



SAFEGUARDING HANDBOOK

Safeguarding Vulnerable Groups

BOLTON WANDERERS COMMUNITY TRUST (BWCT)
Season 2018 /19

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Policy Statement:

Bolton Wanderers Community Trust believes that it is always unacceptable for a child, young person or adult at risk to experience abuse of any kind and recognises its responsibilities to safeguard the welfare of these vulnerable groups, by a commitment to practice which protects them.

The purpose of the policy:

1. To provide protection for the children, young people and adults at risk who receive services from BWCT.
2. To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child, young person, or adult at risk may be experiencing, or be at risk of, harm.
3. BWCT will seek to safeguard vulnerable groups by:
 - (a) Valuing them by hearing, listening and respecting them;
 - (b) Adopting safeguarding guidelines and best practice through procedures and a code of conduct for staff and volunteers;
 - (c) Safely recruiting staff and volunteers through a safer recruitment process, ensuring all necessary vetting checks are made;
 - (d) Sharing information about safeguarding and best practice;
 - (e) Sharing information about concerns with appropriate agencies in a confidential manner;
 - (f) Providing effective management for staff and volunteers through supervision, support, mentoring and training.

Roles & Responsibilities:

As part of the induction and ongoing refresher training programme, all staff and volunteers should ensure that they read the safeguarding policy and procedures, and understand the standards required of them and their responsibilities to ensure the safety and wellbeing of children, young people and adults at risk; and to take appropriate steps to ensure that suspicions and allegations of abuse are taken seriously and reported immediately and appropriately.

If a member of staff or volunteer from BWCT is either:

(a) dismissed because they harmed someone;

(b) dismissed or removed from working in regulated activity because they may have harmed someone; or

(c) resigned before BWCT were going to dismiss them for (a) or (b) above,

Then BWCT shall refer the matter to the DBS, in compliance with current legislation.

Jennie Smith who is a member of the Board of Trustees has been appointed to act on behalf of the Board as the Safeguarding Lead. Jennie is a Director and Trainer of Safeguarding Today. She has been a criminal Barrister since 2003. Following 10 years at the Crown Prosecution Service she draws on her vast knowledge and experience to assist companies in improving their safeguarding standards. Her role is to support the leadership team and the safeguarding team to deliver effective safeguarding provision across the Trust and where necessary to challenge and check out policies and procedures.

Phil Mason is the Senior Safeguarding Manager of the Club and Head of the Trust. He is responsible for the overall implementation of safeguarding, case management and safer recruitment across the Club and Trust.

Adam Warriner is the Designated Safeguarding Officer to the Trust and is responsible for the day to day implementation of safeguarding and safer recruitment within the Trust.

SAFEGUARDING CHILDREN: Polices & Procedures

Definitions The term child or children used in this policy refers to any young person under the age of eighteen as outlined in the Children's Act 2004.

The Senior Safeguarding Manager (SSM) is the person who has overall responsibility for child protection within BWFC and the Designated Safeguarding Officer (DSO) is the person who has the Safeguarding responsibility within the Community Trust.

Key Partners These are external agencies / services that work closely with the club on Child Protection Issues.

These include;- The Premier League, The English Football League, The FA, Children's Services, Bolton Safeguarding Children Board

BWCT recognises that in the organisations day to day contact with young people the safety and protection of those young people is paramount.

We believe that every child / young person, regardless of age, has at all times and in all situations, a right to feel protected and safe from any situation or practice that results in a child / young person being physically or psychologically damaged.

This Child Protection Policy is informed by the following legislation:

Safe from Harm code of practice 1993.

Sexual Offences Act 2003

Every Child Matters 2003

Children's Act 1989 / 2004

Mental Capacity Act 2005

Safeguarding Vulnerable Groups Act 2006

Amendments Act 2008

Protection of Freedoms Act 2012

Care Act 2014

Working together to safeguard children 2018

Keeping children Safe in Education 2018

We seek to ensure that all children and young people are protected and kept safe from harm while they are with staff and volunteers within the Community Trust

1. Responsibilities

The Community Trust has overall responsibility for this policy notwithstanding, all staff and volunteers have a responsibility to ensure this policy is strictly adhered to as **Safeguarding is everyone's responsibility**.

This policy is to cover and must be adhered to for all programmes and activities within the Community Trust.

2. Implementation

In order to implement this policy BWCT must ensure that:-

All staff (full or part time) and volunteers having access to and working with children and young people have a criminal records check in accordance with the relevant level of check depending upon if they are involved in "regulated activity".

The DBS check must be made before any appointment involving work with children and young people is made.

An annual declaration will be required for all staff to state if there have been any changes to their DBS within the year.

DBS checks will be renewed with all staff and volunteers every three years.

Regulated activity is defined as follows:

- **Teaching, training, instructing, caring for or supervising children or providing advice on well-being or driving only for children.**
- **The above happens frequently (once a week or more) or happens intensively on 4 or more days in a 30 day period, or overnight.**
- **The individual carrying out the activity of teaching, training instructing is unsupervised**

All staff and volunteers having access to and working with children and young people are required to supply two references.

All staff and volunteers having access to and working with children and young people receive guidance on child protection issues.

All volunteers are instructed to report the disclosure or suspicion of abuse direct to the DSO.

All staff and Volunteers are given support in their work with children.

All premises that may be used by children and young person's provide a safe and secure environment and are suitable for purpose.

3. Purpose

The purpose of child protection is to ensure that appropriate action is taken in the case of a child / young person is suspected by staff or volunteers of being abused or being at risk from parents, guardians, careers, and other responsible adults.

Similar action should be taken in the case of a young person suspected of being abused by another young person.

4. Designated Safeguarding Officer

The DSO should liaise with all concerned parties (Key Partners) and take overall control of any actions required in respect of the disclosure or discovery of child abuse.

5 Additional Policies

This policy must be read in conjunction with all other policies within Bolton Wanderers Community Trust and in particular safer recruitment, equal opportunities, anti-bullying and harassment, confidentiality, whistle-blowing, complaints, information-sharing, health and safety, social media and e-safety, trips and tours policy and the Safeguarding resources pack.

6 Guidance

Talking with Young People.

Staff may be the first person the child or young person has discussed the abuse with, at this stage the response is crucial. It is important to assure the child or young person that you will do something about it. The child or young person should be assured that they will be supported to enable them to receive help. Children and young people rarely lie about abuse, particularly sexual abuse. They may try to conceal the truth in order to protect adults that are involved. They

may be confused on details, like where and when but the main point of the admission is usually accurate.

Staff or Volunteers should show that they believe the child or young person and assure them that have done nothing wrong and that they are not at fault in any way, they should be praised for their courage in speaking out. Any discussion should take place at the young person's own pace and should never be cross examined.

The young person may have to relate their experiences to professionals and it is important that they do not have to do this more than that is necessary.

7 Confidentiality

Staff or Volunteers should never indicate to the child or young person that they would keep secrets. A feature of all abuse is that secrecy exists between the perpetrator and the child /young person. Staff and Volunteers could find themselves being pulled into this situation, so consequently, staff and volunteers should refer to the DSO as soon as possible and not work in isolation at any time. Perpetrators are often abusing others at the same time and although the member of staff or volunteer may not be in contact with these other people, their safety is also of concern and may need to be taken into account in determining a course of action. Staff and volunteers must never disclose any information to any unauthorised person at any time either during or after any disclosure.

8 Recordings

The staff member or volunteer should make notes of what they are being told but in a way that does not detract from what the child or young person is trying to say, for instance do this as soon as possible at the end of the discussion. The notes should be recorded using the Child Protection Referral Sheet contained within this handbook. The notes which the staff member or volunteer may keep can be used as a basis for supporting the DSO during a difficult process. The DSO should keep these notes safely and locked within their office. These notes are not admissible as evidence and should only be shared with other agencies or individuals with the full agreement of the young person. At the end of any forthcoming investigation these notes should be destroyed or an agreement made for further safe keeping.

Categories of Abuse

These can be classed as **Physical, Sexual, Emotional and Neglect.**

Physical

Identification. The first task by the staff member should be to check out the incident or injuries, which have aroused their concern. Speaking with the child or young person may do this. **NO PHYSICAL** examination should be undertaken.

Satisfactory Explanations. If the staff /volunteer are satisfied with this explanation a note should be made of the incident and the DSO contacted. This is to ensure that the DSO is alerted to a pattern of repeated incidents.

Unsatisfactory Explanations. If the staff member /volunteer is still concerned they should contact the DSO.

Serious Incidents. Some serious injuries may need immediate medical attention and the staff member, volunteer should ensure this happens. A record should be made and reported to the DSO and kept securely.

When a referral has been made to the DSO every co-operation should be given to this person and or the Key Partner in any arrangements they may wish to make for the child or young person.

Sexual

Identification. Child sexual abuse usually comes to light in a different way to Physical, emotional abuse or neglect. Staff or volunteers may become concerned about a change in the child's or young person's behavior or personality. The most usual route is that they confide in the member of staff / volunteer. This is described as Disclosure.

Appropriate action. It is not the staff member / Volunteers role to discuss the details with the young person, or their parent or guardian, but to listen, reassure and support the young person. Staff members / Volunteers should not ask leading questions or interrogate the young person as if a referral is made to other key partners, the young person will be interviewed and it is important not to subject them to unnecessary questioning. Any staff member or volunteer who has concerns must report these to the DSO.

Emotional

Emotional abuse is present in all other forms of abuse but it can stand alone. It is defined as the actual or likely severe adverse effect on the emotional and behavioral development of a child / young person caused by persistent or severe emotional ill treatment.

The role of the staff member / volunteer is to recognise and record concerns and consult with the DSO.

Neglect

For neglect to be considered it needs to be persistent or severe, resulting in a significant impairment of the child's or young person's development. As with emotional abuse it is the role of the staff member / volunteers role to recognise and record, then consult with the DSO who will refer where appropriate.

Child Protection Designated Safeguarding Officer

The DSO should assess all allegations promptly and carefully and consider the need for immediate action.

All allegations should be pursued and recorded regardless of the availability of the alleged perpetrator to co operate with the investigation.

If the DSO is unsure that the concerns are valid they should take advice from the SSM, Social Services or other key partners.

Where the DSO decides there are grounds for concern about an individual the key partners should be informed immediately.

The individual under suspicion must be notified of the cause for concern. However the timing of the notification and any action will be determined by consultation with the key partners.

Full documentation should be kept and treated as confidential and held securely.

USE OF IMAGES

The Trust takes its guidance on the use of images from the guidelines issued by The FA Premier League. All photographs are taken by the trust officials that have been briefed by the DSO for the activity being photographed.

- Before taking photographs of children and young people, parental consent is sought in writing at registration or prior to the event. Parents /Carers are responsible for informing BWCT of any change of circumstance within the time at the Trust, which may affect consent.
- Parents and Carers will be informed of how the image will be used.
- All children and young people featured in official Trust publications will be appropriately dressed.
- Where possible, the image will focus on the activity taking place and not a specific child/ young person.
- Where appropriate, images represent the broad range of youngsters participating safely in the activity.
- Designated Trust photographers will be registered with the FAP, undertake an appropriate level of CRC check, attend a CP workshop and will be personally responsible for keeping up to date with the latest guidelines on the use of images policy. Identification must be worn at all times.
- Inform participants, parents and carers prior to the event that a professional photographer will be in attendance and ensure that we will have established that under no Under 18's will be compromised due to child protection concerns if their image is taken – this can only be done by using the consent form.
- No images of children and young people featured in the Trust publications will be accompanied by details of their surname, school and home address.

- Recordings of children and young people for the purposes of legitimate coaching aids are only filmed by Trust official and stored safely and securely.
- Report any instances of inappropriate images to the DSO.
- No image to be used for something other than what is was initially agreed for.

SAFEGUARDING ADULTS AT RISK POLICY AND PROCEDURES

Background and Need for a Policy

BWCT is committed to creating opportunities for adults with disabilities and mental health problems to participate in a broad spectrum of activities at the Trust at the same time as creating a safer culture for the participants

The participation of adults at risk may be as players, coaches, employees, volunteers, officials, administrators or spectators.

The Trust has a moral, legal and social responsibility to provide a fun and safe environment for all those participating in these activities.

The Trust has a commitment to manage and monitor allegations of discrimination, harassment, abuse and bullying.

Safer Structures

The Safeguarding adults at risk Policy is there to react to the occasions where proactive and preventative work has failed and where harm has occurred by acts of commission or omission and where the Vulnerable Adult has not been able to safeguard his or her self.

In particular its function is to ensure that safeguards are put in place to keep the Vulnerable Adult safe and to prevent such harm occurring again, either to the same Vulnerable Adult or to other Vulnerable Adults.

Relationship to BWCT's Safeguarding Children Policy

- The definition of 'Vulnerable Adult' is always open to interpretation and individuals may be vulnerable at some times 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.
- Local authorities are organised differently to receive and manage referrals. There is not a uniform approach by the various Local Safeguarding Boards.

A definition of the term “Vulnerable Adult”

The Care Act 2014 identifies ‘an adult at risk,’ defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves (section 42 Care Act 2014).

Someone aged 18 or over:

- Who is unable to protect him or herself against significant harm or exploitation
- who is or may be in need of community care services by reason of mental or other disability, increasing frailty or illness, alcohol or drug dependency

Or

- Who is or may be unable to take care of him or herself (includes alcohol or drug dependency)

The definition of regulated activity that may put adults at risk is now defined in the following ways:

- **Providing healthcare (including doctors & physiotherapists & other roles in the health care profession)**
- **Personal care (physical assistance: eating, drinking, toileting, washing, dressing, oral care, care of skin, hair or nails, because of age, illness or disability)**
- **Social Work**
- **Assistance with general household matters**
- **Assistance with the conduct of a person’s affairs (power of attorney)**
- **Conveying (any form of transport)**

Categories of Harm (Vulnerable Adults)

Neglect and acts of omission include failure to provide adequate medical care, ignoring emotional or physical needs, failure to provide access to appropriate health, care, support or educational services, the withholding of physical and medical necessities such as food, drink and heating.

Neglect can include failing to intervene in situations where the vulnerable person may be placing themselves in dangerous situations, and the vulnerable person lacks the necessary capacity.

Neglect can be intentional or unintentional. Neglect may form a one off isolated incident, or continual gross misconduct.

Physical Abuse

Physical abuse can include hitting, slapping, pushing, kicking, misuse of medication, false imprisonment, inappropriate physical sanctions, force feeding, unreasonable and disproportionate methods of restraint.

Sexual Abuse includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting. Additional symptoms include:

- Urinary tract infections or sexually transmitted disease.
- Signs of sexual activity having taken place e.g. a woman who lacks the capacity to consent to sexual intercourse becomes pregnant.
- Pain, soreness, itchiness.
- Person discloses fully or partially that sexual abuse is occurring or has occurred in the past.
- Person exhibits significant change in sexual behaviour or outlook.

Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional or unintentional withholding of information (e.g. information not being available in different formats/languages etc.)

Domestic Abuse defined by The Home Office in March 2013 as: "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality."

Financial Abuse includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. The Office of the Public Guardian identifies financial abuse as the most common form of abuse. Financial abuse can occur in isolation, but where there are other forms of abuse, there is likely to be financial abuse occurring.

Organisational Abuse (previously known as Institutional abuse) includes, neglect and poor care practise within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Discriminatory Abuse includes forms of harassment, slurs or similar treatment because of age, disability, gender, racial heritage, religious belief, sexual orientation or identity. It also includes racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability. Excluding a person from activities on the basis that they are 'not liked' is also discriminatory abuse.

Overview

'BWCT is committed to football being inclusive and providing a safe and positive experience for everyone involved in the Trust.'

Whilst it is hoped that the proactive preventative work, including training, vetting and providing clear policies are sufficient to safeguard all adults at BWCT, the Trust recognises that it has a responsibility to safeguard Adults 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 the welfare of Vulnerable Adults at BWCT 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 Vulnerable Adults whether this occurs within the Trust or elsewhere and whether this be a potential criminal offence or other concern. The appropriate authorities may be internal and external to Trust. This will include following the Trust's reporting frameworks.
- Ensure appropriate investigations and responses to concerns about abuse or harm within BWCT 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 Vulnerable Adult who is believed to be at risk or believed to have been harmed.
- Following such investigations, act to put appropriate safeguards in place to safeguard the Vulnerable Adult in the future and to reduce the risk of harm to other Vulnerable Adults in the Trust.
- Report when appropriate to the Independent Safeguarding Authority (ISA) anybody delivering a regulated activity for BWCT who is believed by the Trust to present a risk of harm to Vulnerable Adults. Where the Trust "withdraws permission" for a person to deliver a regulated activity they will also be reported to the ISA.

The Trust has the power as part of the BWCT 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 BWCTs CRC Processes;
2. The individual has been barred by the DBS from engaging in regulated activity relating to Adults;
3. The individual has been convicted of, or made the subject of caution for, a serious sexual, violent offence or any other offence that BWCT believes to be relevant to the care of Adults;
4. Following a risk assessment, the Trust is satisfied on the balance of probabilities that the individual poses or may pose a risk of harm to Vulnerable Adults.

N.B In addition to the CRC vetting process, applicants will be required to provide at least two references that attest to their suitability to be involved in football involving Vulnerable Adults. The spouse, cohabitee, civil partner or a family member of the person subject to this requirement cannot act as a referee for this purpose. One of the referees should be the applicant's most recent or current employer.

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 are:

- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial/Material abuse
- Neglect
- Discriminatory
- Bullying

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.

Where may harm occur?

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

There are complex scenarios including:

- Vulnerable Adults playing, officiating, coaching, spectating or administering within a variety of activities at BWCT Vulnerable Adults may be at risk of harm from other adults who may or may not be vulnerable themselves. Those doing harm to the Vulnerable Adult may be in the BWCT activity or elsewhere in the Vulnerable Adult's network. Harm may be deliberate or result from not understanding the Vulnerable Adult's needs (commission or omission).
- Vulnerable Adults may be at risk of harming others in BWCT activities either by deliberate behaviours or by failing to understand their responsibilities to others. On these occasions the Vulnerable Adult 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 'vulnerable' in the past who are now 'not vulnerable', (example: people recovering from mental health issues). Where these adults are seeking positions of responsibility at BWCT, 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 new roles requires a specific knowledge base and sensitive handling. Whilst BWCT 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 vulnerable adults and children who need safeguarding from possible harm, should the risk factors re-emerge.
- Vulnerable Adults may also be at risk of harming themselves through failing to realise and report when they need additional or different support in BWCT activities.

BOLTON WANDERERS COMMUNITY TRUST

STAFF AND VOLUNTEERS' RESPONSIBILITIES

Creating the atmosphere for someone to tell you what is wrong

The coordinator of each activity involving Vulnerable Adults at BWCT 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 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 just be too painful emotionally to talk about what happened. Feelings of shame and embarrassment often inhibit people reporting concerns
- 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 all 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 or activity who is a familiar face to the participants. This measure is intended to be empowering for the service-users.
- Where abuse is suspected, identify the member of staff the person appears to like or trust the most. Create an opportunity for the person to share their concern with an identified staff member.
- 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 to yourself what they want to tell you.

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.

Managing the disclosure/observation - Do's and Don'ts

If someone discloses abuse to you:

- Stay calm and try not to show shock.
- 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 right to tell you
 - You are treating this information seriously
 - It was not their fault
 - You must inform the DSO.
- Usually after consulting the Vulnerable Adult, DSO will contact the SSM.
- The DSO / SSM will contact the Safeguarding Vulnerable Adults team without the adult's consent in certain circumstances but the adult's 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 DSO at BWCT.
- If appropriate, the Trust will take steps to protect and support the adult.
- Report to your manager.
- 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 using the referral sheet for vulnerable adults.
- Where appropriate, record on a body map (sample attached) the location of any bruises, cuts or abrasions.

Alerting/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 police or ambulance.

- Tell the person what you are going to do about the concern.
- 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 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 the report can be photocopied.
- Ensure 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 adult's 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 DSO.
- 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.
- Important to allow the victim time to consider the options and if there is uncertainty, offer to meet again.

Preserving the evidence

Your first concern is the safety and 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 a BWCT service-user. You need to be aware that cross-contamination can easily occur.
- Preserve any bloodied items.
- Encourage victim not to shower.
- Encourage victim not to change clothing.
- Even when the victim says they do not want police involvement, preserve 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 is latex gloves available use them.

It is acknowledged that completion of all of 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 Vulnerable Adult is separated from the person who is or is thought to be producing the threat. It is important that 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

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, all the contact numbers of the DSO, colleagues, SSM 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 has a key role in making sure the procedures are followed and that the victim is properly advised and supported. If a number of staff are involved, it may be convenient for one person to take the lead. This is entirely a matter for the staff and DSO / SSM 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 to 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 PART OF THE ROLE OF THE STAFF SUPPORTING THE VICTIM TO COMMENCE AN INVESTIGATION INTO THE INCIDENT

Working with our Partners

BWCT had developed effective relationships with stakeholders, agencies and partners in ensuring that the Trust's safeguarding obligations are embedded in practice for activities which engage with vulnerable groups. This is achieved by the Trust representatives engaging with the safeguarding team prior to having an activity signed off.

The use of a service level agreement will ensure the assessment of partner suitability of safeguarding; measuring current safeguarding policies and procedures against the provision of the Trust; establishing how any safeguarding concerns that subsequently arise will be managed; knowing each partners safeguarding contacts.

Renewal and Review

The policy is to be reviewed annual by the Board of Trustees, in collaboration with the Club Safeguarding Team, or as and when there are any significant changes in legislation or following any significant / serious safeguarding incident.

Policy signed: David Singleton (Acting Chair of Trustees)

Signed: 

Date: 01.11.2018

Date of Review: 01.12.2019

See Appendix:

- Reporting Process
- Safeguarding Team Contact Details
- Additional Safeguarding Issues
- Child / Young Person Referral sheet
- Vulnerable Adult Referral Sheet
- Job Description of Designated Safeguarding Officer
- Please also refer to Safeguarding Resource Pack that includes a summary of the policy, signs to look out for in your work and code of conduct.

Appendix:

Reporting Process



If employees have any concerns about a child or young person, they should in the first instance contact the BWCT designated safeguarding officer.

If the Designated Safeguarding officer is unavailable then the Club Senior Safeguarding Manager should be contacted. If this person is unavailable then the Bolton Safeguarding team should be contacted for advice.

They will listen to concerns and assess what action is to be taken. If there is an immediate danger to the young person the police should be contacted.

The following are the referral and assessment teams for Bolton

<i>Area</i>	<i>Address</i>	<i>phone</i>	<i>Areas Covered</i>
<i>North District</i>	<i>Castle Hill Centre Tonge Moor BL2 2JW</i>	<i>01204 33 74 00</i>	<i>Astley Bridge, Bradshaw, Breightmet, Bromley Cross, Darcy Lever, Dunscar, Eagley, Egerton, Hall 'ith Wood, Halliwell, Tonge Fold, Tonge Moor</i>
<i>South District</i>	<i>Farnworth Town Hall Market Street, Farnworth, Bolton, BL4 7PD</i>	<i>01204 33 74 48</i>	<i>Burnden, Darcy Lever, Daubhill, Deane, Farnworth, Great Lever, Harper Green, Kearsley, Little Lever, Moses Gate, Morris Green, Stoneclough</i>
<i>West District</i>	<i>Westhoughton Town Hall, Market Street, Westhoughton, BL5 3AW</i>	<i>01942 63 45 30</i>	<i>Blackrod, Deane, Derby, Great Lever, Halliwell, Heaton, Horwich, Hulton Park, Lostock, Smithills, Westhoughton</i>

Email: R&A@bolton.gov.uk

Duty Social Worker for R&A: 01204 33 77 29

Duty Social Worker for Safeguarding: 01204 33 74 33

Duty Social Worker for Looked After Children: 01204 33 41 15

SAFEGARDING TEAM

Trustee Board Safeguarding Lead	Jennie Smith	✉: safeguardingtodayltd@gmail.com ☎: 07986 527078
Senior Safeguarding Manager (SSM)	Phil Mason	✉: pmason@bwfc.co.uk ☎: 07885 755 807
Lead Designated Officer (LDO)	Rod Cross	✉: rcross@bwfc.org.uk ☎: 07779162391

Vulnerable Adult Safety Officer (VASO)	Daniel Scott	✉: dscott@bwfc.co.uk .
Designated Safeguarding Officers	Daniel Scott (Junior Whites) Rod Cross (BWFC) Sue Mitton (HR) Steve Ellis (Academy) Margot McDonald (Hotel) Adam Warriner (BWCT) Margaret Graham (International)	✉: dscott@bwfc.co.uk ✉: rcross@bwfc.co.uk ✉: smitton@bwfc.co.uk ✉: sellis@bwfc.co.uk ✉: MMcDonald@boltonwhiteshotel.co.uk ✉: awarriner@bwct.org.uk ✉: mgraham@bwct.org.uk
Disability Liaison Officer	Daniel Scott	✉: dscott@bwfc.co.uk
Club Chaplain	Phil Mason	✉: pmason@bwfc.co.uk ☎: 07885 755 807
English Football League Head of Safeguarding	Alex Richards	✉: arichards@efl.com ☎: 01772 325940 07792 284740

Other useful contacts:

Bolton Council Safeguarding Team (Inc. Out of Hours)	☎: 01204 33 77 77 ✉: boltonsafeguardingchildren@bolton.gov.uk
Police	☎: 999 & 0161 872 5050
NSPCC Helpline	☎: 0808 800 5000 or visit www.nspcc.org.uk

Additional Safeguarding Issues

Staff are required to have an understanding of the following safeguarding issues as detailed in the Keep Children Safe In Education, Statutory Guidance for Schools and Colleges Document September 2016

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf

Female Genital Mutilation (FGM)

Female genital mutilation is a form of child abuse common to some African, Asian and Middle Eastern communities in the UK. This illegal and life-threatening initiation ritual can leave young victims in agony and with physical and psychological problems that can continue into adulthood. Carried out in secret and often without anaesthetic it involves the partial or total removal of the external female genital organs.

The NSPCC Female Genital Mutilation (FGM) helpline offers specialist advice, information and support to anyone concerned that a child's welfare is at risk because of female genital mutilation. If you are worried that a child may be at risk of FGM, you can contact the 24-hour helpline anonymously on **0800 028 3550** or email fgmhelp@nspcc.org.uk.

If you wish to find out more about FGM then you can access the NSPCC's fact sheet via this link – www.nspcc.org.

Forced marriage

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The Forced Marriage Unit (FMU) operates a public helpline to provide advice and support to victims and those being pressurised into forced marriages. If you are worried that a child may be at risk of forced marriage, you can contact FMU via the helpline on 020 7008 0151 or email fmufco.gov.uk. For more information on forced marriages go to www.gov.uk/forced-marriage

Honour based violence

The term 'Honour Based Violence' (HBV) is the internationally recognised term describing cultural justifications for violence and abuse. It justifies the use of certain types of violence and abuse against women, men and children.

HBV cuts across all cultures, nationalities, faith groups and communities and transcends national and international boundaries. HBV is also a Domestic Abuse issue, a Child Abuse concern and a crime. If you are worried that a child may be

at risk of HBV contact Children's Social Care for further advice and guidance or speak with the Club Child Protection Officer.

Supporting lesbian, gay, bisexual and transgender young people

Lesbian, gay, bisexual and transgender (LGB&T) young people come from all socio-economic backgrounds, religions, faiths, ethnicities and cultures. It is estimated that six per cent of the population is lesbian, gay or bisexual, so there's a good chance that in a group of 30 young people, at least two will be or will grow up to be lesbian, gay or bisexual.

LGB&T people remain largely invisible across sports this lack of visibility, as well as the misapprehensions about LGB&T people, contributes to an environment of homophobia and transphobia in sport.

Challenging homophobia and transphobia when they occur, and creating a football environment where everyone feels included is critical.

Every young person has the right to be treated with dignity and respect; this includes all young people who are openly lesbian, gay, bisexual or transgender or are thought to be.

Much of this information has been taken from materials developed by Stonewall. For further information visit www.stonewall.org.uk, or to speak with someone call **0800 050 2020**

Children and young people who take on leadership roles

Coaches, club officials, players, parents/spectators in both adult and junior football often lose sight of the fact that an individual in a leadership role who is under 18 is still legally a child. As a consequence, young referees are open to experiencing abusive behaviour verbally, physically and emotionally. This behaviour is not acceptable in football everyone should be treated with respect.

Child Sexual Exploitation

The NSPCC define Child Sexual Exploitation (CSE) "as a type of sexual abuse in which children are sexually exploited for money, power or status". Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs. It can be very difficult to identify; warning signs can easily be mistaken for 'normal' teenage behaviour. Affiliated Football recognises that any sexual abuse of children or young people is exploitation. Any concerns relating to CSE should be referred to the statutory agencies. Further information on CSE can be found on www.nspcc.org

SAFEGUARDING

CHILD PROTECTION REFERRAL SHEET

Name of Child/Young Person:

Date of Birth:

Gender:

Ethnicity:

Home address:

Please continue on a separate sheet if necessary. NB, if information is unknown it is still crucial that you share the information that you do have.

Name and Address of person with Parental responsibility

Name of Child/Young Person GP

Nature of Concern/Details of incident – dates and times?

Date of referred to Designated Person.
Name of Referrer.

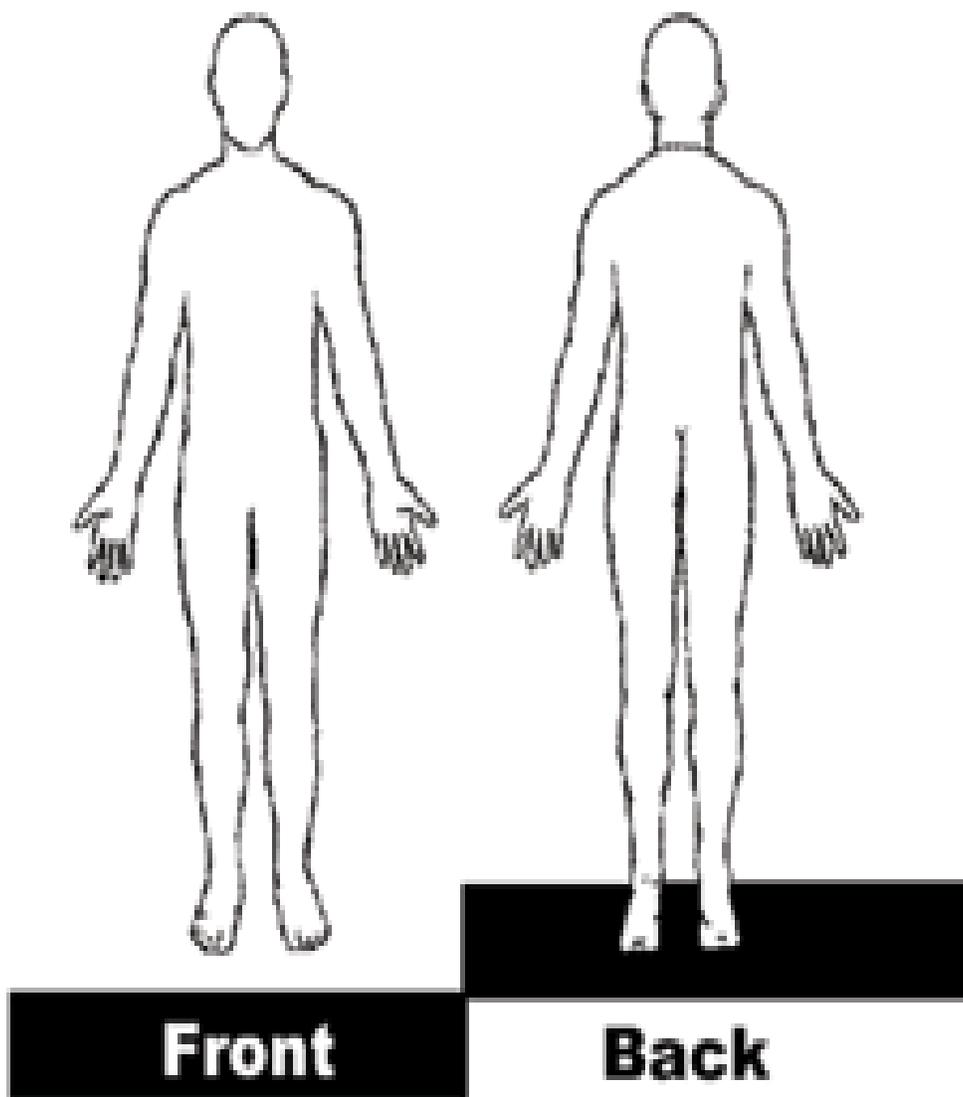
Have the family been informed of the concerns.

Any other relevant information.

Urgent Action taken (if any)

BODY MAP

Please mark on the body map any bruising/friction marks, burns, etc. Describe the injury, e.g., shape, size, colour, skin broken, swelling, scabbing, blistering, and bleeding.



Signed:

Printed name:

Position held:

Date:

SAFEGUARDING

REFERRAL SHEET FOR ADULTS AT RISK

Name of adult:

Date of Birth:

Gender:

Ethnicity:

Home address:

Phone numbers:

Please continue on a separate sheet if necessary. NB, if information is unknown it is still crucial that you share the information that you do have.

Adult's supports in the community, e.g. key-carer, agency, family member, etc

GP name, address and phone number (if known)

What are the person's views about a referral being made?

Who is alleging/suspecting abuse?

Vulnerability of person & alleged perpetrator if known. Include communication, understanding, capacity, physical disability, Learning Disability, any mental Health problems & relevant medical information

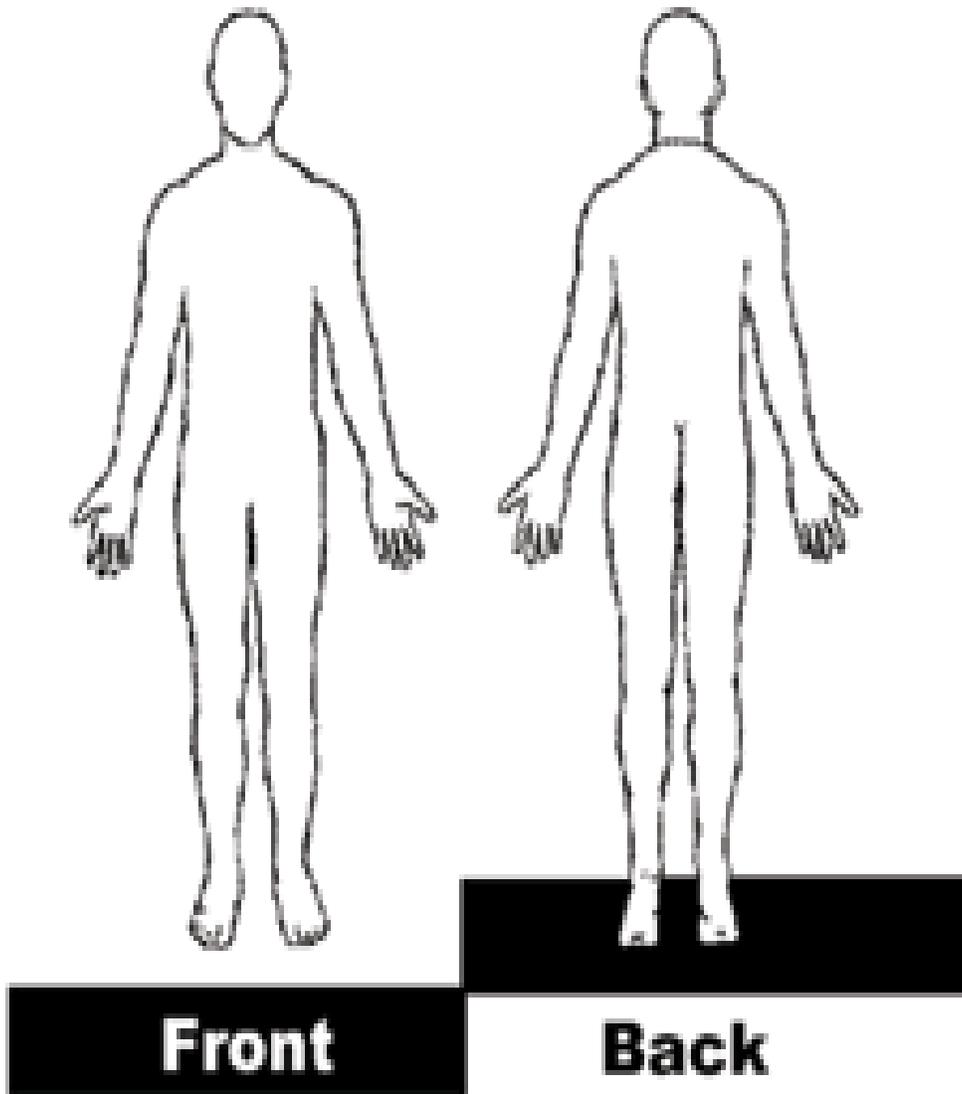
Description of what has given cause for concern, including dates, times events and location

Brief statement outlining any emergency action taken

Action taken

BODY MAP

Please mark on the body map any bruising/friction marks, burns, etc. Describe the injury, e.g., shape, size, colour, skin broken, swelling, scabbing, blistering, and bleeding.



Signed:

Printed name:

Position held:

Date:

Job Title: Designated Safeguarding Officer

(this role represents one area of the roles holders responsibilities within their main Job in the organisation)

Purpose of role: to support the SSM (Senior Safeguarding Manager) in promoting moral and legal responsibilities, implementing procedures to provide a duty of care for children and vulnerable adults and pro-actively promote safeguarding within the role holders area of responsibilities.

Main duties and responsibilities:

- To take responsibility for day to day safeguarding issues and the proactive promotion of safeguarding within a specified area.
- Implement record and review safeguarding policies under the supervision of the SSM, recording all incidents of concern, allegations, evidence of poor practise in confidence and in line with legislation.
- Be the first point of contact in the specified area for staff, parents, carers, children & vulnerable adults in regards to information or referrals of Safeguarding matters.
- Handle sensitively and in confidence any safeguarding concerns raised within areas of concern.
- Attend regular Safeguarding meetings with SSM other DSO's and Lead Countersignatory (LC), undertake any actions taken at the meetings and keep up to date with current Safeguarding guidelines and legislation.
- Assist and support the SSM to investigate allegations of poor practice if necessary liaising with Premier League safeguarding Team and where appropriate the Local Authority Designated Officer (LADO).
- Contact the SSM if there is any referral of child abuse to Police, LSCB and Children's Services.
- Ensure attendance at appropriate training and CPD for Safeguarding.
- Record store and dispose of relevant information in line with company policies and in line with data protection legislation.