



Grimsby Town Sports & Education Trust

Safeguarding Adults at Risk

Policy and Procedures

(REVIEW DATE JANUARY 2019)

AMENDMENTS TO POLICY

DATE CREATED	DATE AMENDED	AMENDMENT	DATE OF REVIEW

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1. SCOPE

Grimsby Town Sport and Education Trust is recognised as playing a lead, co-ordinating role for sport activities within Grimsby and the surrounding area, in conjunction with a range of partners including FA/EFL and local football associations.

The policy and procedures outlined in this document are designed to cover all aspects of Grimsby Town Sport and Education Trust's work with Adults, and relates to all staff and volunteers employed or deployed by the Trust for the programmes over which it has supervision and control.

All staff have a responsibility to ensure that they familiarise themselves with the contents of the policy and procedures via either the Handbook or Staff Intranet.

Grimsby Town Sport and Education Trust also has a strategic responsibility to ensure that partners with whom it works, have adequate safeguarding measures in place.

2. Legal Framework:

This policy has been drawn up on the basis of law and guidance that seeks to protect children and young people namely;

Human Rights Act 1998

Data Protection Act 1998

Sexual Offences Act 2003

Safeguarding Vulnerable Groups Act

2006 Equality Act 2010

Protection of Freedoms Act 2012 (Including DBS checks and information)

Care Act 2014

The Counter-Terrorism and Security Act 2015

Female Genital Mutilation Act 2003 (as amended by the Serious Crime Act 2015)

Modern Slavery Act 2015

Relevant government guidance on safeguarding Adults at Risk.

3. Background and Need for a Policy

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

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

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

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

4. Applies to:

This policy applies to all staff, including Board of Trustees, of whom Nicola Massingham is the Senior Safeguarding Manager (SSM). Graham Rodger, Project and Marketing Manager, and all other Charitable Community Organisation (CCO) managers, coaches, paid staff, volunteers or anyone working on behalf of Grimsby Town Sport and Education Trust. The Trust seeks to ensure the safety and wellbeing of all young people and Adults at Risk who engage in activities provided through the Trust.

5. Safer Structures

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

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

6. Relationship to GTSET Safeguarding Children Policy

There is no 'Vulnerable Adults' Act to provide clear legislative guidance

The definition of 'Vulnerable Adult' is always open to interpretation and individuals may be vulnerable at some times and not others.

Adults at risk have a right to self-determination. They may not wish to have others intervene to safeguard them.

Adults may consent to sexual activities and the issue of consent may affect the reporting and management of allegations.

Local authorities are organised differently to receive and manage referrals. There is not a uniform approach by the various Local Safeguarding Boards.

7. A definition of the term “An Adult at Risk” under the Care Act 2014

The safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

8. Principles

The guidance given in this policy is based on the following principles:

All Adults at Risk, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.

GTSET will seek to ensure that all its activities are inclusive and makes reasonable adjustments for any ability, disability or impairment, we will also commit to continuous development, monitoring and review.

The rights, dignity and worth of all Adults at Risk will always be respected.

GTSET recognize that ability and disability can change over time, such that some Adults at Risk may be additionally vulnerable to abuse, for example those who have a dependency on others or have different communication needs.

GTSET recognizes that a disabled adult may or may not identify themselves or be identified as an Adult at Risk.

GTSET has a shared responsibility to ensure the safety and wellbeing of all Adults at Risk and will act appropriately and report concerns whether these concerns arise within their activities (e.g. inappropriate behaviour of a coach), or outside (e.g. in the wider community).

All allegations will be taken seriously and responded to quickly in line with the GTSET Safeguarding Adults at Risk Policy.

GTSET recognize the role and responsibilities of the statutory agencies in safeguarding Adults at Risk and is committed to complying with the procedures of the Local Safeguarding Adults Boards.

9. Overview

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

Whilst it is hoped that the proactive preventative work, including training, vetting and providing clear policies are sufficient to safeguard all adults at GTSET, the Trust 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.

10. The Aims of this Policy is to:

Safeguard the welfare of Adults at Risk, involved with GTSET by protecting them from any significant physical, sexual and emotional harm and from neglect, bullying and financial harm within the Trust. 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 Trust 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 Trust's reporting frameworks.

Ensure appropriate investigations and responses to concerns about abuse or harm within GTSET 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 investigations, act to put appropriate safeguards in place to safeguard the Adult at Risk in the future and to reduce the risk of harm to other Adults at Risk in the Trust.

Report when appropriate to the Independent Data Barring Service (DBS) anybody delivering a regulated activity for GTSET who is believed by the Trust to present a risk of harm to Adults at Risk. Where the Trust "withdraws permission" for a person to deliver a regulated activity they will also be reported to the DBS.

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

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

11. ABUSE

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

- vulnerability of the victim and the power differential
- nature and extent of the abuse
- length of time it has been occurring
- impact on the individual or group
- risk of it being repeated or becoming increasingly serious

There are different **types of abuse** and these are:

- Physical abuse
- Sexual abuse
- Emotional and Psychological abuse
- Financial/Material abuse
- Neglect and Self
- Neglect Discriminatory
- Bullying
- Mate crime and Hate Crime
- Modern Slavery
- Radicalisation and Extremism

Physical Abuse

This is non-accidental harm to the body. It can include hitting, pushing, punching, kicking, pulling hair, rough handling, spitting, mis-use of medication or inappropriate use of restraint.

Physical abuse can present as:

- Cuts, lacerations, puncture wounds, open wounds, bruises, welts, discolouration, black eyes, burns, bone fractures, broken bones, and skull fractures
-

Untreated injuries in various stages of recovery, or not properly treated
 Poor skin condition or poor skin hygiene
 Dehydration and/or malnourishment without illness-related cause
 Loss of weight
 Soiled clothing
 Broken eyeglasses/frames, physical signs of being subjected to punishment,
 or signs of being restrained
 Inappropriate use of medication: over dosing or under dosing
 A person telling you that they have been hit, slapped, kicked or mistreated.

Sexual Abuse

Sexual abuse includes rape or attempted rape, sexual assault or sexual acts to which the adult at risk has not consented, could not consent or was pressured into consenting. Sexual abuse also includes acts of sexual harassment or non-contact abuse such as pornography.

Signs of sexual abuse include:

Change in behaviour
 Fear, withdrawal, depression, flinching from physical
 contact
 Difficulty in walking/sitting
 Injuries or bruising to genital and intimate
 areas
 Pregnancy in a person unable to consent

Psychological and emotional abuse

This can include threats of harm or abandonment, intimidation, deprivation of contact or cultural needs, humiliation, blame or verbal.

Signs of psychological abuse include:

Withdrawal, depression
 Cowering and
 fearfulness
 Change in
 sleep patterns
 Agitation
 Confusion
 Change in behaviour
 Change in appetite/weight

Financial or Material Abuse

Finance or material abuse includes property theft, fraud, exploitation, internet-scamming, pressure in connection with wills, property, inheritance or financial transactions; or the misuse or misappropriation of property, possessions or benefits.

Neglect and Self Neglect

Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational needs or services, inadequate nutrition or heating, failure to protect privacy or dignity, poor environmental conditions.

Self-neglect is now a category of abuse under the Care Act Statutory Guidance 2014. The Care Act includes duties on health and care services and service commissioners to promote well-being. There are many types of self-neglect and many factors that can contribute to people neglecting themselves and putting themselves at risk. People who neglect themselves can often be at risk of other forms of abuse and exploitation.

Discriminatory abuse

Discriminatory and oppressive attitudes towards race, gender, cultural background, religion, physical and/or sensory impairment, sexual orientation and age.

Signs of discriminatory behaviour include;

- Low self-esteem
- Withdrawal
- Depression
- Fear or anger

Bullying

Bullying may come from another young person or an adult. Bullying is defined as deliberate hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves.

Signs of bullying include:

- Behavioural changes such as reduced concentration and/or becoming withdrawn, depressed, tearful, emotionally up and down, reluctance to go training or competitions, an unexplained drop in performance
- physical signs such as stomach aches, headaches, difficulty in sleeping, bed wetting, scratching and bruising, damaged clothes, bingeing e.g. on food, alcohol or cigarettes.
- a shortage of money or frequents loss of possessions.

Mate crime and hate crime

Hate crime can be defined as, "any hate incident, which constitutes a criminal offence, perceived by the victim or any other person, as being motivated by prejudice or hate". Adults may, therefore, be victims of mate/hate crime due to age, disability, gender, gender identity, sexual orientation, socio-economics, race/ethnicity, religion/beliefs or lifestyle choice.

Mate crime is usually used to refer to abuse of an adult with care and support needs where the victim is being abused or exploited by one or more people who the victim

wanted to be their friend, particularly in situations where the victim was otherwise isolated and lonely.

Modern slavery

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.

Radicalisation and Extremism

Radicalisation is defined as the process by which an individual comes to support any form of extremism or terrorism. It has the potential to cause significant harm to the individuals and to others and is therefore aligned to safeguarding principles.

PREVENT is part of the UK's counter terrorism strategy, aimed at reducing the risk of people (including patients and/or staff) becoming involved and know who to discuss our concerns with. Familiarise yourself with your organisations policy and procedure on escalating a concern.

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.

12. Where may harm occur?

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

There are complex scenarios including:

Adults at Risk playing, officiating, coaching, spectating or administering within a variety of activities at GTSET. Adults at Risk, may be at risk of harm from other adults who may or may not be vulnerable themselves. Those doing harm to the Adult at Risk may be in the GTSET activity or elsewhere, in the Adult's at Risk network. Harm may be deliberate or result from not understanding the Adults at Risk needs (commission or omission).

Adults at Risk, may be at risk of harming others in GTSET activities either by deliberate behaviours or by failing to understand their responsibilities to others. On these occasions the Vulnerable Adult may need help and support to manage his or her behaviour in a suitable way, or may need to have certain responsibilities removed from them. Safeguards may need to be put in place to protect others.

Adults who have been ‘vulnerable’ in the past who are now ‘not vulnerable’, (example: people recovering from mental health issues). Where these adults are seeking positions of responsibility at GTSET, but have criminal records or issues from their past which are directly related to these periods of vulnerability, detailed risk assessments will be undertaken. Assessment of suitability for their new roles requires a specific knowledge base and sensitive handling. Whilst GTSET promote a policy of inclusion, the risk assessments are conducted to measure the risk posed by somebody who is recovering from a previous period of vulnerability, considering other vulnerable adults and children who need safeguarding from possible harm, should the risk factors re-emerge.

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 GTSET activities.

13. GTSET STAFF AND VOLUNTEERS’ RESPONSIBILITIES

Creating the atmosphere for someone to tell you what is wrong

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

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

- It may just be too painful emotionally to talk about what happened. Feelings of shame and embarrassment often inhibit people reporting concerns.
- There may not be an opportunity to see someone who is trusted, privately.
- There may be anxiety about repercussions from the perpetrator or others if the abuse is reported.
- There may be a worry about “where it will all end”, for example if the police are told, or perhaps a fear of going to court.
- The abused person may just be prepared to put up with it.
- Communication and language may be an inhibitor.
- The person may not recognize an experience to be abusive if their previous life experiences have been confusing.

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

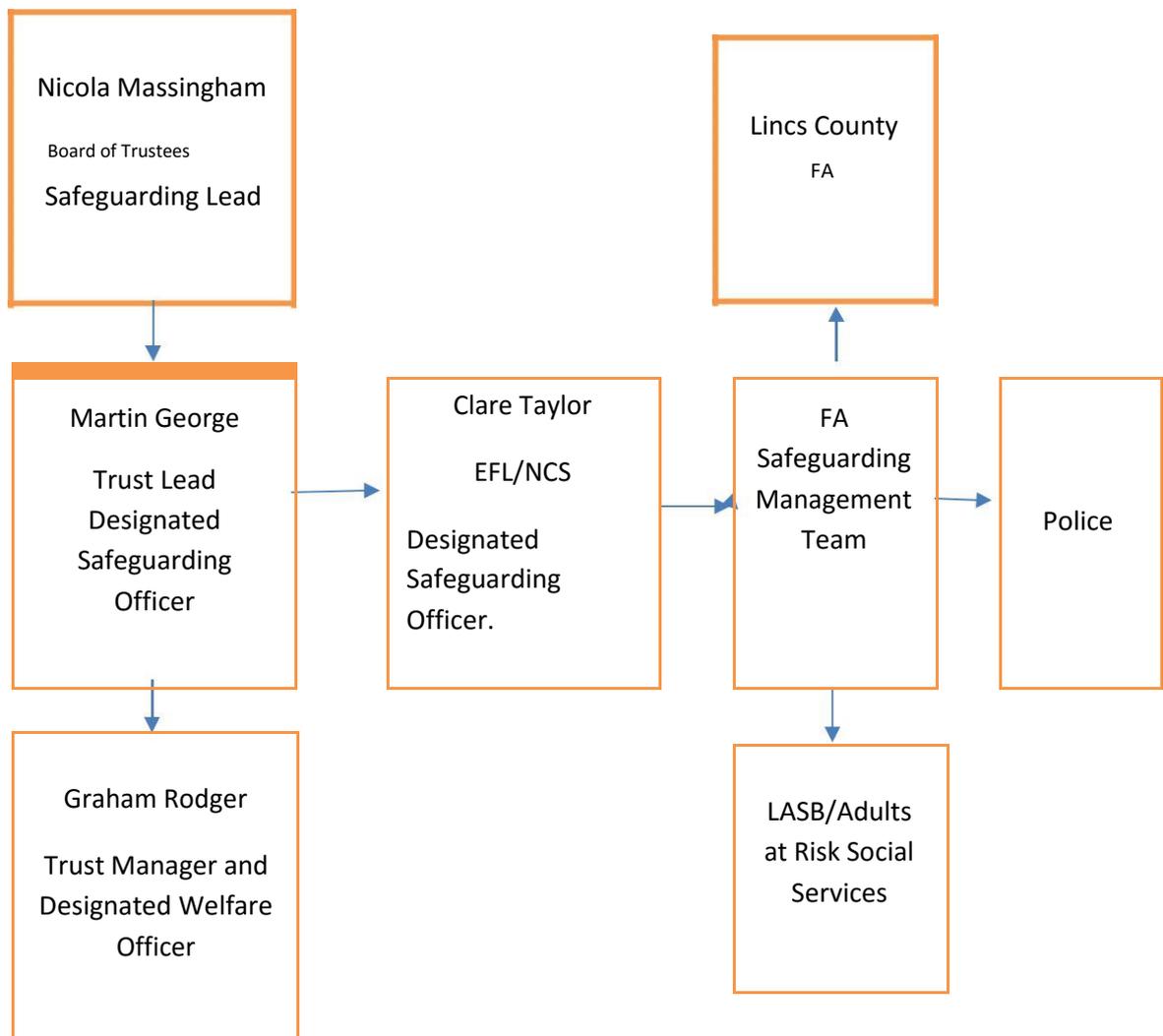
- **Not being believed**
 - Effects of stigma
 - Powerlessness, lack of choice, power differences
 - Fear of a continuing oppressive regime
 - The perceived victim could have confused feelings towards the abuser

It is very important, if abuse is suspected, to try and create the opportunity for the person to disclose what is happening. It is crucial to give participants the confidence to know that they will be listened to. In some situations, the worst thing to do might

be to keep asking if everything is alright. In others, a few encouraging prompts might be just what the person was waiting for. The following might help to create the right atmosphere:

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



The above flowchart depicts the safeguarding structure and responsibilities within Grimsby Town Sport and Education Trust. All reports/concerns in relation to a child, young person or adult at risk will be brought to the attention of Trust Safeguarding/Welfare Officer or the Lead Designated Safeguarding Officer (LDSO) who will ensure that the incident/concern is recorded and that all other interested parties and statutory agencies are contacted as appropriate.

15. Recruitment & Disclosure:

Grimsby Town Sport and Education Trust have a 'Safer Recruitment Policy and Procedure' document which expands on the key points below;

As part of the Trust's safer recruitment and selection process, a Single Centre Record process is operated. This involves;

- Recording of personal details
- job title and terms of employment, Full Time, Part Time, etc
- Recording of dates and types qualifications required for the post
- DBS verification and check
- Criminal record checks if required
- Application and receipt of references
- Start and finish dates
- Record of exit interviews

offers of work for positions which involve working with children and young people are subject to a satisfactory Enhanced Disclosure Barring Service (DBS) check and appropriate references. All offers of work are subject to a satisfactory outcome to the screening process and until such time as a satisfactory disclosure has been confirmed, the individual concerned will not be permitted to commence work.

14.2 All employees, workers, consultants, agency staff and volunteers in a position of trust will be required to undergo regular DBS disclosure clearances, normally every 3 years or earlier if requested.

Should an individual's DBS check reveal any convictions the Trust will consider whether the nature of the offence/offences renders the person concerned unsuitable for working with children and young people. In such circumstances, when the nature of any disclosure has to be considered, a risk assessment will be carried out to assess the information contained within the disclosure certificate. The individual may also be asked to attend an interview prior to a recruitment decision being made. On occasions the County FA Safeguarding Officer and/or the Local Safeguarding Adults at Risk Board Manager may be asked to attend the risk assessment meeting.

Grimsby Town Sport and Education Trust also have a policy for the Recruitment of Ex-Offenders in line with safer recruitment responsibilities.

All new employees, workers, consultants and volunteers working with children or young people at the Club will be required to complete a self-declaration on commencement of duties.

16. Key points to remember about disclosure

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

You must be aware that the person may not appreciate the significance of what they are sharing.

They may not realise or accept they are being abused

Disclosure may take place many years after the actual event or when the person has left the setting in which they were afraid

Even if there is a delay between the actual event and the disclosure – you should demonstrate to the person that you believe them unless it is absolutely clear and provable that the events they are describing could not have happened.

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

If someone discloses abuse to you:

- Stay calm and try not to show shock
- Listen carefully rather than question directly
- Be sympathetic and offer reassurance
- Be aware of the possibility that medical evidence might be needed
- Tell the person that:
 - They did right to tell you
 - You are treating this information seriously
 - It was not their fault
 - You must inform the appropriate Safeguarding Officer (If the identified Safeguarding Officer is not available, or you have concerns about your that person, you must inform THE Welfare Officer or a Trustee)
- Usually after consulting the Vulnerable Adult, the Safeguarding Officer will contact the Safeguarding Vulnerable Adults team
- The Safeguarding Officer will contact the Local Authority Safeguarding Adults at Risk 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 Safeguarding Officer at GTSET
- If appropriate, the Trust will take steps to protect and support the adult
- Report to your manager
- Write down, as soon as possible and as far as you are able, what was said by the person disclosing the information (in their words as far as possible) and other relevant information
- Where appropriate, record on a body map (sample attached) the location of any bruises, cuts or abrasions

18. Alerting/Reporting

- Do not wait until you have all the information
 - If the person is injured or not yet safe, take immediate action to help them e.g., dialing 999 for police or ambulance
 - Tell the person what you are going to do about the concern
 - If 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
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19. The Information Needed

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

20. Recording

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

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

21. Establishing the victim's wishes

It is very important that you do not investigate the concerns, but the following guidance should be followed.

- Where there is no emergency, there is an opportunity to check out the adult's wishes in relation to the concern
 - There is a need to establish who the victim would most like to talk to about the matter
 - Liaise with 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
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22. Preserving the evidence

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

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

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

- In situations of physical and/or sexual assault
- In the case of a person who has been physically abused who wishes to show you an injury, only observe what they consent to show you and what is appropriate
- Do not touch what you do not have to. Wherever possible leave things as they are. Do not clean up, do not wash anything or in any way remove fibers, 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 organize 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 GTSET service-user. You need to be aware that cross-contamination can easily occur
- Preserve any bloodied items
- Encourage victim not to shower
- Encourage victim not to change clothing
- Even when the victim says they do not want police involvement, preserve items anyway as they may change their mind later
- Encourage the person not to eat or drink if there is a possibility that evidence may be obtained from the mouth

23. 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 of the above tasks may not be possible in a traumatic situation. You are urged to do the best that you can

24. 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 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.

25. 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 colleagues, Safeguarding Officers or other services which can assist in an emergency or urgent situation.

26. 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 a number of staff are involved, it may be convenient for one person to take the lead. This is entirely a matter for the staff and 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 to the abused person
- Liaising with immediate colleagues who have been involved in order to gather all the available information together
- Ensuring that evidence has been preserved
- Collating and completing all written material relating to the incident
- Reporting the matter to the Safeguarding Officer at the earliest opportunity.

IT IS NOT PART OF THE ROLE OF THE STAFF SUPPORTING THE VICTIM TO COMMENCE AN INVESTIGATION INTO THE INCIDENT

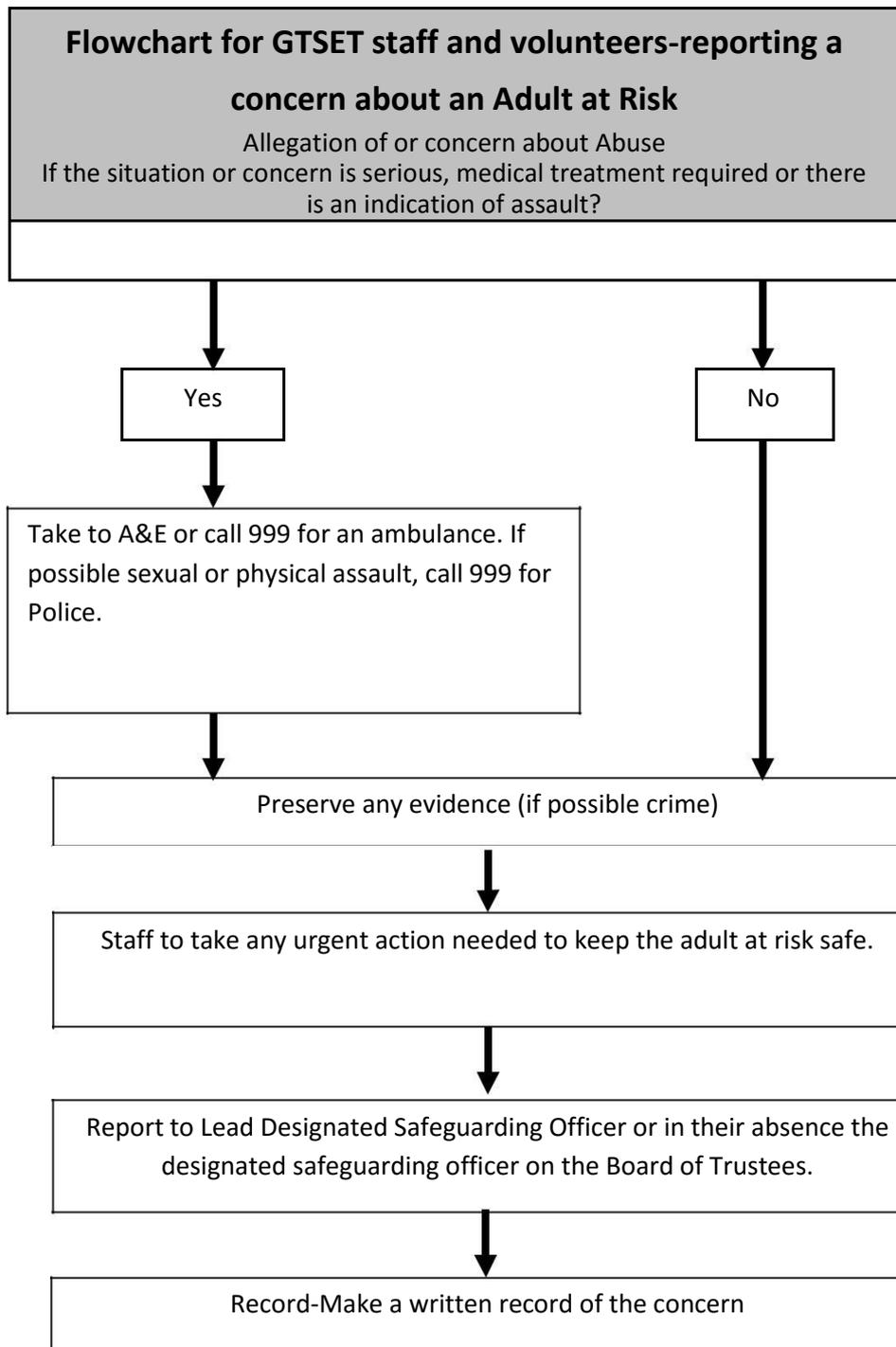
27. ROLE OF THE SAFEGUARDING OFFICER OR LEAD DESIGNATED SAFEGUARDING OFFICER

For the purpose of the management of a safeguarding adults at risk situation, the coach in charge of the specific activity in which the incident or concern arises should seek advice from the Lead Designated Safeguarding Officer or Trustee of Safeguarding at GTSET.

The role of the Lead Designated Safeguarding Officer comprises the following:

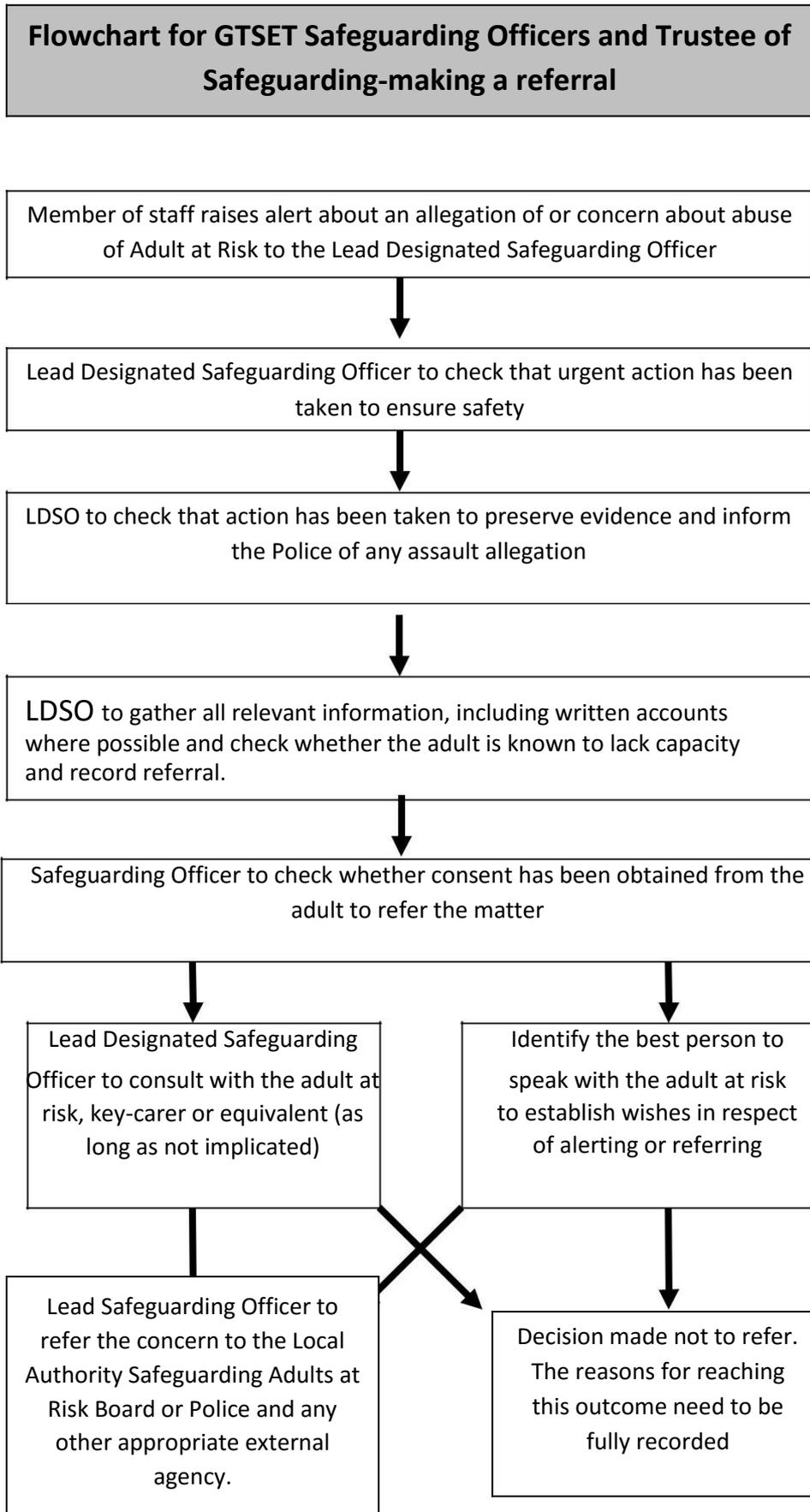
- Directly managing and supporting the staff involved in the situation.
 - Ensuring that action taken is effective in providing immediate and ongoing protection to the Adult at Risk.
 - Ensuring that practical and emotional support is available according to need.
 - Reporting the incident to the Local Authority Safeguarding Adults at Risk Team
 - Communicating with the Safeguarding Adults at Risk Team to ensure the procedure is correctly followed
 - Where an allegation is made against a member of staff or a volunteer at GTSET, the Lead Designated Safeguarding Officer, will liaise with the Safeguarding Officer on the Board of Trustees to invoke the Suspension procedures.
 - The Board of Trustees will take responsibility for ensuring that the appropriate support is offered to the person who is suspended.
-

28.



Remember it is not your responsibility to interview or investigate

29.



30. CAPACITY

It is not for you as an GTSET Employee to make a decision about whether an Adult at Risk lacks Capacity, but it is useful for professionals to have an understanding of the notion of Capacity explained below.

Definition

- 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 can be established that they lack capacity
- 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 the way 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 a Vulnerable Adults Capacity. Where background information such as this is available, for example from a partner agency, the information should be stored confidentially?
-

- In most localities an Independent Mental Health Capacity Advocate (IMCA) is appointed to assist a person who is judged to lack capacity.

31. The statutory principles

The Mental Capacity Act 2005 sets out five statutory principles

- A person must be assumed to have capacity unless it is established that they lack capacity
- 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
- A person is not to be treated as unable to make a decision merely because s/he makes an unwise decision
- 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
- 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

32. Codes of Conduct:

Grimsby Town Sport and Education Trust have Respect Codes of Conduct for Managers, Coaches and Players, Parents and Spectators that have been developed to ensure that behaviour and good practices are followed throughout all age development groups and youth teams.

In addition to the below good practices, in the Grimsby Town Sport and Education Trust, sports coaches are expected to conform to ethical standards in a number of areas: humanity, relationships, commitment, co-operation, integrity, confidentiality, abuse of privilege, safety and competence. (This is produced as a separate document)

33. Good Practice

All employees, workers, consultants, agency staff and volunteers working with adults at risk should adhere to the following principles and action (list is not exhaustive):

- Always work in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets).
 - Make the experience of the sporting activity fun and enjoyable: promote fairness, confront and deal with bullying.
 - Treat all adults at risk equally and with respect and dignity.
 - Always put the welfare of the adult at risk first.
 - Maintain a safe and appropriate distance with adults at risk and avoid unnecessary physical contact.
 - Where any form of manual/physical support is required it should be provided openly and with the consent of the adult at risk. Physical contact can be appropriate so long as it is neither intrusive nor disturbing and the adult at risk's consent has been given.
 - If groups have to be supervised in changing rooms always ensure coaches etc work in pairs.
-

- Gain written consent for any significant travel arrangements e.g. overnight stays. Coaches are qualified and a qualified first aider, is in attendance.
- Ensure that at away events adults should not enter an adult at risk's room or invite them to their room.
- Always give enthusiastic and constructive feedback rather than negative criticism.
- Keep a written record of any injury that occurs, along with details of any treatment given.
- All other good practice/common sense principles given the varying situations.

34. Poor Practice:

The following are regarded as poor practice and should be avoided by all employees, workers, consultants, agency staff and volunteers (list is not exhaustive);

- Unnecessarily spending excessive amounts of time alone with adults at risk away from others.
- Being alone in changing rooms, toilet facilities or showers used by adults at risk.
- Taking adults at risk alone in a car on journeys, however short.
- Taking adults at risk to your home where they will be alone with you.
- Sharing a room with an adult at risk.
- Engaging in rough, physical or sexually provocative games, including horseplay.
- Allow or engage in inappropriate touching of any form.
- Making sexually suggestive comments to an adult at risk even in fun.
- Reducing an adult at risk to tears as a form of control.
- Allow allegations made by an adult at risk to go unchallenged, unrecorded or not acted upon.
- Do things of a personal nature that the adult at risk can do for themselves

(Procedures for implementing this policy are produced in a separate document)

35. Whistleblowing:

If you disclose information about wrongdoing the law protects you from being treated unfairly or losing your job.

A disclosure qualifies for protection if you are an employee or volunteer and you disclose something about an organisation.

A disclosure must be about something that affects the general public such as:

- a criminal offence has been committed, is being committed or is likely to be committed
- an legal obligation has been breached
- there has been a miscarriage of justice
- the health or safety of any individual has been endangered
- the environment has been damaged
- information about any of the above has been concealed.

This is set out in the Public Interest Disclosure Act 1998.

(See also the GTSET Whistleblowing Policy)

36. Related Policies and Documents:

Grimsby Town Sport and Education Trust will also have in place the following policies, related to this policy, they being;

Vulnerable Adult Policy
Equality and Diversity Policy
Privacy Policy
E – Technology Policy
Anti-Bullying Policy
Safer Recruitment Policy
Recruitment of Ex-Offenders Policy
Staff Training Policy
Safeguarding Retention of Data Records Policy
Procedures Document for all policies
Code of Conduct for Manager(s) Coaches
Code of Conduct for Players.
Code of Ethics for Coaches
Complaints and Appeals

37. Complaints Policy:

In order to ensure that complaints that contain safeguarding issues are centrally recorded and actioned appropriately, the following procedure has been agreed:

Safeguarding concerns raised within

- Any safeguarding disclosure received which states a complaint is running alongside a safeguarding investigation - The Lead Designated Safeguarding Officer will notify the Board of Trustees of the complaint. If appropriate, the Lead Designated Safeguarding Officer will send copies of minutes of the relevant meetings, planning, agree next steps and conclusion.
- Safeguarding Disclosures which identify they have been closed as a referral and should be treated as a complaint not a safeguarding issue – The Lead Designated Safeguarding Officer will notify the Board of the information received and decide who will manage the complaint.
- The Lead Designated Safeguarding Officer will work with the Board in the formulation of any letters that are required to be sent.
- Complaints will be acknowledged in line with the Trust's procedures.

Complaints raised with the Designated Safeguarding Officer

- Any complaints received which potentially have safeguarding issues.
 - The Sport and Education Trust will discuss with the Lead Designated Safeguarding Officer to check if there is a need to alert services regarding safeguarding issues.
-

Any complaints received, direct to or from the Trust relating to coaching practice may also need to be referred to the Designated Safeguarding Officer and/or The Football Association Case Management Team as required.

Complaint Procedures:

Safeguarding is everyone's responsibility if you have concerns or are worried about the welfare of a child or young person, or receive a disclosure from a child or young person it is important that you report those concerns – **no action is not an option.**

38. Allegations or concerns against staff or volunteers:

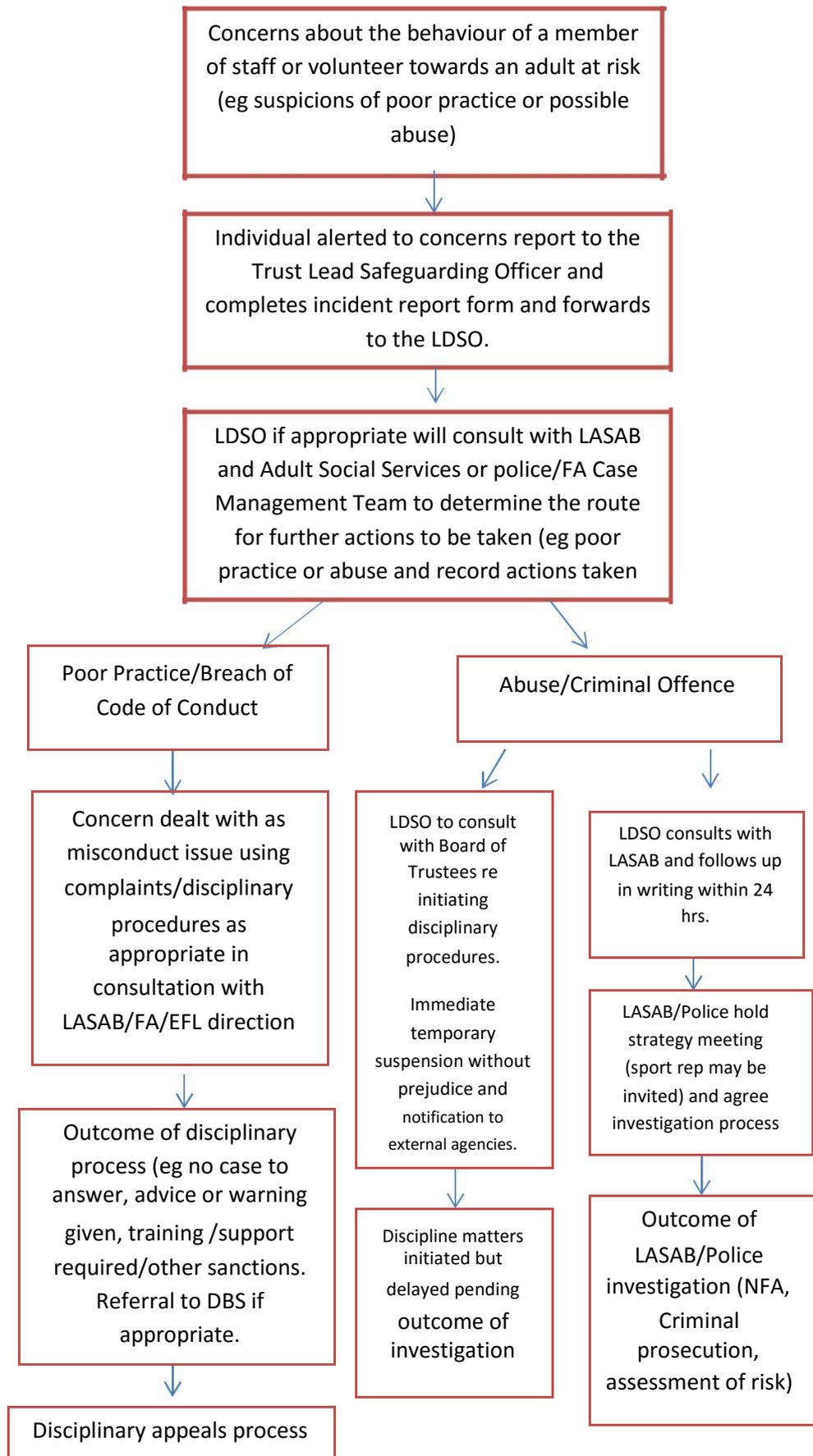
Where there are concerns or suspicions about abuse being committed by a member of staff or volunteer employed by the Grimsby Town Sport and Education Community Trust the Lead Designated Safeguarding Officer must be notified immediately. On receipt of the information and details the LDSO will inform the Senior Manager on the Board of Trustees and if appropriate other outside agencies that may have an interest for example; the Local Authority Safeguarding Adults at Risk team and Social Services.

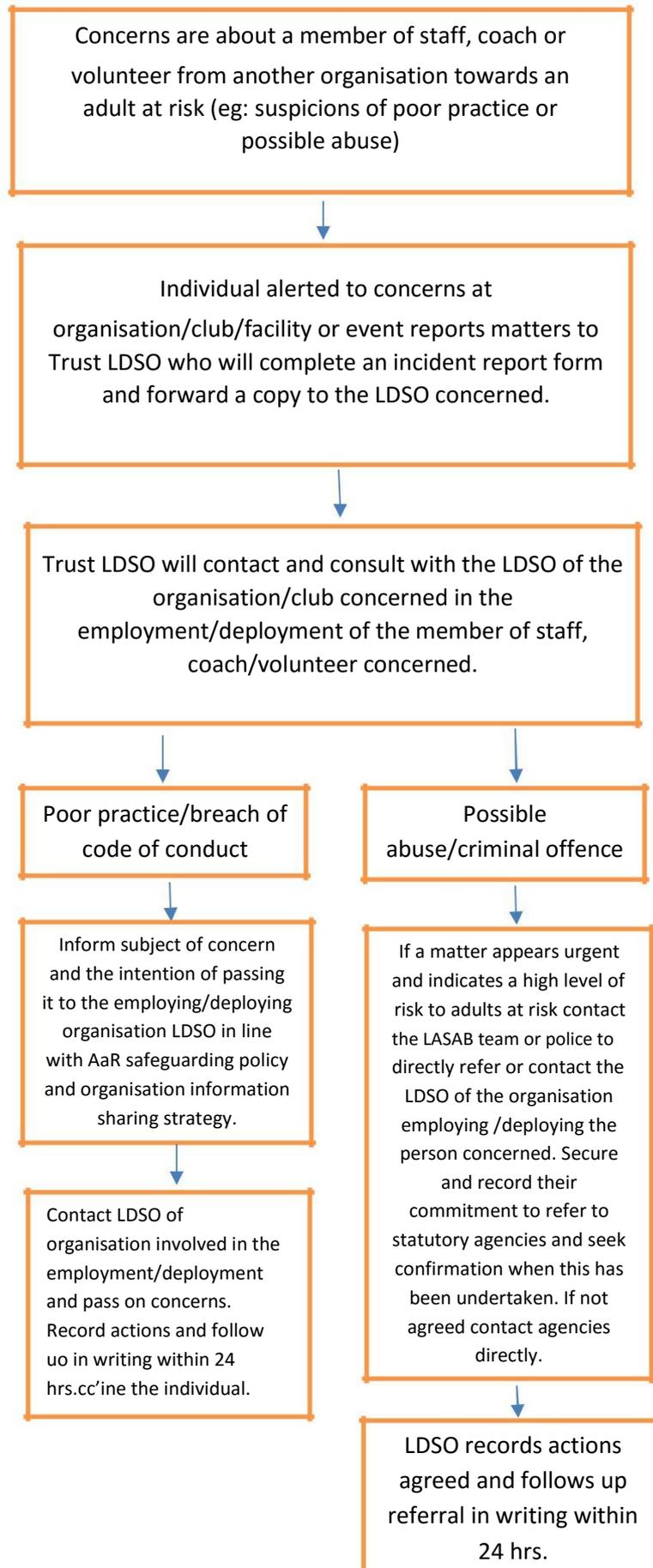
If the member of staff or volunteer also has a role in football outside of their work with the Trust, then the EFL Guidance to Member Clubs Policy and Procedures will be complied with and the Trust LDSO will make a referral to the FA Safeguarding Case Management Team for consideration.

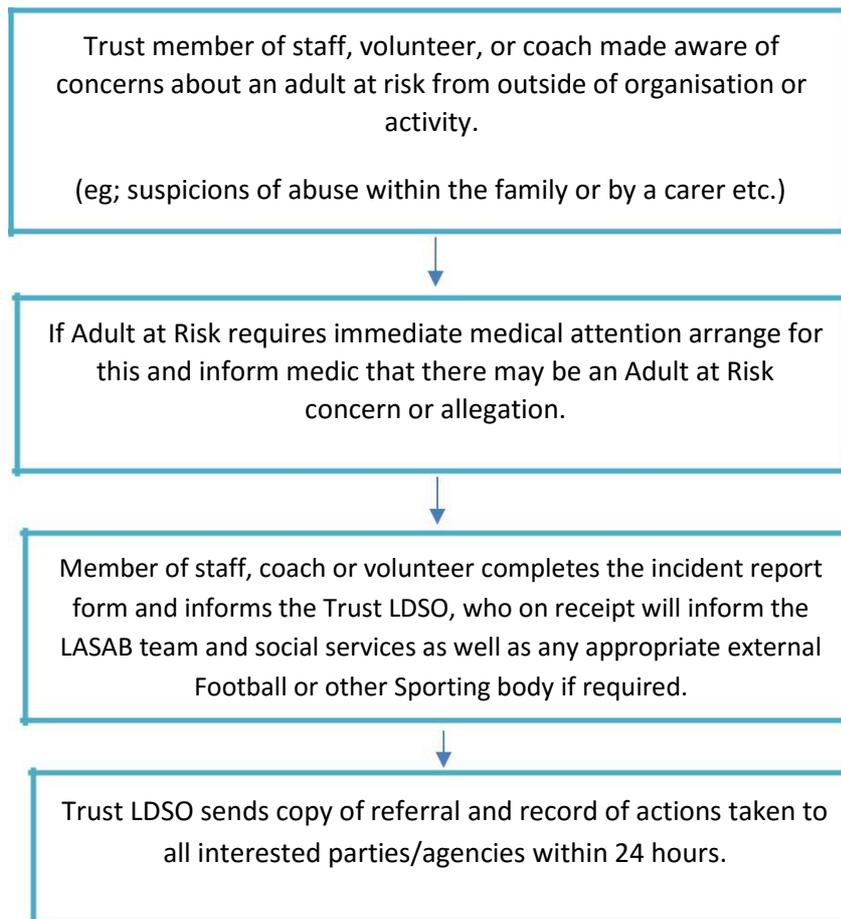
If any person employed or volunteering in a Regulated Activity within Grimsby Town Sport and Education Community Trust is suspended as a result of a concern, or internal investigation, for reasons connected to their role with adults at risk then the Trust must notify all other interested parties as soon as practicable.

Below are the procedures to be followed in the following circumstances;

41. Concerns raised about the behaviour/conduct of a member of staff, coach, or volunteer.
 42. Concerns raised about the behaviour/conduct of a member of staff, coach or volunteer from another organisation.
 43. Concerns/allegations made against a person outside of the Trust activities.
-







42. Grimsby Town Sport and Education Trust – NCS Reporting Procedures.

When concerns and critical incidents occur as part of the NCS Programme Grimsby Town Sport and Education Trust have a responsibility to ensure that all staff on this programme are aware of the Safeguarding and Reporting procedures.

At the beginning of each NCS Programme all staff and volunteers will undertake awareness induction including on Safeguarding presented by the Trust's Designated Safeguarding Officer (DSO).

This will include;

- Arrangements which set out clearly the processes for making a report/referral involving concerns, incidents and disclosures as soon as possible to the Trust's LDSO who will then evaluate the information to ensure that it is recorded at the appropriate level and that the information is shared appropriately with all other interested parties including the Board of Trustees, local authority children services including the LSCB, the police, EFL and NCS Trusts and the Football Authorities where appropriate.
- Contact details for the GTSET Safeguarding Senior Manager and Lead Designated Safeguarding Officer.

43. Definitions of NCS/Pharos Incident Levels

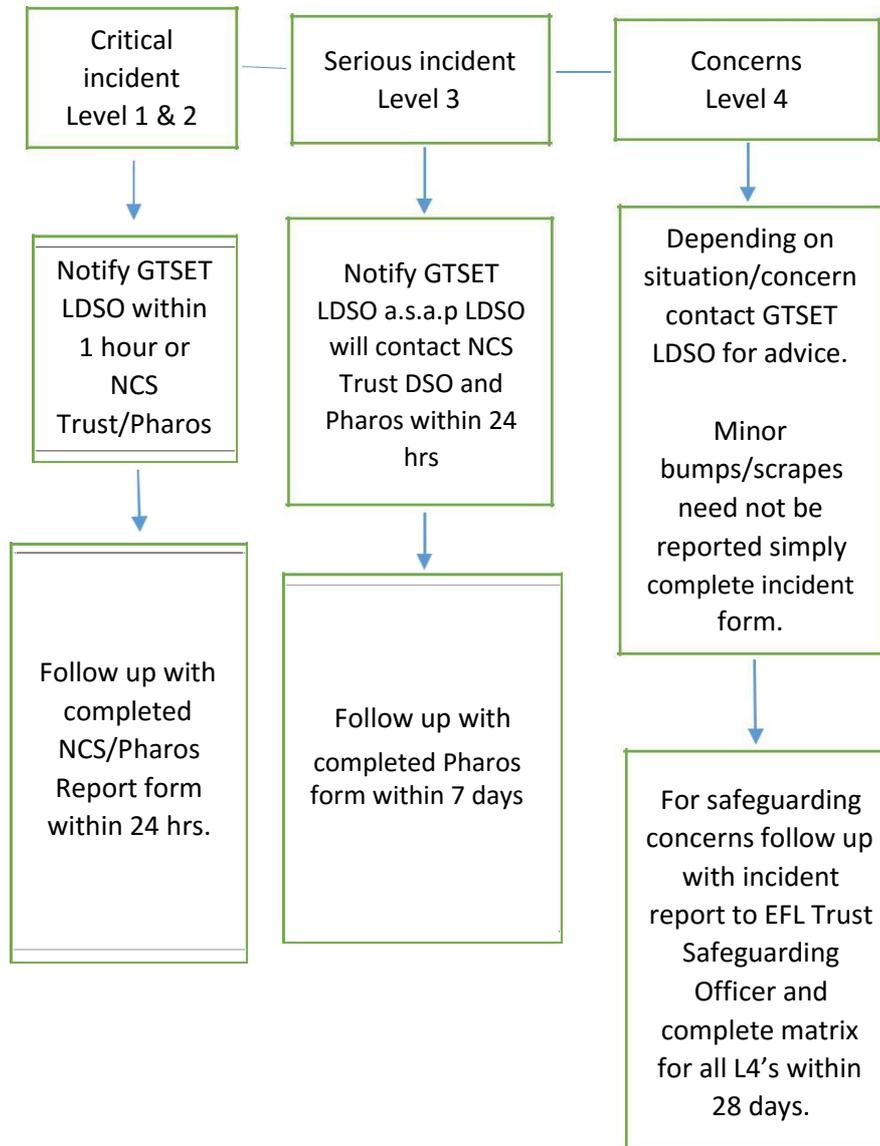
Level 1: Critical Safeguarding concerns or incidents which require urgent attention of the LDSO.

Level 2: Serious concerns and incidents that have an immediate and possible long term effects on the delivery of the programme.

Level 3: Serious incidents which with short to medium term impacts on individuals involved and the Trust.

Level 4: Incidents that are dealt with on a more regular basis by the LDSO and the Trust.

44. The below flowchart shows procedures



45. Responding to concerns and incidents:

The below information is on how to respond to concerns and incidents. In all cases firstly ensure that the adult at risk is safe. If you feel the young person is in immediate risk of harm or imminent danger, telephone 999.

Stay calm If the adult at risk is present reassure them that they are not to blame. Listen to what they have to say. Keep questions to a minimum. Obtain Factual information about the adult person and the circumstances by using sensitive and tactful means.

Communicate Speak to the adult at risk in a way that is appropriate to their age, understanding and preference. Do not frighten or question the adult at risk excessively 'Do not' ask leading questions. 'Do not' put words into their mouths. You must merely try to establish facts in order to report the issues on.

Never Do not make promises you may be unable to keep. Be honest and tell the adult at risk you will listen and may have to inform others to keep them safe.

Record You will be required to provide information including the adult at risk details and information of the incident or allegation including where and the time you became involved.

46. Retention and Storage of Safeguarding concerns/documents.

The following is taken from the Trust's policy on the retention of records under the Data Protection Act 1998.

Where information is received that contains concerns about an Adult at Risk person's welfare or safety (e.g. concern about a physical injury, neglect at home or other abusive behaviour) or concerns about an employees or volunteer of the Grimsby Town Sport and Education Community Trust (e.g, if they abuse an adult at risk, breach a code of conduct, or do something that is considered to be poor practice) it is vitally important to record all relevant details regardless of whether these concerns are shared with the police or other outside agencies.

An accurate record should be kept of;

- Date/Time of incident/disclosure.
 - Parties who were involved, including any witnesses to the event.
 - What was said or done by whom.
 - Name of person reporting on the concern, name and designation of the person to whom the concern was reported, date and time and their contact details.
 - Any further action taken.
 - Any action taken by the Trust/Football Club to look into the matter.
-

- Where relevant, the reasons why a decision was not taken to refer the concerns onto a statutory authority.
- Any interpretation/inference drawn from what was observed, said or alleged should be clearly recorded as such.
- The record should be signed.

Normally personal information should not be retained for longer than 6 years after the subject has left Grimsby Town Sport and Education Trust.

For exceptions to this period and other information please see policy on the Retention and Storage of Records.

47. Monitoring Policy

The Board of Trustees acknowledge and adopt this policy and implementation of its monitoring procedures as above. The Lead Designated Safeguarding Officer for the Trust should regularly report progress, challenges, difficulties, achievements gaps and areas where changes are required by government guidelines or changes to legislation, to the Board of Trustees. The policy will be reviewed by the Lead Designated Safeguarding Officer on an annual basis.

Signed: I. Fleming (Chair of Trustees) Dated: 20th January 2018

APPENDIX I

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 hands
- 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 in the past
- 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
- Person’s underclothing is torn, stained or bloody
- A woman, who lacks the capacity to consent to sexual intercourse becomes Pregnant

Psychological Abuse Indicators

- Untypical ambivalence, deference, passivity, resignation
 - Person appears anxious, withdrawn or fearful, especially in the presence of specific people
 - Person appears to have a poor opinion of themselves
 - Person appears to lack the opportunity to make choices or have adequate privacy
 - Untypical changes in behaviour or routines of daily living
-

- Person appears isolated and deprived of social contact
- Person is unable to maintain eye contact having previously been able to

Financial Abuse Indicators

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

Bullying

24.8 Bullying may come from another young person or an adult. Bullying is defined as deliberate hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves.

24.9 Signs of bullying include:

- Behavioural changes such as reduced concentration and/or becoming withdrawn, depressed, tearful, emotionally up and down, reluctance to go training or competitions, an unexplained drop in performance
 - physical signs such as stomach aches, headaches, difficulty in sleeping, bed wetting, scratching and bruising, damaged clothes, bingeing e.g. on food, alcohol or cigarettes
 - a shortage of money or frequent loss of possessions
-

APPENDIX II

Key Government Initiatives and Legislation

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. BILD has developed an easy guide to the Human Rights Act and its implications for people with learning disabilities.

Speaking Up For Justice 1998

This was a report of the Interdepartmental Working Group on the treatment of Vulnerable or Intimidated Witnesses in the Criminal Justice System. The aim of the Working Group was to improve access to justice for vulnerable or intimidated witnesses, including children. It made a total of 78 recommendations for improvements to the criminal justice system including the reporting of crime, identification of vulnerable or intimidated witnesses, and measures to assist witnesses before, during and after the trial. All 78 recommendations were accepted.

Youth Justice and Criminal Evidence Act 1999

The recommendations from Speaking Up For Justice that required legislative changes were incorporated into this Act.

Care Standards Act 2000

The Care Standards Act created the National Care Standards Commission, an independent, non-governmental public body, to regulate social and health care services previously regulated by local councils and health authorities. It also extended the scope of regulation to other services not previously registered, to include domiciliary care agencies, fostering agencies and residential family centres. The Commission for Social Care Inspection replaced NCSC in April 2004.

No Secrets 2000

This is guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. No Secrets gives guidance to local agencies who have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse. It offers a structure and content for the development of local inter-agency

policies, procedures and joint protocols which will draw on good practice locally and nationally.

Achieving Best Evidence 2002

This document 'Achieving Best Evidence in Criminal Proceedings' offers guidance for vulnerable or intimidated witnesses, including children. It replaces the previous 'Memorandum of Good Practice' that only referred to children. There are two volumes covering the planning and conducting of interviews, witness preparation and support and witnesses in court.

Sexual Offences Act 2003

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

Protection of Vulnerable Adults list 2004

The list was implemented in July 2004. Employers can now apply to place employees on the list that they deem to be unsuitable to work with vulnerable adults. There does not have to have been a criminal prosecution. The person has a right of appeal. It is a criminal offence to apply for a job working with vulnerable adults while on the list.

Mental Capacity Act 2005

Its 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.

Safeguarding Vulnerable Groups Act 2006

The Safeguarding Vulnerable Groups Act introduces the new Vetting and Barring Scheme and will integrate the current List 99 (for people banned from working as teachers), and the Protection of Children Act lists which cover those working in childcare settings. It has also established a new list of people barred from working with vulnerable adults to replace the Protection of Vulnerable Adults list and this is managed by the Independent Safeguarding Authority (ISA).

GTSET Safeguarding Adults at Risk Referral Form

Name of adult:

Date of Birth:

Gender:

Ethnicity:

Home address:

Phone numbers:

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

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

GP name, address and phone number

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

Who is alleging/suspecting abuse?

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

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

Brief statement outlining any emergency action taken

Action taken
