



# Safeguarding Adults at Risk Policy

Everton in the Community  
May 2019

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PRIVATE & CONFIDENTIAL



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## FOREWORD

The Safeguarding Adults Policy reflects the safeguarding ethos of the Club. The Board of Directors endorses this document as part of the Club's constitution and we expect all staff in the workforce community at Everton to share our commitment to safeguarding and promoting the welfare of adults at risk.

The Club's Safeguarding Children Policy and Safeguarding Adults Policy are linked to ensure the safety of vulnerable groups.

Everton is committed safeguarding to children (under 18s) and adults at risk. Everton is committed to creating opportunities for adults at risk to participate in a broad spectrum of activities at the Club. The Club has an ethical, legal and social responsibility to provide a safe environment for all those participating in these activities. All adults at risk are entitled to protection from harm and have the right to take part in Club activities in a safe environment. Everton has a duty of care to safeguard all adults at risk involved from harm.

All adults at risk and others who may be particularly vulnerable must be taken into account. Adult safeguarding is defined as 'protecting an adult's right to live in safety, free from abuse and neglect' (Care and Support statutory guidance, chapter 14ii). It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. The safety and protection of adults at risk will be created through safe working practices, safeguarding procedures and systems, including an effective safer recruitment procedure along with arrangements for responding to allegations of abuse and working under the guidance of the Local Safeguarding Adults Boards.

The term "at risk" is interchangeable with "vulnerable". A vulnerable or at-risk adult is a person who, by reason of a mental health, learning or physical impairment or illness, has a reduction in physical or mental capacity and may have a limited ability to cope with adverse situations. Everton recognises that it is not appropriate to operate combined policies regarding the safeguarding of children and of vulnerable adults, due to the differences in legal and statutory requirements. Therefore, the information in this document only applies to the safeguarding of adults at risk.

Everton's Safeguarding Adults Policy can be accessed on the Club website allowing transparency and ensuring that safeguarding information is available to all. The Club's policy and complaint/feedback mechanisms will be promoted to parents, care-givers, organisations and other stakeholders who have an interest in safeguarding adults at the Club. It will be updated annually by the Head of Safeguarding and submitted for approval to the People Director and the Premier League. The policy will be reviewed periodically by the NSPCC CPSU as per Premier League guidance.

### **Equality**

All adults at risk have a right to be safe and to be treated with dignity and respect, with a right to privacy. All adults at risk, whatever their age, culture, disability, gender, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse, whether such abuse be physical, sexual, psychological, financial/material, domestic abuse, modern slavery, discriminatory, organisational, neglect/acts of omission or self-neglect.

The needs of disabled people and others who may be particularly vulnerable are taken into account.

## 1 POLICY AIM

This policy aims to ensure that safeguards are put in place to keep adults at risk safe and to prevent harm from occurring when participating in activities. Safeguarding adults at risk is an important responsibility for Everton in order to help encourage wider participation and inclusion in its activities.



## 1.1 Principles

- The welfare and safety of adults at risk is of primary concern
- everyone has the right to be treated as an individual
- all adults at risk have a right to be safe and to be treated with dignity and respect, with a right to privacy
- all adults at risk, whatever their age, culture, disability, gender, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse - all incidents of suspected poor practice and allegations of abuse will be taken seriously and responded to swiftly and appropriately
- confidentiality should be upheld in line with the General Data Protection Regulation, Data Protection Act 2018 and, to the extent that it may apply, the Freedom of Information Act 2000.
- this policy will be promoted to all staff and volunteers, partners and customers, and is available on the Everton website
- multi-agencies and organisations must work together and share information to safeguard vulnerable adults in a timely manner (as far as privacy law permits)
- all Everton staff, volunteers and partner organisations have a role to play in ensuring that safeguarding responsibilities and commitments are upheld and at the forefront of everything they do.

This policy applies to the activities of all personnel employed by Everton or Everton in The Community (EITC), including staff from agencies, contractors, volunteers and other workers.

## 1.2 Responsibilities

Everton will:

- accept the moral and legal responsibility to comply with the duty of care to protect and safeguard the welfare of adults at risk engaged in any activity over which it has supervision and control
- emphasise that everyone has a shared responsibility to ensure the safety of adults at risk
- respect and promote the rights, wishes and feelings of adults at risk
- promote an organisational culture that ensures that all adults at risk, employees, service users and carers are listened to and respected as individuals and feel they can raise their concerns and know that they will be listened to, without worrying that something bad will happen as a result
- undertake recruitment procedures that take account of the need to protect adults at risk and include arrangements for appropriate checks on new staff and volunteers
- train and supervise its employees and volunteers to adopt best practice to safeguard and protect adults at risk from abuse, and reduce the likelihood of allegations of abuse against themselves
- require all staff and volunteers to adopt and abide by this policy and the Code of Ethics and Conduct
- seek to ensure that Club activities are inclusive and provide a positive experience for all
- ensure that parents, adults at risk, staff and volunteers are provided with information about this policy
- ensure that parents, adults at risk, staff and volunteers are provided with feedback mechanism to voice their concerns or lodge complaints



- maintain confidentiality and ensure information is shared as appropriate with other agencies/organisations in all cases involving safeguarding, in line with current legislation - respond to any allegations and concerns appropriately and implement the appropriate disciplinary and appeals procedures
- continually seek ways to improve the safety and wellbeing of all adults at risk on activities at Everton
- commit to and lead on the continuous development, monitoring and review of this policy and the procedures outlined within it.

The term: adult/adult at risk/vulnerable adult

These terms are used interchangeably and, for the purpose of this policy, refer to someone aged 18 or over who is vulnerable to abuse.

Section 42 (1) of the Care Act 2014, describes a vulnerable adult as one who:

- a) has needs for care and support (whether or not the authority is meeting any of those needs);
- b) is experiencing, or is at risk of, abuse or neglect; and
- c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

### 1.3 Sporting Activities for Adults

Injury resulting from abuse differs from that which occurs in the context of sport because most sports injuries are accidental or the result of momentary lack of care. Everton takes all reasonable steps to ensure that adults at risk engaged in its activities do so in a safe environment and are safeguarded from abuse as a result of an assessment of the various risks posed.

### 1.4 Safeguarding Personnel

Contacts details for the safeguarding team are as follows:

Acting Head of Safeguarding	Julie Lloyd Email: Julie.lloyd@evertonfc.com Telephone: 07860 465238
Safeguarding Officer	Holli Comaish Email: Holli.Comaish@evertonfc.com

This policy is available on the Club website for external stakeholders and on the Club intranet for staff.

Our core safeguarding principles are:

- The Club's responsibility to safeguard and promote the welfare of all vulnerable adults is of paramount importance.
- Safeguarding is everyone's responsibility.
- Adults at risk should feel safe on our activities.
- Policies will be reviewed regularly: at least once a year by the board, unless an incident or new legislation or guidance suggests the need for an interim review.

### 1.5 Safeguarding Statement

Everton (the Club) recognises its moral and legal responsibility to safeguard and promote the welfare of adults at risk. The Club will endeavour to provide a safe and welcoming environment where adults at risk are respected and valued. Club staff are alert to the signs of abuse and neglect and follow reporting procedures to ensure that adults receive effective protection. The procedures contained in this policy apply to all staff and are consistent with those of the Knowsley and Liverpool Safeguarding Adults Boards' Adult Safeguarding Policies.



## 2 PURPOSE

The purpose of this policy is to ensure that staff are aware of the needs of 'adults at risk' and that they receive training and guidance in the recognition of abuse. It provides guidance on how to report any concerns or allegations of abuse.

### 2.1 Aims of Safeguarding

The following safeguarding principles provide a basis to achieve good outcomes for adults at risk

- Empowerment

Being person led - people being supported and encouraged to make their own decisions and informed consent (make safeguarding personal).

- Prevention

It is better to take action before harm occurs – prevention of neglect, harm and abuse is the primary objective.

- Proportionality

The least intrusive response appropriate to the risk presented.

- Protection

Support and representation for those in greatest need.

- Partnership

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

- Accountability: Accountability and transparency in delivering safeguarding.

### 2.2 Early Interventions

To prevent abuse, early intervention can offer help and intervention at a lower level of concern and improve the outcomes for adults at risk.

### 2.3 Multi-agency Approach

People and agencies must work together to safeguard adults at risk so that abuse is stopped and prevented in the future. Adults at risk are often known to a number of services and it is important that information is shared.

Multi-agency working:

- increases awareness;
- ensures a co-ordinated response;
- promotes early intervention and prevention. The outcomes for adults at risk are better when individuals and organisations take their safeguarding responsibilities seriously and work in close cooperation with other colleagues and agencies.

### 2.4 Responsibility of Policy

Everton is committed to being inclusive and providing a safe environment for those involved in its activities. The responsibility taken by this Policy is to:

- Safeguard the welfare of adults at risk at Everton by protecting them from any significant physical, sexual and emotional harm and from neglect, bullying and financial harm within the Club.
- Ensure staff working with adults at risk are aware of the Safeguarding Adults Policy, are trained and know how to recognise abuse and how to report and respond to it.
- Report to the appropriate authority any concerns about abuse or harm to adults at risk whether this occurs within the Club or elsewhere.



- Ensure appropriate investigations and responses to concerns about abuse or harm within Everton, utilising the disciplinary process as appropriate.
- Report when appropriate to the DBS anybody delivering a regulated activity for Everton 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.

## 2.5 Review

This policy will be constantly reviewed and revised to improve this response further. As a minimum, this will take place once a year. Any change in legislation will be deemed to be incorporated in these procedures.

## 3 ROLES AND RESPONSIBILITIES

Everton believes that adults at risk have the right to participate in Club activities in a safe environment. We take all reasonably practicable steps to reduce the risk of harm to adults at risk involved in Club activities and discharge our moral and legal responsibility to protect them.

As the safeguarding lead, the Head of Safeguarding has overall responsibility for safeguarding provision across the Club, including case management and the development and monitoring of the policy and procedures.

The Safeguarding Officer, in cooperation with the Head of Safeguarding, carries out those functions necessary to ensure the ongoing safety and protection of adults at risk

Heads of Department and their managers are responsible for ensuring they comply with safeguarding, safer recruitment and safe working practices in their day-to-day operation within their departments and projects.

Everton is committed to safeguarding adults at risk’ and the Club expects all staff and volunteers at every level to share this commitment as part of their duties.

- All staff have a responsibility to provide a safe environment for adults at risk.
- All staff have a responsibility to identify adults who may be in need of extra help or who are suffering, or are likely to suffer, harm.
- All staff then have a responsibility to take appropriate action and report concerns.
- All staff members should work with the designated safeguarding team to deal with concerns
- To meet and maintain our responsibilities towards adults at risk we need to agree standards of good practice which form the Safer Working Practice Guide (which can be accessed via [the club website])for all staff.

Good practice and staff conduct includes:

- treating all adults with respect.
- setting a good example by conducting ourselves appropriately.
- involving adults in decisions that affect them.
- encouraging positive, respectful and safe behaviour among adults.
- being a good listener.
- being alert to changes in an adult’s behaviour and to signs of abuse, neglect and exploitation.
- recognising that challenging behaviour may be an indicator of abuse.



- asking an adult's permission before initiating physical contact, such as physical support during a sporting activity or administering first aid.
- maintaining appropriate standards of conversation and interaction with and between adults and avoiding the use of sexualised or derogatory language.
- being aware that the personal and family circumstances and lifestyles of some adults lead to an increased risk of abuse.
- working in an open environment and within sight or hearing of others.
- reporting concerns about an adult's safety and welfare.
- following the Club's policy with regard to relationships with participants (service users) and communication with participants, including social media.

### **3.1 Staff / Adult Relationships**

The Club provides advice to staff regarding their personal online activity and has strict rules regarding online contact and electronic communication with participants (See social Media Policy, which can be accessed via [The HR Department) and is also included during induction. Staff should ensure they maintain healthy, positive and professional relationships with all adults at risk.

#### **3.1.1 Staff Working with Adults and Their Managers are in a Position of Trust.**

Club personnel must not engage in sexual relationships with them while that unequal power relationship exists.

The Club disapproves of relationships between personnel and participants for whom they have previously been responsible.

### **3.2 Abuse of Position of Trust**

All staff are aware that inappropriate behaviour towards adults at risk is unacceptable and likely to be unlawful. At all times their conduct towards them must be professional.

### **3.3 Helping Adults at Risk to Keep Themselves Safe**

Adults at risk will be expected to comply with a code of conduct and this expectation will be made clear at the start of the activity by a member of staff. Adults at risk will be encouraged to conduct themselves and behave in a responsible manner. The Club participates in various campaigns (such as Anti-Bullying Week and Safer Internet Day) and will promote an ethos of respect for adults at risk, and they may speak to a member of staff of their choosing about any worries they may have.

### **3.4 Support for Those Involved in an Adult Protection Issue**

Abuse is devastating for the adult and can also result in distress and anxiety for staff who become involved. We will support adults at risk and staff by

- taking all suspicions and disclosures seriously
- nominating a link person who will keep all parties informed and be the central point of contact
- Where a member of staff is the subject of an allegation, separate link people will be nominated to avoid any conflict of interest
- responding sympathetically to any request from adults at risk or staff for time out to deal with distress or anxiety
- maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies
- storing records securely
- offering details of helplines or other avenues of external support
- following the procedures laid down in our safeguarding adults policy, whistleblowing, complaints and disciplinary procedures.



- co-operating with relevant statutory agencies.

### **3.5 Complaints Procedure**

Our complaints procedure will be followed where an adult at risk raises a concern about poor practice that initially does not reach the threshold for adult protection action (referral). Poor practice examples include unfairly singling out someone or attempting to humiliate them, bullying or belittling someone or discriminating against them in some way

- Formal complaints are managed by senior staff
- Complaint and feedback mechanisms should be promoted on all activities
- Complaints from staff are dealt with under the Club's complaints and disciplinary and grievance procedures
- Complaints which escalate into an adult protection concern will be managed under the Club's Safeguarding Adults policy.

### **3.6 Recruitment and Selection of Staff**

Everton is committed to Safer Recruitment policies and practices for paid staff and volunteers. This includes enhanced Disclosures and Barring Service (DBS) checks for staff and volunteers, ensuring references are taken up and adequate training on safeguarding adults is provided for staff and volunteers during induction.

### **3.7 Staff Training**

It is important that staff receive training and awareness to enable them to recognise the possible signs of abuse, neglect and exploitation and to know what to do if they have a concern. New staff attend a safeguarding induction. Staff should be aware of systems within the Club which support safeguarding. This includes:

- the Club's Adult at Risk Policy
- Safe Working Practice Guide
- Details of the Safeguarding Team

All staff members should also receive appropriate adult safeguarding information which is regularly updated – the minimum being:

- Staff are responsible for maintaining their certificates and ensuring that their safeguarding training, first aid and criminal records checks are updated every three years.
- All new members of staff will undergo an induction that includes familiarisation with the Club's Safeguarding Adults policy, and Safer Working Practices Guide as well as identifying any specific training needs.
- The Head of Safeguarding and Safeguarding Officers undertake safeguarding training every two years.
- All staff and volunteers will be made aware of the increased vulnerability and risk of abuse of certain groups, including disabled adults and adults with learning impairments and communication difficulties and transitions (leaving the care system). Visitors with a professional role, such as social workers or members of the Police will have been vetted by their own organisation.
- Any professionals visiting the Club should provide evidence of their professional role and employment details (an identity badge for example). If felt necessary, the Club can also contact the relevant organisation to verify the visitor's identity.
- Extra care will be taken when visitors and professionals visit the Club from international locations. This may include consulting with the Home Office on appropriate checks and consulting relevant embassies.



## 4 SAFEGUARDING LEGISLATION AND GUIDANCE

Safeguarding at Everton is influenced by a range of legislation and guidance: The Care Act 2014 is the most significant piece of legislation since the establishment of the welfare state. The Act gives more responsibility to local authorities to promote wellbeing. As a result, the Care Act has widened the scope of safeguarding. Safeguarding is everyone's responsibility. This responsibility is outlined in a number of pieces of legislation, guidance and policy and procedures.

Due to their contact with adults at risk, staff at Everton are well placed to observe changes in an adult's behaviour and the outward signs of abuse. Adults at risk may also turn to a trusted adult at the Club when they are in distress or at risk. It is vital that all staff are alert to the signs of abuse and understand the procedures for reporting their concerns so that the Club can take appropriate action.

### 4.1 Related Everton Policies

This policy is one of a series in the Club's safeguarding portfolio:

- Safer Working Practice Guide
- Social Media Policy
- Prevent Strategy
- Complaints procedure
- Confidential Reporting Policy
- Safer Recruitment
- Grievance Policy and Disciplinary Policy

## 5 SAFEGUARDING AND PROMOTING WELFARE

Safeguarding is both proactive and reactive – it means: - promoting welfare and - protecting from harm. Unfortunately, the abuse of adults at risk happens every day. It can happen anywhere and be perpetrated by anyone. Abuse is not acceptable. Often people do not realise they are the victim of abuse or are unable to protect themselves from harm. This is why it is important that other people take action and know what to do.

Vulnerable groups regularly access a range of activities, including EiTC activities and Everton matchday activities. Staff across these activities can make a difference. Safeguarding is not just the responsibility of people that are working directly with adults at risk. Safeguarding is everyone's business – including all staff, workers or contractors delivering services on behalf of the Club. However, staff responsibilities will vary according to their role which may include: practitioner working with adults, manager of adult activities, member of the stewarding operation, safeguarding officer, safeguarding lead, head of department or director.

- Safeguarding will mean different things to different people:
- Making sure children and adults at risk are safe and healthy.
- Looking after or supervising people who are vulnerable.
- Preventing abuse and neglect from happening.
- Being aware of signs of abuse or neglect and reporting concerns.
- Protecting people from harm.

All staff have a role in the identification of need as well as risk of harm.



## 6 ADULT ABUSE

### 6.1 Where Abuse May Occur

Abuse can take place in any context and can occur anywhere, including where the person lives, in someone else's house, nursing or care home, hospital, workplace, in a custodial situation, public places and other places assumed as being safe. Harm may occur anywhere in an Everton activity or it can be reported to a Club representative (or indicative signs noticed) when it has occurred outside a Club activity.

### 6.2 Who Can the Abuser Be

Adults at risk may be abused by a wide range of people including:

- A family member, parent, child, spouse other relative
- Friend, neighbour or associate
- Professional member of staff, health worker, social carer or other worker
- Paid or volunteer carer
- Visitor
- Another adult at risk
- People who deliberately exploit vulnerable people

Stranger Abuse exists in various forms and can be perpetuated by one or more people.

### 6.3 How Can You Tell if Someone is Being Abused

Some people may not realise they are being abused. Often the person being harmed is not able to say what is happening to them. Here are some warning signs:

- Bruises, falls and injuries
- Signs of neglect such as clothes being dirty
- Poor care either at home or in a residential or nursing home or hospital
- Changes in someone's financial situation
- Changes in behaviour such as loss of confidence or nervousness
- Isolation
- Being withdrawn

Most people find it difficult to imagine that vulnerable adults and older people are victims of abuse. It is a hidden and often ignored problem in society.

### 6.4 Who is at Risk and Why

Referrals are increasing every year as people become more aware of adult safeguarding and how to report concerns. The most common types of reported abuse are neglect and acts of omission with the majority of abuse happening in a person's own home.

### 6.5 Abuse on Social Media

Abuse can also occur through social media and this is often harder to detect. It is important to remember that the type of abuse that can occur through social media always includes emotional and psychological abuse and can include sexual and financial abuse.

Social media includes (but is not limited to) networking sites such as Facebook, Twitter and Instagram, email, text messages, Skype and instant messaging services. Some examples of abuse that can occur through social media include:

- Unwanted sexual text messages (sexual abuse)
- Unwanted communication or stalking/harassment (emotional abuse)



- Inappropriate messaging (emotional and sexual abuse)
- Requests for money (financial abuse)
- Intimidation (emotional abuse) or Cyber-bullying (emotional abuse)
- Sexual coercion (sexual abuse)

It is not the responsibility of staff to decide that abuse to a vulnerable adult is occurring but it is their responsibility to act on any signs or concerns.

## 6.6 What is Abuse

Abuse is about the misuse of the power and control one person has over another. In determining whether or not abuse has taken place, it is important to remember that intent is not the issue. The definition of abuse is based not on whether the person intended harm to be caused but rather on whether harm was caused, and on the impact of the harm (or risk of harm) on the individual.

Incidents of abuse may be one-off or multiple acts, e.g. physical abuse at the same time as financial exploitation or psychological abuse and affect one person or more. People causing abuse may be relatives, carers, staff or workers from another organisation, volunteers, visitors, celebrities or anyone with the opportunity to carry out abuse. Abuse is an action or a lack of action on the part of another person that causes harm. Abuse can be:

- intentional or unintentional
- can be, but is not always a criminal offence
- is a violation of a person's human and civil rights.

## 6.7 Types of Abuse

The Care Act (2014) provides definitions of types of abuse

- Physical

Including: assault, hitting, slapping, pushing, misuse of medication (such as over medication), restraint or inappropriate physical sanctions.

- Domestic violence

can take the form of: physical, psychological, coercive or controlling behaviour, sexual, financial or emotional forms, and so called 'honour' based violence.

This definition includes Honour Based Violence (HBV) and Forced Marriage (FM), and is clear that victims are not confined to one gender or ethnic group.

- Sexual

including rape, sexual exploitation, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, "sexting" and revenge porn (taking and sharing sexual images of the individual without consent or they have been coerced into), subjection to pornography or witnessing sexual acts without consent or being pressurised into doing so, indecent exposure and sexual assault, or sexual acts to which the adult has not consented or was pressured into consenting.

- Psychological

Including emotional abuse: treats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, bullying or cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. Coercive control - controlling or observing victim's daily activities, including being made to account for their time; restricting access to money; restricting their movements, isolating the victim from family/friends; intercepting messages or phone calls.

- Financial/material

Is the unauthorised use or theft of a vulnerable adult's money or property. It can include: theft, fraud, and exploitation. It may be pressure in connection with wills, property, inheritance or



financial transactions. It can involve the misuse or misappropriation of property, possessions or benefits. It may include depriving a person access to their money, property or assets.

- Modern slavery

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

- Discriminatory

Discriminatory abuse is an act or act of omission based on discrimination because of a vulnerable adult's race, culture, belief, gender, age, disability or sexual orientation which causes harm. It may include: not providing a service or an appropriate service, not providing meals suitable for religious or cultural needs, not providing appropriate aids or adaptations, verbal abuse, taunts, bullying or degrading treatment. It may constitute hate crime.

- Organisational

Including neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- Neglect/acts of omission

Including ignoring medical, emotional or physical care needs; Failure to provide access to appropriate health, care and support or educational services; The withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect: this covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

## 6.8 Related Issues

- Radicalisation

The process where someone has their vulnerabilities or susceptibilities exploited towards crime or terrorism - most often by a third party, who has their own agenda. This is an example of exploitation - using a vulnerable person to further an individual or group's political views. The vulnerable person may be asked to carry out criminal acts on behalf of another.

- Extremism

Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. Also included in this definition of extremism: calls for the death of members of armed forces, whether in this country or overseas.

- Hate Crimes

Hate crimes are any crimes that are targeted at a person because of hostility or prejudice towards that person's:

- Age
- disability
- race or ethnicity
- religion or belief
- sexual orientation
- transgender identity.

This can be committed against a person or property. A victim does not have to be a member of the group at which the hostility is targeted. In fact, anyone could be a victim of a hate crime. Hate crimes and incidents hurt; they can be confusing and frightening.



- Violence against Women and Girls

Violence against women and girls covers all types of abuse; women and girls are disproportionately victims of forms of abuse and crimes. Men and boys are often represented as perpetrators of violence against women and girls, but can also be victims of some forms of violence.

- Abuse by another adult at risk

Where the person causing the harm is also an adult at risk, the safety of the person who may have been abused is paramount.

- Allegations against carers who are relatives or friends

There is a clear difference between unintentional harm caused inadvertently by a carer and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the Police apply.

- Abuse of trust

A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. There is a particular concern when abuse is caused by the actions or omissions of someone who is in a position of power or authority.

- Abuse by children (under 18s):

If a child or children is/are causing harm to an adult at risk, this should be dealt with under the Adults At Risk policy and procedures, but will also need to involve the local authority children's services.

- Transitions (care leavers)

The Club will ascertain whether robust joint working arrangements between children's and adult services have been put in place to ensure that the needs of children leaving care are addressed as they move to adulthood and become or continue to be involved in Club activities.

- Mental Capacity

Mental capacity refers to whether someone has the mental capacity to make a decision or not. There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity, decisions will be made in their best interests as set out in the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice.

- Deprivation of Liberty Safeguards (DoLS)

DoLS apply to people who have been assessed as not having capacity to make decisions including whether or not they should be accommodated in the relevant care home or hospital to be given care or treatment. A DoLS authorisation must be in place if a person without capacity is being deprived of his liberty.

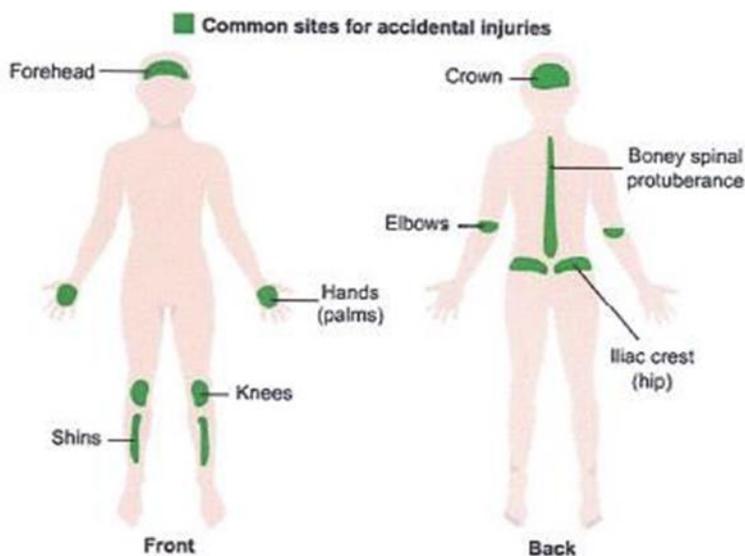
## 7 SIGNS AND INDICATORS

In your role you may come across vulnerable people you think are at risk of harm:

- It may be something you notice about the person who you are worried about, or a relationship they have with someone else, it could be something you notice about their house or where they are living. An adult at risk may behave in certain ways which indicate abuse is occurring
- Abuse is not always easy to spot as there may be other reasons why an individual is acting in a particular way
- There are also material and physical signs to look out for which may indicate abuse
- Everyone has a responsibility to safeguard children or adults at risk

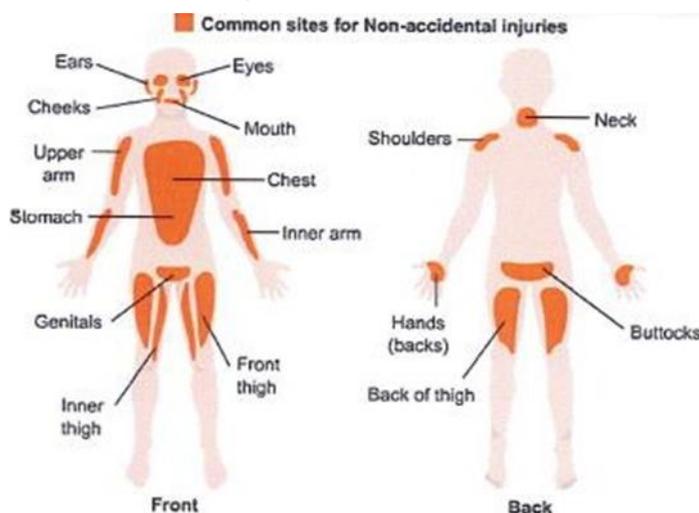
- Abuse is often hidden - often it isn't witnessed or disclosed.
- Signs and indicators are subtle clues that may suggest a person has been the victim of abuse
- or neglect, even if you haven't witnessed it or been told about it.

### 7.1 Accidental Injuries



This diagram shows relatively common sites to find bruising due to **accidental** causes

### 7.2 Non-Accidental Injuries



This diagram shows relatively common sites to find bruising due to **non-accidental causes** and may therefore cause concern.

## 8 WHAT IS A SAFEGUARDING ADULT CONCERN?

An adult safeguarding concern is any allegation about an adult who has or appears to have care and support needs that they may be subject to, or who may be at risk of abuse and neglect and may be unable to protect themselves against this.

A concern may be raised by anyone, and can be:

- An active disclosure of abuse by the adult, where the adult tells a member of staff that they are experiencing abuse and/or neglect
- A passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example coaching staff who notice unexplained injuries



- An allegation of abuse by a third party, for example a family/friend or neighbour who have observed abuse or neglect or have been told of it by the adult
- A complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse or neglect.
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public
- An observation of the behaviour of the adult at risk
- An observation of the behaviour of another
- Patterns of concerns or risks that emerge through reviews, audits and complaints or monitoring visits.

### **8.1 Capacity, Consent and Decision Making**

The consideration of capacity is crucial at all stages of Safeguarding Adults procedures. For example, determining the ability of a vulnerable adult to make lifestyle choices, such as

- choosing to remain in a situation where they risk abuse
- whether a particular act or transaction is abusive or consensual
- how much an adult at risk can be involved in making decisions in a given situation.

All adults are deemed to have capacity unless there has been a formal capacity assessment to indicate otherwise in line with Mental Capacity Act 2005.

### **8.2 Situations Where the Vulnerable Adult Does Have Capacity**

If it is decided that a person does have capacity and has taken an informed choice to live in a situation that puts them at risk, then the person, their carer, their community support and any other relevant agency or individual should be consulted in order to ensure that the person is offered all possible choices. He or she may still choose to stay in the situation and live with that risk. Staff will need to determine whether the adult at risk is making the decision of their own free will or whether they are being subjected to coercion or intimidation. If it is believed that the adult is exposed to intimidation or coercion, efforts should be made to offer the adult 'distance' from the situation in order to facilitate decision making.

### **8.3 Situations Where the Adult at Risk Does Not Have Capacity**

If it is decided that the adult at risk does not have capacity then staff should act in the best interests of the person, and do what is necessary to promote health or wellbeing or prevent deterioration.

### **8.4 Advocacy (Independent Mental Capacity Advocates)**

IMCAs must be instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person, but may also be instructed in other circumstances. They advocate for people where appropriate, especially where there are potential issues relating to capacity and consent.

To summarise:

- Act to protect the adult and take steps to ensure that the adult is in no immediate danger
- If possible, make sure that other service users are not at risk
- Seek the views/wishes of the adult at risk and what outcomes he wants to achieve.
- Seek consent to share information.
- Record the event - make notes or record on your mobile phone, if you have one.
- Report the abuse to your line manager and direct to a Safeguarding Officer or Head of Safeguarding.



## 9 REPORTING PROCEDURE

The primary responsibility of the Club is to ensure concerns and any relevant information about possible abuse are passed to police or adult social care without delay.

If you SEE IT, HEAR IT, SUSPECT IT – REPORT IT.

### 9.1 Role of Staff

All personnel and volunteers have a duty to act in a timely manner on any concern or suspicion that an adult who is vulnerable is, or is at risk of, being abused, neglected or exploited and to ensure that the situation is assessed and investigated. Staff are in the frontline of preventing harm or abuse occurring and empowering the person at risk to take action where concerns arise. It is not the responsibility of staff to interview or investigate.

### 9.2 Actions for Staff:

- a) In an emergency, ring 999. If you think that the person, yourself or anyone else is in danger or needs urgent medical attention, ring 999.
- b) Keep people safe, keep you, the adult at risk and other people safe.
- c) If you think a crime has happened, or is happening, phone the Police to report a crime, ring the non-emergency contact number 101. Tell your line manager and report your worries. Your line manager is responsible for making a decision about what to do next. If your line manager is not available; or you don't feel able to go to your line manager; or you are worried your line manager may be a part of the abuse, you can: - tell your line manager's manager, the safeguarding officer or Head of Safeguarding; OR - when Club officials are not available, contact social care services (see Contacts).

### 9.3 Record

Make a record and contact a Safeguarding Officer or the Head of Safeguarding.

### 9.4 Follow Procedure

Follow procedure and any advice you are given by the Safeguarding Officer, Head of Safeguarding or any helpline contacted and maintain a record of this.

- Don't take any individual action or response outside this procedure. This will help ensure confidentiality whilst also allowing for reporting to take place.
- Seek support for yourself – speak with your line manager, Safeguarding Officer or Head of Safeguarding.
- Once the allegation or suspicion of abuse has been reported to a Safeguarding Officer, he/she will discuss with the Head of Safeguarding.

### 9.5 Radicalisation - Actions for Staff Suspecting Vulnerability to Radicalisation

In line with the Prevent Duty, where there are concerns that behaviour or views give concern that the individual is vulnerable/susceptible to being led into extremist activities and there is no immediate risk of them initiating a violent extremist attack, the staff should follow the reporting procedure, as the Head of Safeguarding (Safeguarding Lead) is also the Prevent Lead.

If there are concerns about an immediate or possible risk of them initiating a violent extremist attack, the Police should be notified immediately.

### 9.6 Disclosure by an Adult at Risk

If an adult experiencing abuse or neglect speaks to you about this, follow procedure.

- Stay calm: don't look horrified or shocked if though this might be how you are feeling.
- Be sympathetic and understanding: they did the right thing in telling and you are taking the information seriously.



- Reassure the person: tell them it is not their fault. Ask the person what they would like to happen – this is part of making safeguarding personal.
- Ask for consent to share the information with others and take action. “What you are saying is important, so I need to talk to someone about it”. It is essential that you consider if the adult at risk has the capacity to give informed consent.
- Tell the person what you will do next and with whom the information will be shared (e.g. line manager, Safeguarding Officer, Head of Safeguarding). “I’m going write down what you’ve just told me and speak with .....”.
- Make a record: Records should note clear observations of fact.
- Be precise about what happened and what you were told - It is important they are written at the time and not with hindsight. If the individual has specific communication needs, provide support and information in a way that is most appropriate.
- Do not give promises of complete confidentiality.
- Do not be judgmental or jump to conclusions – keep an open mind.
- Do not asking leading questions.
- Do not discuss with the person alleged to have caused harm.
- Do not destroy any evidence. Important: If an adult starts disclosing something but does not continue when he is told that it cannot remain confidential, this needs to be raised as a concern with your line manager and Safeguarding Officer. You can still support the adult by directing him/her to helplines and websites that can offer support (see Contacts).

If you hear about an incident of abuse from a third party (this is when someone else tells you about what they have heard or seen happen to a vulnerable adult at risk), encourage them to report the facts of what they know or contact Liverpool Adult Careline.

#### **9.7 Key Points to Remember About Disclosure:**

- Many incidents of abuse or crimes only come to light because the abused person tells someone.
- 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.

#### **9.8 Allegations of Previous Abuse**

Allegations of abuse may be made some time after the event. Where such an allegation is made, the Club will follow the procedures as detailed in this section and report the matter to appropriate Adult Services and the Police. If the allegation involves a member of staff, the Premier League and the FA (or other NGB) will be informed by the Head of Safeguarding. This is because other adults at risk, either within or outside sport, may be at risk from this person.

#### **9.9 When to Contact Emergency Services**

Direct contact should be made with Emergency Services (dial 999) if:

- a. The adult is in need of urgent medical attention.
- b. A serious crime is has taken place or there is a need for an immediate police response to protect the adult at risk.

Otherwise, report to your line manager who will speak with the Safeguarding Officer or Head of Safeguarding.



### **9.10 Concerns About Poor Practice**

Poor practice represents unsafe working practice and is a cause for concern and staff should feel able to raise concerns about poor or unsafe practice. In the first instance, staff should discuss with their line manager. If there are reservations about sharing concerns with the line manager, then any of the following can be contacted directly: Safeguarding Officer, Head of Safeguarding, Head of Department or Head of HR.

If a member of staff believes that this route has been ineffective, Confidential Reporting procedures are in place for such concerns to be raised (found in the Staff Handbook)

### **9.11 Concerns About a Colleague's Practice**

If you have concerns about a colleague's practice, follow these stages:

- a) Talk to your line manager about the problem, or talk to someone senior such as a Safeguarding Officer or Head of Safeguarding. To make a formal complaint: record the facts and make a complaint using the Club's Grievance Procedure.
- b) If you do not feel able to raise your concern with your line manager or other management (including your Safeguarding Officer, the Head of Safeguarding and Head of Department), consult and follow the Club's Confidential Reporting Policy.

In an external organisation, concerns about its staff should be reported in line with its reporting procedures. When reporting concerns about another member of staff you should understand that it is common for there to be a high degree of stress including feelings of guilt for having reported the matter. All information is treated with confidentiality. If you require anonymity, you should say so and explain why to the person to whom you have made the report. Do not discuss the concern with the person alleged to have caused harm.

### **9.12 Concerns Arising From Complaints**

Concerns may arise from the Club's complaint and appeals procedures. Complaints by adults at risk, their carers or partner organisations about abusive behaviour by staff or any behaviour which constitutes poor practice, should be shared with a Safeguarding Officer or Head of Safeguarding.

Complaints are open to challenge through the appeals procedure. If a complaint leads to a safeguarding adult investigation, the Club can decide to postpone or not to commence the complaints investigation if this would compromise the safeguarding adults investigation. The complainant would be informed of this course of action and the reason for this.

The Club will support complainants and ensure they are not subject to detrimental treatment arising out of their complaint whilst it is investigated.

### **9.13 Allegations Against Staff**

Any allegations against staff must be reported immediately to the Head of Safeguarding who will refer to Adult Services in the appropriate Local Authority. When an allegation is made against a member of staff, set procedures must be followed. It is rare for an adult at risk to make an entirely false or malicious allegation, although misunderstandings and misinterpretations of events do happen.

An adult at risk may also make an allegation against an innocent party because they are too afraid to name the real perpetrator. Even so, we must accept that some professionals do pose a serious risk to vulnerable people and we must act on every allegation.

Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress. Suspension is not the default option and alternatives to suspension will always be considered. In some cases, staff may be suspended where this is deemed to be the best way to ensure that both the staff member and adults/children are protected. In the event of suspension, the Club will provide support and a named contact for the member of staff.



#### **9.14 Historical Allegations**

Allegations concerning staff who no longer work at the Club, or historical allegations will be reported to the Adult Services.

#### **9.15 EitC Employees and Representatives:**

If the referral relates to a member of staff, worker, consultant, third party or volunteer then the Premier League Charity Fund (E: [safeguarding@plcf.co.uk](mailto:safeguarding@plcf.co.uk)) and the Charity Commission (E: [RSI@charitycommission.gsi.gov.uk](mailto:RSI@charitycommission.gsi.gov.uk)) must be informed.

Note: If the abuse relates to a participant disclosing abuse outside Everton in The Community, this does not need to be shared with the PLCF or Charity Commission. The Charity Commission are only expecting reports regarding abuse or harm to beneficiaries within the charity's care.

#### **9.16 Helplines**

Helplines offer advice and guidance, and can be used by anyone – whether your concern is minor (you may be unsure whether to report something) or major (i.e. you have been informed of possible abuse). Calls can be confidential and callers should ensure they make it clear when they call that they wish to remain anonymous. Helplines can be contacted for out-of-office support or for a prompt response to a concern or allegation when Club officials are not readily available. See 'Contacts'.

#### **9.17 Confidential Reporting Policy**

Any member of staff who believes that allegations or suspicions, which have been reported to the line manager, Safeguarding Officer, Head of Department or Head of Safeguarding, have not been investigated properly should follow the Club's Confidential Reporting Policy, which identifies alternative contact points within the Club.

In relation to the above, if any member of staff believes that allegations or suspicions are not being investigated properly by the Club, they could report to Safe Club (see 'Contacts'). The person reporting may want to get independent legal advice first, or contact their trade union or professional body. The person can also contact the independent whistleblowing charity, Public Concern at Work for free and confidential advice.

#### **9.18 Whistleblowing**

The Club views the reporting of concerns by members of the workforce as a vital element of maintaining its core values. Individuals are strongly encouraged to report incidents of malpractice where the law, club policy or protocol has been breached by another member of the workforce. Such reports may be made to the People department, to a safeguarding officer or a line manager and, where appropriate, the information will be shared. Failure to do so may result in disciplinary or criminal action

#### **9.19 Confidentiality**

The right of an individual to be protected from harm overrides the right of the adult at risk and the alleged perpetrator to confidentiality; however Information should be shared on a need-to-know or must-know basis in order to protect the adults at risk, facilitate enquiries, manage disciplinary/complaint aspects and protect the rights of the person alleged to have caused the harm. . Information will be stored separately from non-safeguarding records, in a secure manner with access limited to designated people

#### **9.20 Information Sharing**

In raising safeguarding adults concerns about an individual it is necessary to share information with others:

- Information will be shared on a 'need to know' basis when it is in the interests of the adult
- Confidentiality must not be confused with secrecy. Confidentiality does not prevent sharing relevant information through approved channels
- Consent to share information is not necessary, however the individual should be informed of the disclosure unless it is not possible or informing the adult at risk could put them at greater harm



- It is inappropriate to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

### **9.21 Record Keeping**

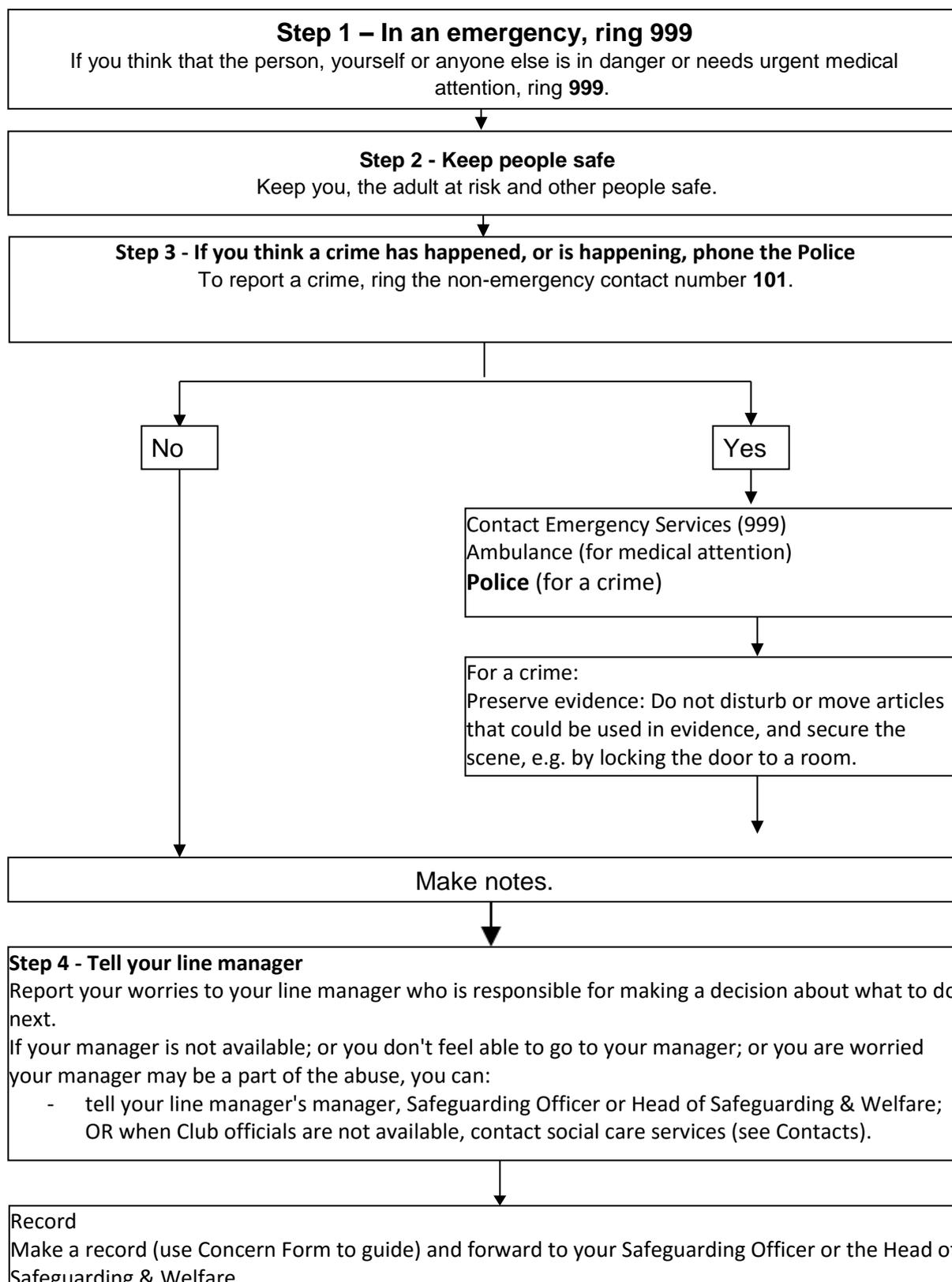
It is vital that a written record of any incident or allegation is made as soon as possible and kept by the person raising the concern. Records will be kept in accordance with any guidance issued or in line with the Club's retention policy concerning such records.

## **10 RAISING AN ALERT**

(An alert is a concern that an adult at risk is or may be at risk of being a victim of abuse or neglect. An alert may be a result of a disclosure, an incident, or other signs or indicators.)

**ALERT- Abuse discovered or suspected**

A concern that an adult at risk is or may be at risk of being a victim of abuse or neglect



**IMMEDIATELY (If an emergency) OR WITHIN 24 HOURS**

**Do not interview or investigate.  
Maintain Confidentiality**



## 11 SAFEGUARDING STRUCTURES

### 11.1 Safeguarding Lead

Once the information has reached the Head of Safeguarding, in their role as the Safeguarding Lead, it is their responsibility to decide if a referral is needed and make the referral to Adults Social Care (see Contacts) where the incident took place.

In the absence of the Head of Safeguarding, a Safeguarding Officer in consultation with the Head of HR will take over the role or he/she may be delegated the role by the Head of Safeguarding.

Once the concern has been raised with the Head of Safeguarding, they will discuss with the member of staff (if appropriate), Head of HR and/or line manager and decide on the most appropriate course of action.

### 11.2 Roles of Management

To summarise: take any immediate action to identify and address the risk and decide if a referral is needed.

### 11.3 Role of the Safeguarding Lead

- Raises Alert (Concern) asap after receiving the allegation, suspicion or concern
- Contacts the relevant Local Authority, if the alleged person is a member of staff.
- Completes the appropriate LA Alert form
- Contacts the Safeguarding Adults Team where the incident took place (who will involve the Police if required) and copy to Safeguarding Co-ordinator in the local authority in which the person lives (if not the same).

If the concern is assessed as a referral, the Head of Safeguarding:

- Notifies the Club's most senior administrative officer (CEO) that a referral has been made.
- The Head of Safeguarding will notify the FA Safeguarding Team (and other relevant Sport Governing Body), using the FA's Affiliated Football Referral Form (E: [safeguarding@thefa.com](mailto:safeguarding@thefa.com)). The FA will deal with any media enquiries.
- The Head of Safeguarding will also notify the Safeguarding Lead at the Premier League (E: [safeguarding@premierleague.com](mailto:safeguarding@premierleague.com)). (or other NGB) that a referral has been made to an external agency.
- If the referral relates to a member of staff, worker, consultant, third party or volunteer then the Premier League Charity Fund (E: [safeguarding@plcf.co.uk](mailto:safeguarding@plcf.co.uk)) and the Charity Commission (E: [RSI@charitycommission.gsi.gov.uk](mailto:RSI@charitycommission.gsi.gov.uk)) must be informed.
- Note: If the abuse relates to a participant disclosing abuse outside Everton in The Community, this does not need to be shared with the PLCF or Charity Commission. The Charity Commission are only expecting reports regarding abuse or harm to beneficiaries within the charity's care.
- The local authority will lead on any investigation after this point.
- The Head of Safeguarding, as the Safeguarding Adults Lead, will be the main point of contact and provide assistance as required. This does not prevent the Club from taking steps through HR processes to deal with the alleged person if a member of staff.

### 11.4 Role of the Line Manager

The line manager will:

- Take reasonable and practical steps to safeguard the adult at risk.



- If the person causing the harm is also an adult at risk, arrange for a member of staff to attend to their needs.
- Make sure that other service users are not at risk.
- Support any member of staff or volunteer who raised the concern.
- Enable relevant staff to participate in the Safeguarding Adults process.
- Ensure that staff delivering a service to the adult at risk are kept up to date on a need-to-know basis and do not take actions that may prejudice the investigation.

### **11.5 Role of the Head of Department and HR**

If a concern involves staff: after consultation the Adult Social Care, the Head of Safeguarding will liaise with the Head of Department and the Head of HR who will, in line with the Club's disciplinary procedures, suspend staff suspected of abusing an adult or adults at risk.

### **11.6 Deciding Whether or Not to Make a Referral**

As well as deciding whether or not to refer the issue to a Safeguarding Adults referral point, the Head of Safeguarding must also decide whether to follow other relevant Club reporting procedures. Where an alert indicates that a member of staff may have caused harm, referral to the organisation's disciplinary procedures will also be considered.

A referral should be made when:

- the person is an adult at risk and there is a concern that he is, or is at risk of, being abused or neglected, and at risk of significant harm.
- the adult at risk has capacity to make decisions about his own safety and wants this to happen.
- the adult at risk has been assessed as not having capacity to make a decision about his own safety, but a decision has been made in his best interests to make a referral.
- a crime has been or may have been committed against an adult at risk without mental capacity and to report a crime and a 'best interests' decision is made.
- the abuse or neglect has been caused by a member of staff or a volunteer.
- other people or children are at risk from the person causing the harm.
- the concern is about institutional or systemic abuse.
- the person causing the harm is also an adult at risk.

### **11.7 Making a Decision Not to Refer**

If the adult at risk has capacity and does not consent to a referral and there are no public or vital interest considerations, he/she should be given information about where to get help if he/she changes his/her mind or if the abuse or neglect continues and he/she subsequently wants support to promote his/her safety. The referrer must assure himself/herself that the decision to withhold consent is not made under undue influence, coercion or intimidation. A record must be made of: the concern; the decision of the adult at risk; and of the decision not to refer, with reasons. A record should also be made of what information was given to the adult at risk.

An investigation under the safeguarding procedures would not be carried out against wishes of an adult at risk, unless:

- others are at risk from the same person, service or setting;
- the seriousness of the situation requires immediate action which is proportionate to the circumstances and lawful.

A note on investigations involving people with special needs – be aware:



- A person with special needs may be more easily influenced by the way information and choices are presented and there may be a tendency to guess an answer rather than say “don’t know”.
- People with special needs may need more time to understand and think about a question. Ensure adequate time is given to understand the question; reassure the person that “don’t understand”, “don’t know” “don’t remember” are acceptable answers if true
- People with special needs are not always used to having their views listened to and may be more easily influenced by others even when they have a different view themselves.

### 11.8 Allegations of Previous Abuse

Allegations of abuse may be made some time after the event. Where such an allegation is made, the Club will follow the procedures as detailed in this section and report the matter to appropriate Adult Social Care and the Police.

### 11.9 Reporting Procedure for Activities for Other Organisations

When delivering activities for other organisations or directly under the supervision/management of the organisation’s staff, the organisation’s arrangements for reporting will apply:

- You must inform the designated person for that organisation, who will follow their protocols.
- You should then speak with your line manager and inform a Safeguarding Officer or the Head of Safeguarding.

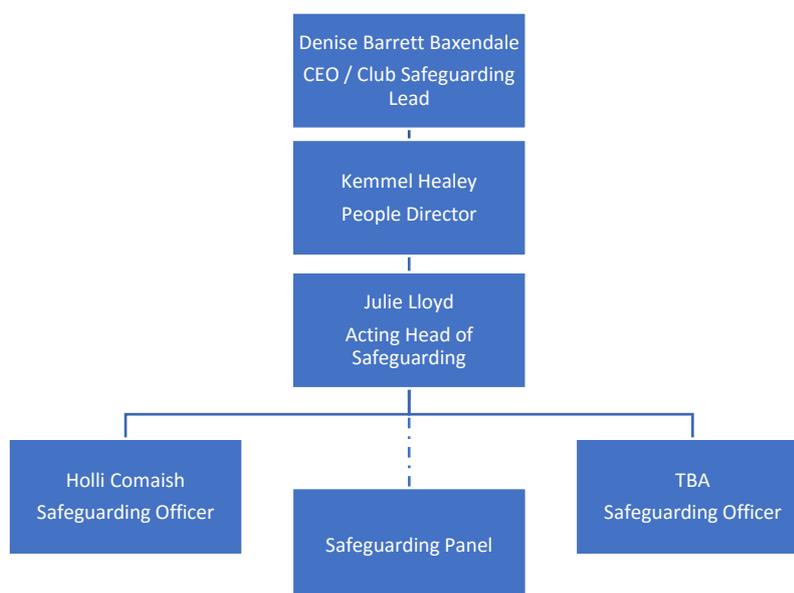
When delivering activities in partnership with an organisation, but on Club premises or out of office working and without supervision from the organisation, follow the Club’s procedures.

### 11.10 Organisation Chart

At Everton Operational Board Level, Denise Barrett Baxendale (CEO) leads on Safeguarding and endorses this Policy and Procedures document.

The Club has a Safeguarding Panel with senior representatives from around the business to ensure that the highest standards are introduced into their areas and maintained consistently. Actions and decisions made by the Safeguarding Panel are relayed to the Board quarterly.

The organisational structure for Safeguarding at Everton is as outlined below:



### 11.11 Flowchart – Guidance for Managing Allegations of Abuse Against Staff

Staff	Management
<ul style="list-style-type: none"> <li>• Ensure adult at risks immediate safety</li> <li>• Inform manager immediately</li> <li>• Remove alleged perpetrator from work area and consider suspending from duty until investigations are complete.</li> <li>• Do not investigate</li> <li>• Do not question the victim</li> </ul>	<p>Note potential outcomes:</p> <ul style="list-style-type: none"> <li>• Demonstrate false allegation</li> <li>• Significant harm is demonstrated in investigation and possible dismissal.</li> <li>• Possible criminal offence</li> <li>• Internal investigation and possible action including dismissal</li> <li>• Refer to adult social care as per safeguarding reporting procedures</li> <li>• Inform the Clubs Head of Safeguarding.</li> <li>• HR will need to manage the potential perpetrator in accordance and consider suspension pending investigation, and method for staff support.</li> </ul> <p>Allegations should not be taken forward if a police investigation is necessary and it is agreed that doing so may compromise that investigation.</p>
<ul style="list-style-type: none"> <li>• Ask any relevant staff who may have witnessed the incident to record what they have seen/heard</li> <li>• Inform them that they must not discuss the incident with each other or any other staff member to ensure dignity and integrity of all involved is maintained</li> <li>• Record allegation and document injuries using body map, including indication of size</li> </ul> <p>Maintain any physical evidence and do not degrade forensic evidence by destroying or removing clothing or undertaken basic hygiene (particularly where sexual assault / abuse is alleged)</p>	<p>The Safeguarding lead will liaise with Senior Management and other named professionals throughout the process as appropriate.</p>
<p>Inform your Manager immediately of all actions taken</p>	<p>The Safeguarding Lead will attend any strategy meetings with police / social care</p>
	<p>Contact will be maintained with the alleged perpetrator through a link contact. Other actions, will be agreed in discussion with police/ social care strategy enquiry meetings</p>
	<p>Inform staff member of outcome of investigation</p>
	<p>If allegations substantiated, make a referral to the Disclosure and Barring Service (DBS) and any relevant professional bodies, Local Authority.</p>



## 12 INFORMATION SHARING

Everton Football Club will follow agreed information sharing protocols.

### 12.1 Information Sharing Principles

It is recognised that information sharing is key to the goal of delivering effective safeguarding practice and this should be coordinated around the needs of the individual.

Information can fairly and lawfully be shared where there are concerns about the safety of an individual. Where there are concerns about the safety of an individual, the sharing of information in a timely and effective manner between organisations can improve decision-making so that actions taken are in the best interests of the individual. Information sharing is a vital element in improving outcomes for all and is essential to enable early intervention and preventative work

It is most important that people remain confident that their personal information is kept safe and secure and that staff maintain the privacy of the individual, whilst sharing information to deliver better safeguarding practice. It is therefore important that staff can share information appropriately and do so confidently. If information is shared within the framework of this policy, the member of staff shall not be considered to have breached confidentiality or the Data Protection Act



## 13 APPENDIX A – USEFUL CONTACTS

Julie Lloyd  
Action Head of Safeguarding  
julie.lloyd@evertonfc.com  
T: 07583 025768

Kemmel Healey  
People Director  
kemmel.healey@evertonfc.com  
T: 0151 705 9711

Holli Comaish  
Safeguarding Officer  
holli.comaish@evertonfc.com  
T: 07583 025754

Chris Adamson  
Player Care Manager  
Chris.Adamson@evertonfc.com  
T: 07811 423602

Sue Gregory  
Director of Youth Engagement, Employability EitC  
Sue.gregory@evertonfc.com  
T: 07972 149492

Jess Addicott  
Head of Safeguarding, Premier League  
jaddicott@premierleague.com  
Tel 0207 864 9000

Ann Craft Trust (ACT)  
Call 0115 951 5400  
ann-craft-trust@nottingham.ac.uk

NHS 111 service: when you need medical help fast, but it isn't a 999 emergency.

[www.nhs.uk](http://www.nhs.uk)

Merseyside Police

0151 709 6010

Liverpool Adult Services (Careline)

0151 233 3800

### NOTE AND RECORD

- Nature of the concern / what was said or witnessed
- Describe injuries / change of behaviour
- Give dates, times and other factual information



## 14 APPENDIX B – VERSION HISTORY

Version	Date	Author	Status	Comment
V1.0	April 2019	Julie Lloyd – Acting Head of Safeguarding	<p>Review – Document reviewed in light of feedback from The Ann Craft Trust 2019.</p> <p>Key Changes:</p> <ul style="list-style-type: none"> <li>- Everton Mandatory Safeguarding Policy has been replaced with two separate policies - Everton Safeguarding Children’s Policy V1.0 and Everton Safeguarding Adults at Risk Policy V1.0</li> <li>- Role Change – Julie Lloyd Acting Head of Safeguarding. Adam Green left in February 2019.</li> <li>- Role Change – Chris Adamson Academy Player Care Manager started in April 2019.</li> <li>- Version number and policy review date added.</li> <li>- Working together guidance incorporated</li> <li>- Policy to be endorsed by Ann Craft Trust and EitC Trustees</li> <li>- Historical allegations added as part of allegation against staff</li> <li>- Useful contacts amended and further advice included as appendix A</li> <li>- Safeguarding referral form added as appendix D</li> <li>- Version control document added as appendix B</li> <li>- Legislation Guidance added as appendix C</li> <li>- Flow chart now includes timescales to report to Head of Safeguarding,</li> </ul>	<p>No review since 2016</p> <p>To reflect feedback from Ann Craft Trust</p>



			<ul style="list-style-type: none"><li>- Policy now addresses the area of information sharing</li><li>- Current GDPR regulations added and Club Data Protection Policy has been included.</li><li>- Definitions: FA's and Premier League's definition of Vulnerable Adult added to definition of Adult at Risk.</li><li>- Helplines –new Ann Craft Trust safeguarding adults advice helpline added (similar to the NSPCC's safeguarding children helpline).</li><li>- Reference to Club Social Media Policy added</li><li>- Accidental and Non-Accidental image added</li><li>- Reference to Club Whistle Blowing Policy added</li></ul>	
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## 15 APPENDIX C – LEGISLATION AND GUIDANCE

### 15.1 The Care Act 2014

The Department of Health First published the Care Act 2014 in October 2014. It is the base upon which social care will develop over the next few decades and enshrines the new statutory principle of individual wellbeing which is the driving force behind the Act, and makes it the responsibility of local authorities to promote wellbeing when carrying out any of their care and support functions.

The introduction of the Care Act 2014 puts adult safeguarding on a statutory footing for the first time, embracing the principle that the 'person knows best'. It lays the foundation for change in the way that care and support is provided to adults, encouraging greater self-determination, so people maintain independence and have real choice.

There is an emphasis on working with adults at risk of abuse and neglect to have greater control in their lives to both prevent it from happening, and to give meaningful options of dealing with it should it occur. For staff, the Act provides clearer guidance, and supports pathways to working in an integrated way, breaking down barriers between organisations. This approach has been championed by all the organisations who have worked together to produce the 'North West Safeguarding Policy and Procedures'.

### 15.2 The Care Act and Statutory Guidance (March 2016)

The edition published on 10 March 2016 supersedes the version issued in October 2014. It takes account of regulatory changes, feedback from stakeholders and the care sector, and developments following the postponement of social care funding reforms to 2020.

### 15.3 The Equality Act 2010

The Equality Act 2010 became law in October 2010 and covers the same equality strands that were protected by previous equality legislation, but extends some protections to groups not previously covered, and also strengthens particular aspects of equality law.

It replaced previous legislation (such as the Race Relations Act 1976 and the Disability Discrimination Act 1995) to ensure consistency in what employers need to do to make an organisation compliant with the law. This policy has been screened for impact on equalities.

### 15.4 Human Rights Act 1998

This Act came into force in this country on 2 October 2000. It brings the rights outlined in the European Convention of Human rights into English law for the first time. The Act is designed to protect individuals from abuse by state institutions and people working for these institutions.

### 15.5 Data Protection Act 2018

Vital interest a term used in the Data Protection Act (DPA) 2018 to permit sharing of information where it is critical to prevent serious harm or distress, or in life threatening situations.

### 15.6 Information Sharing

The golden rule is: if you need to share information in order to protect someone from harm or criminal activity, you must do so.

This is an agreement between Partner Organisations to facilitate and govern the sharing of information between agencies working with Adults (aged 18 and over). The purpose of the protocol is to facilitate the secure exchange of information to cover specific social care issues not previously addressed by the Crime, Disorder and Anti-Social Behaviour protocol.

### 15.7 Sexual Offences Act 2003

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



### 15.8 Mental Capacity Act 2005

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

This act provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf.

Best Interest - the Mental Capacity Act 2005 (MCA) states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest. This is one of the principles of the MCA.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect adults at risk who are not able to make their own decisions and is underpinned by five key principles:

- A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
- Individuals must retain the right to make what might be seen as eccentric or unwise decisions.
- Best interests – anything done for or on behalf of people without capacity must be in their best interests.
- Least restrictive intervention - anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

The Act sets out a single clear test for assessing whether a person lacks capacity to take a particular decision at a particular time. It is a “decision specific” test. No one can be labelled “incapable” as a result of a particular medical condition or diagnosis.

The Act makes it clear that a lack of capacity cannot be established merely by reference to a person's age, appearance, or any other condition or aspect of a person's behaviour which might lead others to make unjustified assumptions about capacity. A person lacks capacity in relation to a specific matter if he/she is unable to:

- Make a decision for him/herself in relation to the matter because of impairment or a disturbance in the functioning of the mind or brain [Mental Capacity Act 2005].
- Understand the information relevant to make the decision
- Retain the information
- Use or weigh that information as part of the process of making the decision
- Communicate their decision, whether by talking, using sign language or any other means [Mental Capacity Act 2005].

IMCA (independent mental capacity advocate) established by the Mental Capacity Act (MCA) 2005. IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

Independent Mental Health Advocate - under the Mental Health Act 1983 certain people known as ‘qualifying patients’ are entitled to the help and support from an Independent Mental Health Advocate. If there is a safeguarding matter whilst the IMHA is working with the adult at risk, consideration for that person to be supported by the same advocate should be given.



# 16 APPENDIX D – SAFEGUARDING CONCERN REFERRAL FORM



Date of Referral:  
Safeguarding Lead:  
Reference No:

Person of Concern			
Name		Telephone No.	
Address		Parents Details (if known)	
Postcode		Programme(s) enrolled on /	
D.O.B		Team plays for	
Gender			

Referrer's Details			
Name		Relationship to Child / Vulnerable Adult	
Address		Telephone No.	
		E-mail Address	
Postcode		Further information	
Job Title			
Department			

Professional Network (please provide name, contact no. and e-mail for any person who you have received advice from in relation to this referral)	
LADO	
Social Services	
Police	
Other (e.g. NSPCC)	



Details of Concern(s)			
Type of Abuse (Please tick as appropriate)	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Bullying
	<input type="checkbox"/> Neglect	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Other (specify)
Incident(s) Details  Please summarise the incident in as much detail as possible. Please ensure to clearly highlight the reason for concern and make reference to any specific dates, times and events.			
Do you think that this referral relates to:	<input type="checkbox"/> High Level Poor Practice	<input type="checkbox"/> Risk of harm to Child / V. Adult	<input type="checkbox"/> Not Sure
Action Taken  Please specify if you have referred the case onto a statutory agency or any other organisation.			

Other Relevant Information	
Further Information  Please include any additional information that you think may be relevant to the investigation.	