to concerns about the welfare or safety of vulnerable groups
- Work closely with the Academy Player Care Officer to ensure host families are all assessed in line with statutory regulations and following best practice in their delivery of the service.
- Conduct risk assessment for all extra-curricular activities including trips and tournaments.
- Research, apply and promote diversity initiatives within the Academy.
- Provide advice, guidance and support on equality and diversity matters.
- Work closely with the Club's EDI Lead to ensure the club's compliance with EFL's Code of Practice and attend quarterly EDI meetings with members of staff from across the organisation.
- Facilitate parent workshops providing education and resources for key safeguarding and EDI matters.
- Actively promote and implement the safeguarding and equality policy within the Academy environment.
- Produce a monthly report to the Head of Safeguarding and Club's EDI Lead regarding all safeguarding concerns and actions.
- Use and keep up to date CPOMS.
- Be a visible, accessible and approachable presence within the Academy environment for all stakeholders.

Introduction

The Club acknowledges and accepts it has a responsibility to create opportunities for “at risk” groups which will include 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 vulnerable groups and adults at risk while participating in Club activities. As such, they must make themselves aware of the Club’s Safeguarding Adults 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 Swansea City AFC and the Swansea City AFC 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 will work closely with the Local Authority Designated Officers for Children and Adults at Risk (Adults at risk). The 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 City of Swansea Safeguarding Adults Procedures.

Definition of the term ‘Adult at Risk’ (Vulnerability)

Someone who is aged 18 or over who:

- Has needs for care and support (whether or not the Local Authority is meeting any of those needs).
- Is experiencing, or is at risk of, abuse or neglect and:
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

*Extract from the Care Act 2014

RULES & REGULATIONS

The Club is governed by the Laws of England and Wales (including any local byelaws) and the guidance provided by the Premier League, EFL, the FA and the FAW.

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 City of Swansea Local Authority.

AIMS & KEY PRINCIPLES

The Safeguarding Adults at Risk policy ensures that safeguards are put in place to keep the adult at risk safe and to mitigate the risk of harm.

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

Relationship to Children's Safeguarding Policy

- There is no 'Adults at Risk' Act to provide clear legislative guidance.
- The definition of 'Adults at Risk' is always open to interpretation and individuals may be vulnerable at some time 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 centered.

SAFEGUARDING ADULTS AT RISK

We will seek to safeguard Adults at Risk by:

- Ensuring that all adults at risk, regardless of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation have the right to equal protection from all types of harm or abuse.
- Acknowledging and showing a commitment to address additional vulnerabilities of some participants and any extra barriers they may face e.g. those in care, looked after children, those with mental health issues, physical/hidden disabilities etc.
- Valuing them, listening to and respecting them.
- Adopting safeguarding guidelines and best practice through procedures for employees, workers, consultants, agency staff and volunteers.
- Recruiting employees, casual workers, agency staff, consultants and volunteers safely, ensuring all necessary checks are made.

- Sharing information about safeguarding and best practice.
- Sharing information about concerns with the appropriate agencies in a confidential manner.
- Providing effective management and training for employees, casual workers, agency staff, consultants and volunteers through supervision, support and training.

Head of Safeguarding

It is the Head of Safeguarding's responsibility to safeguard all adults at risk and vulnerable groups across the Club with the aid of Safeguarding Officers who work within appointed designated areas. These officers have special responsibilities and are the focal point for adults at risk and vulnerable groups in their nominated area.

It is imperative that anyone with a concern about an adult at risk's welfare should wherever possible contact either the Head of Safeguarding, Head of Player Care or Academy Safeguarding Officer without delay. For further advice on recommended action in dealing with safeguarding incidents, concerns or allegations please see Appendix 3.

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) check at the level deemed suitable for the position offered and subject to appropriate references. The Club adheres to the Premier League and EFL disclosure eligibility guidance document and the Club's DBS Policy when completing DBS checks.

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

Should an individual's DBS reveal any previous or current convictions the Club will consider whether the nature of the offence/offences renders the person concerned unsuitable for working with adults at risk or other vulnerable groups. The Club is committed to providing equal opportunities to staff and therefore a positive DBS will not necessarily result in a bar from work. The Rehabilitation of Offenders Act and Protection from Freedoms Act will be considered in all cases before a final decision is made.

Health & Safety

The Club's Health and Safety Manager gives guidance to those whose roles involve working with adults at risk and vulnerable groups. Where an adult at risk or other vulnerable person is involved in a particular activity, a risk assessment must take account of their vulnerabilities and include a safeguarding procedure for that individual. The risk assessment should set out what arrangements are in place for their care and supervision.

Data Protection

The Data Protection Policy adopted by the Club is in line with current legislation.

Equality & Promoting Diversity

Swansea City AFC 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 committed to addressing additional vulnerabilities of participants and any extra barriers they may face e.g. those in care, looked after children, those with mental health issues, physical disability etc.

Declared Disabilities

The Equality Act requires employers to treat people with a declared disability equally with non-disabled persons in all employment matters. A disability under the Act is described as a physical or mental impairment that has a 'substantial' (more than minor or trivial) and 'long-term' (more than 12 months) negative effect of the individual's ability to undertake normal day to day activities.

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.

Abuse

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
- Psychological abuse
- Emotional abuse
- Financial/Material abuse
- Neglect and self-neglect

- Discriminatory abuse and hate crime
- Organisational abuse
- Bullying – Physical, verbal or emotional
- Cyber/Internet bullying
- Grooming
- Modern day slavery and trafficking*
- Extremism and radicalisation

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 through ignorance or choice.

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

Where harm may occur?

Harm can occur anywhere within a Club. It can also be reported to a Club 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 the Club.
- Adults at risk may be at risk from other adults who may or may not be vulnerable themselves.
- Those harming the adult at risk may be in the Club activity or elsewhere in the adults at risk network.
- Harm may be deliberate or result from not understanding the adult at risk's needs (commission or omission).
- Adults at risk may be susceptible to harming others in the Club 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 his or her 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 'Adults at Risk' in the past who are now 'not at risk', (example: people recovering from mental health issues). Where these adults are seeking positions of responsibility at the Club 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 the Club promotes 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 Club activities.

PROCEDURES

The Club 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 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:

- **Safeguard** - Safeguarding the welfare of adults at risk at the Club 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** - 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.
- **Investigate** - Ensure appropriate investigations and responses to concerns about abuse or harm within the Club, utilising the disciplinary process as appropriate. This will include working in partnership with the Police and other statutory agencies charged with investigating and responding, and with the adult who is believed to be at risk or believed to have been harmed.
- **Act** - Following such investigations, 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.
- **Outcome(s)** - Report when appropriate to the Disclosure and Barring Service (DBS) anybody delivering a regulated activity for the Club 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 the Club's DBS process.
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 caution for, serious sexual/violent offences or any other offence that the Club 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.

Wales Safeguarding Procedures

In line with the Wales Safeguarding Procedures, the Club should make a report to the Local Authority whenever there are concerns for an adult at risk who:

1. Is experiencing or is at risk of abuse or neglect;
2. Has needs for care and support (whether or not the authority is meeting any of those needs), and;
3. As a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

(S.126 of the Social Services and Wellbeing Act 2014)

The Head of Safeguarding will take responsibility for reporting to the Local Authority.

The Head of Safeguarding and/or Safeguarding Team will also seek advice and assistance as and when appropriate.

The Local Authority can assist with early help/intervention. This can:

- protect adults from becoming adults at risk who experience abuse, and/or neglect;
- avoid problems escalating;
- reduce the need for safeguarding enquiries and interventions;
- have long-term benefits for the adult's health and well-being.

It is important therefore, that early help is offered to adults whenever possible to prevent them becoming an adult at risk.

Staff and Volunteers' Responsibilities

Creating an atmosphere for someone to tell you what is wrong

The coordinator of each activity involving adults at risk at the Club will ensure that the participants know how to get help, how they can report abuse, who to report it to and what response they can expect.

- Some people who have been abused are 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 emotionally painful to talk about 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.

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

People with mental health problems 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 alright. 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 telling 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 the disclosed information to yourself.

Key points to remember about disclosure

- Many incidents of abuse or crimes only come to light 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, unless it is absolutely clear and provable that the events they are describing could not have happened.

Guidance for responding to Safeguarding incidents, concerns and allegations can be found in Appendix 3 of the policy document.

Capacity

It is not for a Club employee to make a decision about whether an adult at risk lacks capacity.

The Club will not expect individual members of staff or coaches to decide if any adult at risk has the necessary capacity or not. In these instances, staff will refer the concern onto the Head of Safeguarding. If necessary, the Club will liaise with external support organisations or follow advice from a medical professional when assessing the capacity of any individual.

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

Confidentiality & Information Sharing

Sharing of information between organisations is essential to safeguard adults at risk from harm, neglect and exploitation.

The advice for all staff at the Club is that no personal assurance of confidentiality should be given to an adult at risk or other vulnerable person.

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 of an adult at risk should not lead to a failure in taking action to protect the adult from harm.

Confidentiality must not be confused with secrecy. The need to protect the management interests of the Club should never override the need to protect the adult.

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

The Club Data Protection Policy fully details how the Club manages the safe handling retention and sharing of confidential information.

Individuals are to raise concerns or incidents in person BUT all concerns or incidents are to be logged on CPOMS by the individual reporting the concern or incident. Senior Safeguarding Teams members will then be alerted to this report.

SAFEGUARDING CONTACTS

Head of Safeguarding

Rebeca Storer – 01792 616419

safeguarding@swanseacity.com

Head of Player Care

Abby Carrington

abbycarrington@swanseacity.com

Safeguarding & EDI Officer

Jack Skoczen

jackskoczen@swanseacity.com

Safeguarding phone

07773 594470

EXTERNAL CONTACTS AND RESOURCES

City of Swansea Safeguarding – 01792 636854

social.safeguarding@swansea.gov.uk

Head of Safeguarding

The Premier League

30 Gloucester Place

London

W1U 8PL

020 7864 9173

safeguarding@premierleague.com

Safeguarding Manager

EFL

EFL House

10-12 West Cliff

Preston

PR1 8HU

01772 325940

arichards@efl.com

Emergency Services:

Police/Ambulance/Fire: Call 999 for an emergency

Police (non-emergency): Call 101 to report a crime to local police

NHS: Call 111 when you need medical help fast

Helplines

Emotional Support (for both children and adults)



Samaritans: Samaritans is available round the clock, every single day of the year. Talk to us any time you like in your own way and off the record, about whatever's getting to you. Call us free any time on 116 123 (Welsh language line: 0808 164 0123) or email jo@samaritans.org Visit us – find your nearest branch on Samaritans.org

Support for victims of crime



Victim Support: Victim Support provides free, confidential advice and practical help to anyone affected by any crime, no matter how long ago it took place, or whether it was reported to the police or not. Call free on VS Supportline 0808 168 9111. Call Mon-Fri 8pm – 8am. Weekends 24-hour service

Older adults



The Silver Line: The Silver Line Helpline is the only national, free and confidential helpline for lonely and isolated older people; offering information, advice and friendship. Call 0800 470 8090

Adults with sensory impairment



Action for Blind People: Practical help and support for blind people and people with visual impairments/difficulties. Call Mon-Fri 9am-5pm RNIB Helpline 0303 123 9999



Adults with mental health problems

Mind: Help for people with mental health problems: Call Mon-Fri 9am-6pm 0300 123 3393



Adults affected by dementia

Alzheimer's Society: Help for people with dementia and their family, friends and carers. Call 0300 222 1122.

Appendix 1

Definitions of Abuse

- *Physical Abuse* – A deliberate act causing injury or trauma to another person. Including hitting, slapping, pushing, kicking, misuse of medications, restraint or inappropriate sanctions. This includes domestic abuse and violence, controlling, coercive or threatening behaviour, so called honour-based violence and forced marriage.
- *Sexual Abuse* – Including rape and sexual assault or sexual acts to which the person has not or could not consent and /or was pressured into consenting.
- *Psychological Abuse* – Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, verbal abuse, isolation or withdrawal from supportive networks.
- *Financial/Material Abuse* – Including theft, fraud, and exploitation – wills, property, inheritance, possessions or benefits.
- *Neglect and acts of omission* – Ignoring medical and/or physical care needs, failure to provide access to health, social care or educational services, withholding necessities of life, e.g. medication, adequate nutrition and heating.
- *Self-Neglect* - Where an individual neglects to attend to their basic needs, such as personal hygiene, appropriate clothing, feeding and attending to medical conditions they may have.
- *Discriminatory Abuse and Hate Crime* – Including racist, sexist abuse, and abuse based on a person's disability (No Secrets, DH 2000).
- *Organisational Abuse* – Involves the collective failure of an organisation to provide safe, appropriate and acceptable standards of service to adults at risk.
- *Bullying* – Physical, verbal or emotional. Either by individuals or systemically.
- *Cyber/internet bullying* – Any form of bullying which takes place online or through a mobile phone.
- *Modern day slavery and trafficking* – Can include persons being forced to work against their will/criminal and sexual exploitation and domestic servitude.
- *Extremism and radicalisation* – Holding or adopting of extreme political or religious views.

Preventing Extremism and Radicalisation in Adults at Risk and Vulnerable Groups

Extremism is the holding of extreme political or religious views, for an ideology that is considered to be far outside the mainstream attitudes of society.

Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo or reject and/or undermine contemporary ideas and expressions of freedom of choice. For example, Radicalisation can originate from a broad social consensus against progressive changes in society. Radicalisation can be both violent and nonviolent. There are multiple pathways that constitute the process of Radicalisation which can be independent but are usually mutually reinforcing.

Since July 2015 care providers have been subject to a duty under the Counter Terrorism and Security Act 2015 in the exercise of their functions, to have 'Due Regard' to preventing people from being drawn into terrorism. This is known as the Prevent Duty.

The guidance and advice provided is intended to help childcare providers think about what they can do to protect children from the risk of Radicalisation.

This is seen as a childcare providers wider safeguarding duty, and is similar in nature to protecting children from other forms of harm (e.g. drugs, gangs, neglect, sexual exploitation)

Whilst the above is aimed at children and young people it is clear that other vulnerable groups are equally at risk of being radicalised.

'Prevent' is part of the governments Counter-Terrorism Strategy. The overall principle is to safeguard vulnerable individuals and to stop people from supporting terrorism or getting drawn into terrorist organisations.

'Channel' is part of the Prevent Strategy. This is a multi-agency approach to identifying and providing support to individuals who are at risk of being drawn into terrorism.

Please refer to our Prevent Policy for more information.

Signs and symptoms of Abuse

Physical Abuse Indicators

- Injuries that are not explained satisfactorily
- 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 a person money is being managed by others, including a failure to produce receipts for major items
- Unexplained change in appointee ship 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:

- 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 Health Capacity Advocate (IMCA) is appointed to assist a person who is judged to lack capacity.

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.

Appendix 3

Responding to Safeguarding incidents, concerns and allegations – Do's and Don'ts

If someone discloses abuse to you:

- Stay calm and try not to act shocked
- Listen carefully rather than question directly
- Be sympathetic and offer reassurance
- Be aware of the possibility that medical evidence might be needed
- Tell the person that:
 - They did the right thing by telling you
 - You are treating this information seriously
 - It was not their fault
 - You must inform the Head of Safeguarding, Head of Player Care or Academy Safeguarding Officer (if they are not available you must inform another Safeguarding Officer within the Club)
- Usually after consulting the Head of Safeguarding, Head of Player Care or Academy Safeguarding Officer they will contact the City of Swansea Adult Services Care Direct Team.
- The Head of Safeguarding, Head of Player Care or Academy Safeguarding Officer will contact the City of Swansea Adult Services Care Direct Team without the adults consent in certain circumstances but the adults wishes will be made clear throughout.
- If a referral is made and they are reluctant to have the incidents investigated this fact will be recorded and brought to the attention of the Head of Safeguarding at the Club.
- If appropriate, the Club will take steps to protect and support the adult.

Write down, as soon as possible and as far as you are able, what was said by the person disclosing the information (in their words as far as possible) and other relevant information.

Alerting and Reporting

- Do not wait until you have all the information
- If the person is injured or not yet safe, take immediate action to help them e.g. dialing 999 for the police or an ambulance
- Tell the person what you are going to do about the concern
- If the Head of Safeguarding or the identified Safeguarding Officer for an activity is not available, inform another one
- Only tell the people who need to know
- Follow up your verbal report with a written account as soon as possible

- Make sure you write everything down as soon as possible including any observations made before, during or after a disclosure

The Information Needed

- Name, date of birth, address of the alleged victim
- Name, date of birth, address of the alleged perpetrator
- Who you are and how you are involved
- What happened where and when (including any lead-up)
- Any action taken
- The current position including any concerns about the safety of the alleged victim and any other person
- Who else is involved
- How aware of the referral is the victim, perpetrator, carers or relatives
- Any known views of the alleged victim regarding how they wish the matter to be dealt with
- Any other background information that is likely to be helpful

Recording

The following points should be considered in recording a disclosure or allegation:

- Use a pen with black ink so that report can be photocopied
- Ensure that the report is legible
- Sign and date the report
- Note the time of day, date and location of the incident
- Describe how the disclosure came about
- Describe what happened and any injuries or consequences for the victim
- Where appropriate, use a body map to indicate where there are cuts or bruises
- Keep the information as concise and factual as possible
- If it is appropriate to include an opinion or third-party information, ensure that this is made clear.

Establishing the victim's wishes

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
- Establish who the victim would most like to talk to about the matter
- Liaise with the Head of Safeguarding, Head of Player Care or Academy 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 that 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 time to consider the options and if there is any 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

- Where a person has been physically abused and wishes to show you an injury, only observe what is appropriate and what they have consented to show you.
- 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 until the police arrive, unless strictly necessary to support you or the abused person and/or the alleged perpetrator.
- 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 Swansea City AFC 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 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 any disruption to the victim's life 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.

How to get help urgently

Emergency services should be summoned whenever a situation is felt to be beyond the control of members of staff. In addition, staff should have readily available contact numbers for the Head of Safeguarding, Safeguarding Officers or other services which can assist in an emergency or urgent situation.

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 a matter for the staff and Head of Safeguarding or a Safeguarding Officer to decide in light of the individual's circumstances.

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

- Ensuring the continued safety and support of the abused person
- Liaising with immediate colleagues who have been involved in order 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 Safeguarding Officer at the earliest opportunity

It is not for the staff supporting the victim to commence an investigation into the incident

Appendix 4

Other Applicable Club Policies*

- Anti-Bullying Policy
- Code of Ethics, Conduct & Behaviour
- Data Protection Policy
- Disciplinary Procedure
- Equality & Promoting Diversity Policy
- Health & Safety Policy
- DBS Policy and Recruitment of Ex-Offenders Policy
- Safeguarding Children Policy
- Social Media Policy
- Information and Communications Policy
- Whistleblowing Policy
- Prevent Policy

* All are subject to annual review

Relevant Legislation/Regulations:

- All Wales Safeguarding Procedures
- Social Services and Wellbeing (Wales) Act 2014
- City of Swansea Inter-Agency Safeguarding Adults Policy & Procedures
- Care Act 2014
- Care Standards Act 2000
- Counter Terrorism & Security Act 2015
- Equality Act 2010
- Human Rights Act 1998
- Mental Capacity Act 2005
- Protection of Freedoms Act 2012
- Protection of Adults at risk List 2004
- Sexual Offences Act 2003
- Safeguarding Vulnerable Groups Act 2006
- Data Protection Act 1998
- General Data Protection Regulations

Please note that these lists are not exhaustive.