



## **Safeguarding Adults at Risk Policy & Procedures**

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**Acknowledgement: Bournemouth & Poole Safeguarding Adult's Board**

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

**Last updated 6<sup>th</sup> December 2017**

## AFC Bournemouth Safeguarding Adults at Risk Policy and Procedures

### Introduction

AFC Bournemouth acknowledges and accepts it has a responsibility to create opportunities for vulnerable 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 Adult's at Risk Policy. Where appropriate, in-service training and additional guidance will be provided.

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

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

AFC Bournemouth will work closely with the Local Authority Designated Officers for Children and Adults at Risk (Vulnerable Adults). The club Head of Safeguarding liaises with the respective safeguarding teams for advice, guidance, and referrals. The Head of Safeguarding will be guided by and adhere to Local Authority and Police protocols.

Statutory Agency referral policies and procedures take precedence over any club or Governing Body guidance. For further details please refer to the Bournemouth and Poole Safeguarding Adults Board web site. The Safeguarding Adult Multi-Agency procedures can be found here.

<http://www.bpsafeguardingadultsboard.com>

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

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

Someone who is aged 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.

### RULES & REGULATIONS

AFC Bournemouth is governed by the rules and regulations set out in the 2014 Care Act, and the FA Safeguarding Children & Vulnerable Adults guidance. The club is fully committed to ensuring that the best practice recommended by these bodies is employed throughout and has a responsibility to maintain regular dialogue and work in partnership with the Bournemouth and Poole Safeguarding Adults Board.

## AIMS & KEY PRINCIPLES

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

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

- Legislative guidance is provided by the Care Act (2014)
- The definition of 'Adults at Risk' means that individuals may be vulnerable at sometimes and not others.
- Adults have a right to self-determination. They may not wish to have others intervene to safeguard them.
- Adults may consent to sexual activities and the issue of consent may affect the reporting and management of allegations.
- Safeguarding enquiries undertaken will be person centred.

## SAFEGUARDING ADULTS AT RISK

**We will seek to safeguard Adults at Risk by:**

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

## Head of Safeguarding

AFC Bournemouth has a Head of Safeguarding who has total responsibility for the safeguarding of adults at risk and vulnerable groups across all club activities and a number of **Safeguarding Officers** who work within specific 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 concern about an adult at risk's welfare should wherever possible contact either the Safeguarding Officer for that area or the Head of Safeguarding without delay. Please see Appendix 3 for further advice on recommended action in dealing with safeguarding incidents, concerns or allegations.**

## Recruitment and Disclosure

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

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

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

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

**The club has a Safe Recruitment Policy which deals with all aspects of the safe recruitment of staff and the management of disclosures with content.**

## Modern Slavery Act 2015

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

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

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

## Health & Safety

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

## Data Protection

The Data Protection & Handling Policy adopted by the club is in line with current legislation.

## Equality & Promoting Diversity

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

The club is also committed to address the additional vulnerability of some participants and the extra barriers they may face e.g. those in care, those with mental 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 daily 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
- Financial/Material abuse
- Neglect and self- neglect
- Discriminatory abuse and hate crime
- Organisational abuse
- Bullying – Physical, verbal, or emotional
- Cyber/Internet bullying
- 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 either through ignorance or choice.

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

## **Where may harm occur?**

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

There are complex scenarios including:

- Adults at risk playing, officiating, coaching, spectating or administering within a variety of activities at AFC Bournemouth. Adults at risk may be at risk from other adults who may or may not be vulnerable themselves. Those doing harm to the adult at risk may be in the AFC Bournemouth activity or elsewhere in the adults at risk network. Harm may be deliberate or result from not understanding the adult at risk needs (commission or omission).
- Adults at risk may be at risk of harming others in AFC Bournemouth activities either by deliberate behaviours or by failing to understand their responsibilities to others. On these occasions the adults at risk may need help and support to manage 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 'at risk' in the past who are no longer considered to be at risk. (It should be noted that someone recovering from a mental health issue would/may still be considered an adult at risk). Where these adults are seeking positions of responsibility at AFC Bournemouth but have criminal records or issues from their past which are directly related to these periods of vulnerability, detailed risk assessments will be undertaken. Assessment of suitability for their roles requires a specific knowledge base and sensitive handling. Whilst AFC Bournemouth promote a policy of inclusion, the risk assessments are conducted to measure the risk posed by somebody who is recovering from a previous period of vulnerability, considering other adults at risk and children who need safeguarding from possible harm, should the risk factors re-emerge.

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

## **AFC BOURNEMOUTH PROCEDURES**

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

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

The responsibility taken by this Policy is to:

- Safeguarding the welfare of adults at risk at AFC Bournemouth by protecting them from any significant physical, sexual, and emotional harm and from neglect, bullying and financial harm within the club. This may include training and codes of practice amongst other strategies for reducing risk.



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

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

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

## Relevant Conduct

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

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

## Relevant offence

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

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

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

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

- It may be too painful emotionally to 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 all right. In others, a few encouraging prompts might be just what the person was waiting for. The following might help to create the right atmosphere:

- Identifying a named person responsible for safeguarding for each team
- Where abuse is suspected, identify the member of staff the person appears to like or trust.
- Where there is factual evidence available, it may be useful to let the person know it has been observed so that the person does not feel they are 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 become known because the abused person themselves tells someone.
- You must be aware that the person may not appreciate the significance of what they are sharing. They may not realise or accept they are being abused.
- Disclosure may take place many years after the actual event or when the person has left the setting in which they were afraid.
- Even if there is a delay between the actual event and the disclosure – you should demonstrate to the person that you believe them and will seek appropriate advice and action to support them to remain safe from harm.

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

## **Role of the Head of Safeguarding or the Safeguarding Officer**

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

The role of the Safeguarding Officer comprises of the following:

- Directly managing and supporting the staff involved in the situation.
- Ensuring that action taken is effective in providing immediate and ongoing protection to the adult at risk.
- Ensuring that practical and emotional support is available according to need.
- Reporting the incident to the Head of Safeguarding or the Bournemouth Adult Services Care Direct Team (see page 10 for contact numbers).
- In the absence of the Head of Safeguarding, communicating with the Bournemouth Adult Services Care Direct Team to ensure the procedure is correctly followed.
- Where an allegation is made against a member of staff or volunteer at AFC Bournemouth the Head of Safeguarding will liaise with a member of the Management Team to consider invoking suspension procedures.
- The identified member of the Management Team will take responsibility for ensuring that the appropriate support is offered to the person who is suspended.

## **Capacity**

It is not for an AFC Bournemouth employee to decide whether an adult at risk lacks capacity.

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

## **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 AFC Bournemouth is that no personal assurance of confidentiality can 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 to take action to protect the adult from harm.

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

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 & securely

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

## SAFEGUARDING CONTACTS

### Head of Safeguarding

Steve Thorpe - 01202 726329 (office) 07554 446446 (mobile) [steve.thorpe@afcb.co.uk](mailto:steve.thorpe@afcb.co.uk)

### Safeguarding Officers

Steve Cuss - Community Sports Trust – 01202 726342 (office) 07973 893594 (mobile)  
[steve.cuss@afcb.co.uk](mailto:steve.cuss@afcb.co.uk)

Andrew Battison – Community Sports Trust – 07887 384762 (mobile)  
[andrew.battison@afcb.co.uk](mailto:andrew.battison@afcb.co.uk)

Alan Jones – Safety Officer/Stewards (Match day) contact via Control Room

Dawn Roach – Academy – 07921 801826 (mobile) [dawn.roach@afcb.co.uk](mailto:dawn.roach@afcb.co.uk)

Paul Fudge – Stadium (Match day) 0844 576 1910  
[paul.fudge@blacklabelevents.co.uk](mailto:paul.fudge@blacklabelevents.co.uk)

Marcin Kawalec – Concourse (Match day) 0844 576 1910  
[marcin.kawalec@afcb.co.uk](mailto:marcin.kawalec@afcb.co.uk)

## EXTERNAL CONTACTS AND RESOURCES

Local Authority Designated Officer – Via the Children First Team – 01202 458101  
[lado@bournemouth.qcsx.gov.uk](mailto:lado@bournemouth.qcsx.gov.uk)

Social Services out of hours service - 01202 657279

The Police 101 or (in an emergency) – 999



Bournemouth Adult Social Care (Care Direct) – 01202 454979  
[caredirect@bournemouth.gov.uk](mailto:caredirect@bournemouth.gov.uk)

Head of Safeguarding  
The Premier League  
30 Gloucester Place  
London  
W1U 8PL  
Tel: 020 7864 9173  
[safeguarding@premierleague.com](mailto:safeguarding@premierleague.com)

The Football Association/NSPCC  
Safeguarding Children & Vulnerable Adults Helpline  
Tel: 0808 800 5000  
Text phone for Deaf Users. Tel 0800 056 0566

Dorset Rape Crisis Support Centre – (Including Children & Young Persons services 8-18yrs)  
<http://www.dorsetrapecrisis.org>

Dorset For You – Domestic abuse and violence – Where to get help  
<https://www.dorsetforyou.com/dvahelp>

Bournemouth Adult Social Care website  
<http://www.bournemouth.gov.uk/AdultSocialCare/AdultSocialCare.aspx>

Action on Elder Abuse website  
<http://www.elderabuse.org.uk>

## Appendix 1

### Definitions of Abuse

- Physical Abuse – Including hitting, slapping, pushing, kicking, and 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 neglect to attend to their basic needs, such as personal hygiene, appropriate clothing, feeding and attending to medical conditions that they have.
- Discriminatory Abuse and Hate Crime – Including racist, sexist abuse based on a person's disability.
- 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 on line 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.

From July 2015, all schools, child care providers and other agencies including Police, Prisons, Probation, and health providers, are subject to a duty under the 'Counter Terrorism and Security Act 2015 in the exercise of their functions, to have 'Due Regard' to the need to prevent people from being drawn into terrorism. This duty is known as the Prevent Duty.



The guidance and advice provided is intended to help agencies think about what they can do to protect children and adults who are at risk from risk of radicalisation.

This is seen as a child or adult care providers wider safeguarding duties and similar in nature to protecting children and adults from other forms of harm (eg, drugs, gangs, neglect, sexual exploitation)

Children, young people and adults at risk 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 stop people becoming terrorists or supporting terrorism.

‘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.

## **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 others are managing a person's money, 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 of capacity:

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

### Assessing ability to make a decision

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

### Assessing capacity to make more complex or serious decisions

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



## **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 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 Head of Safeguarding or the appropriate Safeguarding Officer (if they are not available you must inform another Safeguarding Officer within the club)
- Usually after consulting the Head of Safeguarding or the Safeguarding Officer they will contact the Bournemouth Adult Services Care Direct Team
- The Head of Safeguarding or the Safeguarding Officer will contact the Bournemouth Adult Services Care Direct 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 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. dialling 999 for police or 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
- There is a need to establish who the victim would most like to talk to about the matter
- Liaise with the Head of Safeguarding or a Safeguarding Officer
- The member of staff chosen must familiarise themselves with all possible options and prior to the interview, seek advice regarding the potential consequences of each option for the victim
- It is important to remember the interview is only about establishing what the victim wishes to do about the incident, not about discussing the incident itself
- 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 the welfare of the abused person. However, your efforts to preserve evidence may be vital.

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

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

## **In situations of physical and /or sexual assault**

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

## **Prior to the arrival of the police and medical examination:**

- Ensure that no one has physical contact with both the abused person and the alleged perpetrator as cross-contamination can destroy evidence. It is acknowledged that if you are working alone in the situation, you may have to comfort both the abused person and the alleged perpetrator e.g. where the alleged perpetrator is also an AFC Bournemouth service-user. You need to be aware that cross-contamination can easily occur.
- Preserve any bloodied items
- Encourage the victim not to shower
- Encourage the victim not to change clothing
- Even when the victim says they do not want police involvement, preserve the items anyway as they may change their mind later
- Encourage the person not to eat or drink if there is a possibility that evidence may be obtained from the mouth

## **Methods of Preservation**

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

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

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

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



## **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 Head of Safeguarding, colleagues, 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 entirely a matter for the staff and Head of Safeguarding or the Safeguarding Officer to decide in the light of the individual circumstances.

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

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

## Appendix 4

### Other Applicable Club Policies

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

### Relevant Legislation/Regulations:

- Achieving Best Evidence 2002.
- Bournemouth, Poole & Dorset 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.
- Modern Slavery Act 2015.
- Protection of Freedoms Act 2012.
- Protection of Vulnerable Adults List 2004.
- Sexual Offences Act 2003.
- Safeguarding Vulnerable Groups Act 2006.

Please note that these lists are not exhaustive.